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Drug Name		Drug Tier	Requirements/Limits
Analgesics			
Analgesics, Miscellaneous			
ABSTRAL SUBLINGUAL TABLET 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG		2	PA; QL (120 per 30 days)
acetaminophen-codeine 120 mg-12 mg/5 ml solution 120-12 mg/5 ml	(Acetaminophen with Codeine)	1	QL (2700 per 30 days)
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml	(Acetaminophen with Codeine)	1	QL (2700 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	(Tylenol-Codeine No.3)	1	QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	(Tylenol-Codeine No.3)	1	QL (180 per 30 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1,200 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG		3	PA; QL (120 per 30 days)
ascomp with codeine oral capsule 30-50-325-40 mg	(Fiorinal with Codeine #3)	1	PA; QL (180 per 30 days); AGE (Max 64 Years)
astramorph-pf injection solution 0.5 mg/ml, 1 mg/ml	(Morphine Sulfate/PF)	1	PA BvD
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG		2	
BUPAP ORAL TABLET 50-300 MG		2	
BUPRENEX INJECTION SOLUTION 0.3 MG/ML		2	
buprenorphine hcl injection solution 0.3 mg/ml	(Buprenorphine HCl)	1	
buprenorphine hcl injection syringe 0.3 mg/ml	(Buprenorphine HCl)	1	
butalbital compound w/codeine oral capsule 30-50-325-40 mg	(Fiorinal with Codeine #3)	1	PA; QL (180 per 30 days); AGE (Max 64 Years)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	(Fioricet with Codeine)	1	PA; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen oral tablet 50-325 mg	(Tencon)	1	PA; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	(Fioricet)	1	
butalbital-acetaminophen-caff oral capsule 50-325-40 mg	(Fioricet)	1	PA; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	(Esgic)	1	PA; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	(Fiorinal)	1	PA; QL (180 per 30 days); AGE (Max 64 Years)
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	(Butorphanol Tartrate)	1	
butorphanol tartrate nasal spray,non-aerosol 10 mg/ml	(Butorphanol Tartrate)	1	QL (5 per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR		2	PA; QL (4 per 28 days)
capacet oral capsule 50-325-40 mg	(Fioricet)	1	PA; QL (180 per 30 days); AGE (Max 64 Years)
CAPITAL WITH CODEINE ORAL SUSPENSION 120-12 MG/5 ML		2	QL (2700 per 30 days)
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	(Codeine Sulfate)	1	QL (180 per 30 days)
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG		3	QL (30 per 30 days)
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG		3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DEMEROL (PF) INJECTION SOLUTION 75 MG/1.5 ML	2	
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	2	
DEMEROL 50 MG/ML AMPUL 25'S,UNI-AMP,L/F 50 MG/ML	2	PA
DEMEROL INJECTION SOLUTION 50 MG/ML	2	PA
DEMEROL ORAL TABLET 100 MG, 50 MG	3	PA; QL (180 per 30 days)
dihydrocode-acetaminophen-caff oral capsule 16-320.5-30 mg (Trezix)	1	QL (300 per 30 days)
dihydrocodeine-aspirin-caff oral capsule 16-356.4-30 mg (Synalgos-Dc)	1	QL (360 per 30 days)
DILAUDID (PF) INJECTION SOLUTION 2 MG/ML, 4 MG/ML	3	
DILAUDID ORAL LIQUID 1 MG/ML	3	QL (1200 per 30 days)
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	3	QL (180 per 30 days)
DILAUDID-HP (PF) INJECTION SOLUTION 10 MG/ML	3	
DISKETS ORAL TABLET,SOLUBLE 40 MG	3	QL (90 per 30 days)
DOLOPHINE ORAL TABLET 10 MG	3	QL (360 per 30 days)
DOLOPHINE ORAL TABLET 5 MG	3	QL (180 per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 100 MCG/HR, 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR	3	QL (10 per 30 days)
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML	3	PA BvD
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG	2	QL (60 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
endocet oral tablet 10-325 mg	(Percocet)	1	QL (240 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	(Percocet)	1	QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	(Percocet)	1	QL (300 per 30 days)
endodan oral tablet 4.8355-325 mg	(Oxycodone HCl/Aspirin)	3	QL (360 per 30 days)
ESGIC ORAL CAPSULE 50-325-40 MG		3	PA; QL (180 per 30 days); AGE (Max 64 Years)
ESGIC ORAL TABLET 50-325-40 MG		3	PA; QL (180 per 30 days); AGE (Max 64 Years)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 16 MG, 8 MG		3	PA; QL (30 per 30 days)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 32 MG		3	PA; QL (60 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	(Actiq)	1	PA; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour	(Duragesic)	1	QL (10 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG		2	PA; QL (120 per 30 days)
FIORICET ORAL CAPSULE 50-300-40 MG		3	
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG		3	PA; QL (180 per 30 days); AGE (Max 64 Years)
FIORINAL ORAL CAPSULE 50-325-40 MG		3	PA; QL (180 per 30 days); AGE (Max 64 Years)

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Drug Name		Drug Tier	Requirements/Limits
FIORINAL-CODEINE #3 ORAL CAPSULE 30-50-325-40 MG		3	PA; QL (180 per 30 days); AGE (Max 64 Years)
HYCET ORAL SOLUTION 7.5-325 MG/15 ML		3	QL (2700 per 30 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 2.5-167 mg/5 ml, 7.5-325 mg/15 ml	(Hycet)	1	QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	(Norco)	1	QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	(Norco)	1	QL (360 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	(Ibudone)	1	QL (150 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml	(Hydromorphone HCl/PF)	1	
hydromorphone (pf) injection solution 4 mg/ml	(Dilaudid)	1	
hydromorphone injection syringe 2 mg/ml	(Hydromorphone HCl)	1	
hydromorphone oral liquid 1 mg/ml	(Dilaudid)	1	QL (1200 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	(Dilaudid)	1	QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg	(Exalgo)	1	PA; QL (30 per 30 days)
hydromorphone oral tablet extended release 24 hr 32 mg	(Exalgo)	1	PA; QL (60 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG		2	QL (30 per 30 days)
IBUDONE ORAL TABLET 10-200 MG, 5-200 MG		3	QL (150 per 30 days)
ibuprofen-oxycodone oral tablet 400-5 mg	(Ibuprofen/Oxycodone HCl)	1	QL (28 per 30 days)
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML		2	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 10 MG, 20 MG, 30 MG, 50 MG		3	QL (60 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 100 MG, 60 MG, 80 MG		3	QL (30 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 200 MG		2	QL (30 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 40 MG		2	QL (60 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY		2	PA; QL (30 per 30 days)
levorphanol tartrate oral tablet 2 mg	(Levorphanol Tartrate)	1	QL (150 per 30 days)
lorcet (hydrocodone) oral tablet 5-325 mg	(Norco)	1	QL (360 per 30 days)
lorcet hd oral tablet 10-325 mg	(Norco)	1	QL (360 per 30 days)
lorcet plus oral tablet 7.5-325 mg	(Norco)	1	QL (360 per 30 days)
LORTAB 10-325 ORAL TABLET 10-325 MG		3	QL (360 per 30 days)
LORTAB 5-325 ORAL TABLET 5-325 MG		3	QL (360 per 30 days)
LORTAB 7.5-325 ORAL TABLET 7.5-325 MG		3	QL (360 per 30 days)
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML		2	QL (2025 per 30 days)
margesic oral capsule 50-325-40 mg	(Fioricet)	1	PA; QL (180 per 30 days); AGE (Max 64 Years)
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	(Meperidine HCl/PF)	1	PA
meperidine injection cartridge 10 mg/ml	(Meperidine HCl)	1	

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Drug Name		Drug Tier	Requirements/Limits
meperidine oral solution 50 mg/5 ml	(Meperidine HCl)	1	PA; QL (900 per 30 days)
meperidine oral tablet 100 mg, 50 mg	(Demerol)	1	PA; QL (180 per 30 days)
methadone injection solution 10 mg/ml	(Methadone HCl)	1	
methadone intensol oral concentrate 10 mg/ml	(Methadose)	1	QL (1080 per 30 days)
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	(Methadone HCl)	1	QL (1800 per 30 days)
methadone oral tablet 10 mg	(Dolophine HCl)	1	QL (360 per 30 days)
methadone oral tablet 5 mg	(Dolophine HCl)	1	QL (180 per 30 days)
METHADOSE ORAL CONCENTRATE 10 MG/ML		3	QL (1080 per 30 days)
methadose oral tablet,soluble 40 mg	(Diskets)	1	QL (90 per 30 days)
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	(Morphine Sulfate/PF)	1	PA BvD
morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml, 30 mg/30 ml	(Morphine Sulfate/PF)	1	PA BvD
morphine 10 mg/ml carpuject 10 mg/ml	(Morphine Sulfate)	1	
morphine 2 mg/ml carpuject 2 mg/ml	(Morphine Sulfate)	1	
morphine 4 mg/ml syringe p/f, latex-free 4 mg/ml	(Morphine Sulfate)	1	
morphine 8 mg/ml syringe 8 mg/ml	(Morphine Sulfate)	1	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	(Morphine Sulfate)	1	QL (180 per 30 days)
morphine in 0.9 % nacl intravenous solution 1 mg/ml	(Morphine Sulfate In 0.9 % NaCl)	1	PA BvD
morphine injection solution 15 mg/ml, 8 mg/ml	(Morphine Sulfate)	1	
morphine injection syringe 10 mg/ml	(Morphine Sulfate)	1	
morphine injection syringe 5 mg/ml	(Morphine Sulfate)	1	PA BvD
morphine intramuscular pen injector 10 mg/0.7 ml	(Morphine Sulfate)	1	
morphine intravenous cartridge 15 mg/ml	(Morphine Sulfate)	1	

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Drug Name		Drug Tier	Requirements/Limits
morphine intravenous solution 25 mg/ml, 50 mg/ml	(Morphine Sulfate)	1	
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml	(Morphine Sulfate)	1	
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	(Morphine Sulfate)	1	QL (30 per 30 days)
morphine oral capsule,extend.release pellets 10 mg, 20 mg, 30 mg, 50 mg	(Kadian)	1	QL (60 per 30 days)
morphine oral capsule,extend.release pellets 100 mg, 60 mg, 80 mg	(Kadian)	1	QL (30 per 30 days)
morphine oral solution 10 mg/5 ml	(Morphine Sulfate)	1	QL (700 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)	(Morphine Sulfate)	1	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG		2	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG		2	QL (120 per 30 days)
morphine oral tablet extended release 100 mg, 200 mg, 60 mg	(MS Contin)	1	QL (60 per 30 days)
morphine oral tablet extended release 15 mg	(MS Contin)	1	QL (180 per 30 days)
morphine oral tablet extended release 30 mg	(MS Contin)	1	QL (120 per 30 days)
morphine rectal suppository 10 mg, 5 mg	(Morphine Sulfate)	1	QL (360 per 30 days)
morphine rectal suppository 20 mg	(Morphine Sulfate)	1	QL (180 per 30 days)
morphine rectal suppository 30 mg	(Morphine Sulfate)	1	QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG		3	QL (60 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG		3	QL (180 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 30 MG		3	QL (120 per 30 days)
nalbuphine injection solution 10 mg/ml, 20 mg/ml	(Nalbuphine HCl)	1	
NORCO ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG		3	QL (360 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG		2	QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG		2	QL (181 per 30 days)
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG		3	QL (60 per 30 days)
OPANA ORAL TABLET 10 MG		3	QL (120 per 30 days)
OPANA ORAL TABLET 5 MG		3	QL (180 per 30 days)
oxycodone oral capsule 5 mg	(Oxycodone HCl)	1	QL (180 per 30 days)
oxycodone oral concentrate 20 mg/ml	(Oxycodone HCl)	1	QL (120 per 30 days)
oxycodone oral solution 5 mg/5 ml	(Oxycodone HCl)	1	QL (1300 per 30 days)
oxycodone oral tablet 10 mg, 5 mg	(Roxicodone)	1	QL (180 per 30 days)
oxycodone oral tablet 15 mg, 20 mg, 30 mg	(Roxicodone)	1	QL (120 per 30 days)
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg	(Oxycontin)	1	QL (60 per 30 days)
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg	(Oxycontin)	1	QL (120 per 30 days)
oxycodone-acetaminophen oral solution 5-325 mg/5 ml	(Oxycodone HCl/Acetaminophen)	1	QL (1800 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	(Percocet)	1	QL (240 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	(Percocet)	1	QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	(Percocet)	1	QL (300 per 30 days)
oxycodone-aspirin oral tablet 4.8355-325 mg	(Oxycodone HCl/Aspirin)	1	QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG		3	QL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG, 30 MG, 60 MG		2	QL (60 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG		3	QL (120 per 30 days)
oxymorphone oral tablet 10 mg	(Opana)	1	QL (120 per 30 days)
oxymorphone oral tablet 5 mg	(Opana)	1	QL (180 per 30 days)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	(Opana ER)	1	QL (60 per 30 days)
pentazocine-naloxone oral tablet 50-0.5 mg	(Pentazocine HCl/Naloxone HCl)	1	PA; QL (360 per 30 days)
PERCOCET ORAL TABLET 10-325 MG		3	QL (240 per 30 days)
PERCOCET ORAL TABLET 2.5-325 MG, 5-325 MG		3	QL (360 per 30 days)
PERCOCET ORAL TABLET 7.5-325 MG		3	QL (300 per 30 days)
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 25 MCG/ML		2	
PRIMLEV ORAL TABLET 10-300 MG		2	QL (240 per 30 days)
PRIMLEV ORAL TABLET 5-300 MG		2	QL (390 per 30 days)
PRIMLEV ORAL TABLET 7.5-300 MG		2	QL (300 per 30 days)
reprexain oral tablet 10-200 mg, 2.5-200 mg, 5-200 mg	(Ibudone)	1	QL (150 per 30 days)
ROXICODONE ORAL TABLET 15 MG, 30 MG		3	QL (120 per 30 days)
ROXICODONE ORAL TABLET 5 MG		3	QL (180 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY		2	PA; QL (120 per 30 days)
SYNALGOS-DC ORAL CAPSULE 16-356.4-30 MG		3	QL (360 per 30 days)
TALWIN INJECTION SOLUTION 30 MG/ML		2	PA
tencon oral tablet 50-325 mg	(Tencon)	1	PA; QL (180 per 30 days); AGE (Max 64 Years)
tramadol hcl er 300 mg tablet 300 mg	(Ultram ER)	1	QL (30 per 30 days)
tramadol oral capsule,er biphase 24 hr 17-83 300 mg	(Conzip)	1	QL (30 per 30 days)
tramadol oral capsule,er biphase 24 hr 25-75 100 mg, 150 mg, 200 mg	(Conzip)	1	QL (30 per 30 days)
tramadol oral tablet 50 mg	(Ultram)	1	QL (240 per 30 days)
tramadol oral tablet extended release 24 hr 100 mg	(Ultram ER)	1	QL (90 per 30 days)
tramadol oral tablet extended release 24 hr 200 mg	(Ultram ER)	1	QL (30 per 30 days)
tramadol oral tablet, er multiphase 24 hr 300 mg	(Ultram ER)	1	QL (30 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	(Ultracet)	1	QL (240 per 30 days)
TREZIX ORAL CAPSULE 16-320.5-30 MG		3	QL (300 per 30 days)
TYLENOL-CODEINE #3 ORAL TABLET 300-30 MG		3	QL (360 per 30 days)
TYLENOL-CODEINE #4 ORAL TABLET 300-60 MG		3	QL (180 per 30 days)
ULTRACET ORAL TABLET 37.5-325 MG		3	QL (240 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
ULTRAM ER ORAL TABLET EXTENDED RELEASE 24 HR 100 MG		3	QL (90 per 30 days)
ULTRAM ER ORAL TABLET EXTENDED RELEASE 24 HR 200 MG, 300 MG		3	QL (30 per 30 days)
ULTRAM ORAL TABLET 50 MG		3	QL (240 per 30 days)
VANATOL LQ ORAL SOLUTION 50-325-40 MG/15 ML		2	
VERDROCET ORAL TABLET 2.5-325 MG		3	QL (360 per 30 days)
vicodin es oral tablet 7.5-300 mg	(Norco)	1	QL (390 per 30 days)
vicodin hp oral tablet 10-300 mg	(Norco)	1	QL (390 per 30 days)
vicodin oral tablet 5-300 mg	(Norco)	1	QL (390 per 30 days)
VICOPROFEN ORAL TABLET 7.5-200 MG		3	QL (150 per 30 days)
XARTEMIS XR ORAL TAB,ORAL ONLY,IR - ER, BIPHASE 7.5-325 MG		2	QL (300 per 30 days)
XODOL 10/300 ORAL TABLET 10-300 MG		3	QL (390 per 30 days)
XODOL 5/300 ORAL TABLET 5-300 MG		3	QL (390 per 30 days)
XODOL 7.5/300 ORAL TABLET 7.5-300 MG		3	QL (390 per 30 days)
xylon 10 oral tablet 10-200 mg	(Ibudone)	1	QL (150 per 30 days)
ZAMICET ORAL SOLUTION 10-325 MG/15 ML		3	QL (2700 per 30 days)
zebutal oral capsule 50-325-40 mg	(Fioricet)	1	PA; QL (180 per 30 days); AGE (Max 64 Years)
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG		2	QL (60 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
Nonsteroidal Anti-Inflammatory Agents			
ANAPROX DS ORAL TABLET 550 MG		3	
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG		3	
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG		3	
CAMBIA ORAL POWDER IN PACKET 50 MG		2	ST
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG		3	ST; QL (60 per 30 days)
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	1	QL (60 per 30 days)
choline,magnesium salicylate oral liquid 500 mg/5 ml	(Choline Sal/Mag Salicylate)	1	
DAYPRO ORAL TABLET 600 MG		3	
diclofenac potassium oral tablet 50 mg	(Diclofenac Potassium)	1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	(Voltaren-XR)	1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	(Diclofenac Sodium)	1	
diclofenac sodium topical drops 1.5 %	(Diclofenac Sodium)	1	
diclofenac sodium topical gel 1 %	(Voltaren)	1	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	(Arthrotec 75)	1	
diflunisal oral tablet 500 mg	(Diflunisal)	1	
DUEXIS ORAL TABLET 800-26.6 MG		2	ST; QL (90 per 30 days)
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG		3	
etodolac oral capsule 200 mg, 300 mg	(Etodolac)	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
etodolac oral tablet 400 mg, 500 mg	(Etodolac)	1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	(Etodolac)	1	
FELDENE ORAL CAPSULE 10 MG, 20 MG		3	
fenoprofen oral capsule 200 mg, 400 mg	(Nalfon)	1	
fenoprofen oral tablet 600 mg	(Fenoprofen Calcium)	1	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %		2	PA
flurbiprofen oral tablet 100 mg, 50 mg	(Flurbiprofen)	1	
ibuprofen oral suspension 100 mg/5 ml	(Ibuprofen)	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	(Ibuprofen)	1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML		2	PA; ST
INDOCIN RECTAL SUPPOSITORY 50 MG		2	
indomethacin oral capsule 25 mg	(Indomethacin)	1	PA; QL (240 per 30 days)
indomethacin oral capsule 50 mg	(Indomethacin)	1	PA; QL (120 per 30 days)
indomethacin oral capsule, extended release 75 mg	(Indomethacin)	1	PA; QL (60 per 30 days)
ketoprofen oral capsule 50 mg, 75 mg	(Ketoprofen)	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	(Ketoprofen)	1	
ketorolac 30 mg/ml isecure syr latex-free 30 mg/ml	(Ketorolac Tromethamine)	1	
ketorolac 60 mg/2 ml vial l/f, p/f, outer, sdv 60 mg/2 ml	(Ketorolac Tromethamine)	1	
ketorolac injection cartridge 15 mg/ml	(Ketorolac Tromethamine)	1	QL (40 per 30 days)
ketorolac injection cartridge 30 mg/ml	(Ketorolac Tromethamine)	1	QL (20 per 30 days)
ketorolac injection solution 15 mg/ml	(Ketorolac Tromethamine)	1	PA; QL (40 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
ketorolac injection solution 30 mg/ml (1 ml)	(Ketorolac Tromethamine)	1	PA; QL (20 per 30 days)
ketorolac injection syringe 30 mg/ml	(Ketorolac Tromethamine)	1	QL (20 per 30 days)
ketorolac intramuscular solution 60 mg/2 ml	(Ketorolac Tromethamine)	1	QL (20 per 30 days)
ketorolac oral tablet 10 mg	(Ketorolac Tromethamine)	1	PA; QL (20 per 30 days)
meclofenamate oral capsule 100 mg, 50 mg	(Meclofenamate Sodium)	1	
mefenamic acid oral capsule 250 mg	(Ponstel)	1	
meloxicam oral suspension 7.5 mg/5 ml	(Mobic)	1	
meloxicam oral tablet 15 mg, 7.5 mg	(Mobic)	1	
MOBIC ORAL SUSPENSION 7.5 MG/5 ML		3	
MOBIC ORAL TABLET 15 MG, 7.5 MG		3	
nabumetone oral tablet 500 mg, 750 mg	(Nabumetone)	1	
NALFON ORAL CAPSULE 400 MG		3	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG		3	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG		2	ST
NAPROSYN ORAL SUSPENSION 125 MG/5 ML		3	
NAPROSYN ORAL TABLET 500 MG		3	
naproxen oral suspension 125 mg/5 ml	(Naprosyn)	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	(Naprosyn)	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	(Ec-Naprosyn)	1	
naproxen sodium oral tablet 275 mg, 550 mg	(Anaprox Ds)	1	

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Drug Name		Drug Tier	Requirements/Limits
naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg	(Naprelan)	1	
oxaprozin oral tablet 600 mg	(Daypro)	1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)		2	
piroxicam oral capsule 10 mg, 20 mg	(Feldene)	1	
PONSTEL ORAL CAPSULE 250 MG		3	
SPRIX NASAL SPRAY,NON-AEROSOL 15.75 MG/SPRAY		2	ST; QL (25 per 30 days)
sulindac oral tablet 150 mg, 200 mg	(Sulindac)	1	
TIVORBEX ORAL CAPSULE 20 MG, 40 MG		2	PA; ST; QL (90 per 30 days)
tolmetin oral capsule 400 mg	(Tolmetin Sodium)	1	
tolmetin oral tablet 200 mg, 600 mg	(Tolmetin Sodium)	1	
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 375-20 MG, 500-20 MG		2	ST
VIVLODEX ORAL CAPSULE 10 MG, 5 MG		3	ST
VOLTAREN TOPICAL GEL 1 %		3	
VOLTAREN-XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG		3	
ZIPSOR ORAL CAPSULE 25 MG		2	ST
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG		2	ST
Anesthetics			
Local Anesthetics			
cocaine topical solution 4 %	(Cocaine HCl)	1	
EMLA TOPICAL CREAM 2.5-2.5 %		3	
glydo mucous membrane jelly in applicator 2 %	(Lidocaine HCl)	1	

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Drug Name		Drug Tier	Requirements/Limits
lidocaine (pf) injection solution 15 mg/ml (1.5 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)	(Xylocaine-MPF)	1	
lidocaine 2% viscous soln 2 %	(Pre-Attached Lta Kit)	1	
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	(Xylocaine)	1	
lidocaine hcl mucous membrane gel 2 %	(Lidocaine HCl)	1	
lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)	(Pre-Attached Lta Kit)	1	
lidocaine topical adhesive patch,medicated 5 %	(Lidoderm)	1	PA
lidocaine topical ointment 5 %	(Lidocaine)	1	PA BvD
lidocaine-prilocaine topical cream 2.5-2.5 %	(EMLA)	1	
lidocaine-tetracaine topical cream 7-7 %	(Pliaglis)	1	
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 %		3	PA
PLIAGLIS TOPICAL CREAM 7-7 %		3	
PONTOCAINE TOPICAL SOLUTION 2 %		2	
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING 70-70 MG		2	
XYLOCAINE INJECTION SOLUTION 20 MG/ML (2 %)		3	
XYLOCAINE INJECTION SOLUTION 5 MG/ML (0.5 %)		2	
XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %)		3	
XYLOCAINE-MPF INJECTION SOLUTION 15 MG/ML (1.5 %)		2	
xylocaine-mpf injection solution 5 mg/ml (0.5 %)	(Xylocaine-MPF)	2	

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Drug Name		Drug Tier	Requirements/Limits
Anti-Addiction/Substance Abuse Treatment Agents			
Anti-Addiction/Substance Abuse Treatment Agents			
acamprosate oral tablet,delayed release (dr/ec) 333 mg	(Acamprosate Calcium)	1	
ANTABUSE ORAL TABLET 250 MG, 500 MG		3	
BUNAVAIL BUCCAL FILM 2.1-0.3 MG		2	PA; QL (90 per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG		2	PA; QL (60 per 30 days)
buprenorphine hcl sublingual tablet 2 mg, 8 mg	(Buprenorphine HCl)	1	PA; QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	(Buprenorphine HCl/Naloxone HCl)	1	PA; QL (90 per 30 days)
buproban oral tablet extended release 150 mg	(Zyban)	1	
bupropion hcl (smoking deter) oral tablet extended release 150 mg	(Zyban)	1	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG		2	QL (168 per 84 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG		2	QL (168 per 84 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)		2	QL (53 per 28 days)
disulfiram oral tablet 250 mg, 500 mg	(Antabuse)	1	
EVZIO INJECTION AUTO-INJECTOR 0.4 MG/0.4 ML		2	
naloxone injection solution 0.4 mg/ml	(Naloxone HCl)	1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	(Naloxone HCl)	1	
naltrexone oral tablet 50 mg	(Revia)	1	

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Drug Name	Drug Tier	Requirements/Limits
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	2	QL (4 per 30 days)
NICOTROL INHALATION CARTRIDGE 10 MG	2	QL (1008 per 90 days)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	2	QL (240 per 180 days)
REVIA ORAL TABLET 50 MG	3	
SUBOXONE SUBLINGUAL FILM 12-3 MG	2	PA; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	2	PA; QL (90 per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	2	
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	PA; QL (90 per 30 days)
ZYBAN ORAL TABLET EXTENDED RELEASE 150 MG	3	
Antianxiety Agents		
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	2	QL (300 per 30 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	1	QL (150 per 30 days)
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg (Xanax XR)	1	QL (120 per 30 days)
alprazolam oral tablet extended release 24 hr 3 mg (Xanax XR)	1	QL (90 per 30 days)
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg (Alprazolam)	1	QL (150 per 30 days)
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML	3	QL (2 per 30 days)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	QL (150 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	(Chlordiazepoxide HCl)	1	QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	(Klonopin)	1	QL (90 per 30 days)
clonazepam oral tablet 2 mg	(Klonopin)	1	QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	(Clonazepam)	1	QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	(Clonazepam)	1	QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	(Tranxene T-Tab)	1	QL (180 per 30 days)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG		3	
DIASTAT RECTAL KIT 2.5 MG		3	
diazepam injection solution 5 mg/ml	(Diazepam)	1	QL (10 per 28 days)
diazepam intensol oral concentrate 5 mg/ml	(Diazepam)	1	QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	(Diazepam)	1	QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	1	QL (120 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	(Diastat Acudial)	1	
DORAL ORAL TABLET 15 MG		3	
estazolam oral tablet 1 mg	(Estazolam)	1	PA; QL (60 per 30 days); AGE (Max 64 Years)
estazolam oral tablet 2 mg	(Estazolam)	1	PA; QL (30 per 30 days); AGE (Max 64 Years)
flurazepam oral capsule 15 mg	(Flurazepam HCl)	1	PA; QL (60 per 30 days); AGE (Max 64 Years)
flurazepam oral capsule 30 mg	(Flurazepam HCl)	1	PA; QL (30 per 30 days); AGE (Max 64 Years)
HALCION ORAL TABLET 0.25 MG		3	PA; QL (60 per 30 days); AGE (Max 64 Years)

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Drug Name		Drug Tier	Requirements/Limits
KLONOPIN ORAL TABLET 0.5 MG, 1 MG		3	QL (90 per 30 days)
KLONOPIN ORAL TABLET 2 MG		3	QL (300 per 30 days)
lorazepam 2 mg/ml oral concent 2 mg/ml	(Lorazepam)	1	QL (150 per 30 days)
lorazepam injection solution 2 mg/ml	(Ativan)	1	QL (2 per 30 days)
lorazepam injection syringe 2 mg/ml, 4 mg/ml	(Lorazepam)	1	QL (2 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	(Lorazepam)	1	QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Ativan)	1	QL (150 per 30 days)
midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml)	(Midazolam HCl/PF)	1	QL (2 per 30 days)
midazolam injection solution 1 mg/ml, 5 mg/ml	(Midazolam HCl)	1	QL (2 per 30 days)
midazolam oral syrup 2 mg/ml	(Midazolam HCl)	1	QL (10 per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML		2	QL (480 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG		2	QL (60 per 30 days)
oxazepam oral capsule 10 mg, 15 mg, 30 mg	(Oxazepam)	1	QL (120 per 30 days)
quazepam oral tablet 15 mg	(Doral)	3	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG		3	PA; QL (30 per 30 days); AGE (Max 64 Years)
RESTORIL ORAL CAPSULE 7.5 MG		3	PA; QL (120 per 30 days); AGE (Max 64 Years)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg	(Restoril)	1	PA; QL (30 per 30 days); AGE (Max 64 Years)
temazepam oral capsule 7.5 mg	(Restoril)	1	PA; QL (120 per 30 days); AGE (Max 64 Years)
TRANXENE T-TAB ORAL TABLET 3.75 MG, 7.5 MG		3	

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Drug Name		Drug Tier	Requirements/Limits
triazolam oral tablet 0.125 mg	(Halcion)	1	PA; QL (120 per 30 days); AGE (Max 64 Years)
triazolam oral tablet 0.25 mg	(Halcion)	1	PA; QL (60 per 30 days); AGE (Max 64 Years)
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG		3	QL (120 per 30 days)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG		3	QL (150 per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG		3	QL (120 per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 3 MG		3	QL (90 per 30 days)
Antibacterials			
Aminoglycosides			
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	(Amikacin Sulfate)	1	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML		2	PA BvD
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml	(Gentamicin In Nacl, Iso-Osm)	1	
gentamicin injection solution 40 mg/ml	(Gentamicin Sulfate)	1	PA BvD
gentamicin ped 20 mg/2 ml vial latex-free, sdv 20 mg/2 ml	(Gentamicin Sulfate/PF)	1	PA BvD
gentamicin sulfate (pf) intravenous solution 80 mg/8 ml	(Gentamicin Sulfate/PF)	1	PA BvD
neomycin oral tablet 500 mg	(Neomycin Sulfate)	1	
streptomycin intramuscular recon soln 1 gram	(Streptomycin Sulfate)	1	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML		3	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		2	PA; QL (224 per 28 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	1	PA BvD
tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml	(Tobramycin/Sodium Chloride)	1	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	(Tobramycin Sulfate)	1	PA BvD
Antibacterials, Miscellaneous			
baciim intramuscular recon soln 50,000 unit	(Bacitracin)	1	PA BvD
bacitracin intramuscular recon soln 50,000 unit	(Bacitracin)	1	
chloramphenicol sod succinate intravenous recon soln 1 gram	(Chloramphenicol Sod Succ)	1	PA BvD
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML		3	PA BvD
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 900 MG/50 ML		3	
CLEOCIN INJECTION SOLUTION 150 MG/ML		3	
CLEOCIN INTRAVENOUS SOLUTION 300 MG/2 ML		3	PA BvD
CLEOCIN INTRAVENOUS SOLUTION 600 MG/4 ML		3	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG		3	
CLEOCIN ORAL RECON SOLN 75 MG/5 ML		3	
CLEOCIN PHOS 150 MG/ML VIAL 900 MG/6 ML		3	
clindamycin 75 mg/5 ml soln 75 mg/5 ml	(Cleocin Palmitate)	1	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	1	

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Drug Name		Drug Tier	Requirements/Limits
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	(Cleocin Phosphate In D5w)	1	
clindamycin pediatric oral recon soln 75 mg/5 ml	(Cleocin Palmitate)	1	
clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml	(Cleocin Phosphate)	1	PA BvD
clindamycin phosphate intravenous solution 600 mg/4 ml	(Cleocin Phosphate)	1	PA BvD
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	1	PA BvD
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG		3	PA BvD
CUBICIN INTRAVENOUS RECON SOLN 500 MG		2	PA BvD
CUBICIN RF INTRAVENOUS RECON SOLN 500 MG		2	PA BvD
DALVANCE INTRAVENOUS SOLUTION 500 MG		2	PA BvD
FLAGYL ER ORAL TABLET EXTENDED RELEASE 750 MG		2	
FLAGYL ORAL CAPSULE 375 MG		3	
FLAGYL ORAL TABLET 250 MG, 500 MG		3	
FURADANTIN ORAL SUSPENSION 25 MG/5 ML		3	PA; QL (2400 per 30 days); AGE (Max 64 Years)
HIPREX ORAL TABLET 1 GRAM		3	
LINCOCIN INJECTION SOLUTION 300 MG/ML		3	
lincomycin injection solution 300 mg/ml	(Lincocin)	1	PA BvD
linezolid intravenous parenteral solution 600 mg/300 ml	(Zyvox)	1	PA BvD
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	1	
linezolid oral tablet 600 mg	(Zyvox)	1	

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Drug Name		Drug Tier	Requirements/Limits
MACROBID ORAL CAPSULE 100 MG		3	PA; QL (120 per 30 days); AGE (Max 64 Years)
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG		3	PA; QL (120 per 30 days); AGE (Max 64 Years)
methenamine hippurate oral tablet 1 gram	(Hiprex)	1	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metronidazole/Sodium Chloride)	1	PA BvD
metronidazole oral capsule 375 mg	(Flagyl)	1	
metronidazole oral tablet 250 mg, 500 mg	(Flagyl)	1	
MONUROL ORAL PACKET 3 GRAM		2	
moxifloxacin-sod.ace,sul-water intravenous piggyback 400 mg/250 ml	(Moxifloxacin/Sod.Ace,Sul/Water)	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	(Macrodantin)	1	PA; QL (120 per 30 days); AGE (Max 64 Years)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	1	PA; QL (120 per 30 days); AGE (Max 64 Years)
nitrofurantoin oral suspension 25 mg/5 ml	(Furadantin)	1	PA; QL (2400 per 30 days); AGE (Max 64 Years)
ORBACTIV INTRAVENOUS RECON SOLN 400 MG		2	
polymyxin b sulfate injection recon soln 500,000 unit	(Polymyxin B Sulfate)	1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML		2	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG		2	
SIVEXTRO ORAL TABLET 200 MG		2	
SYNERCID INTRAVENOUS RECON SOLN 500 MG		2	PA BvD
trimethoprim oral tablet 100 mg	(Trimethoprim)	1	

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Drug Name		Drug Tier	Requirements/Limits
VANCOCIN ORAL CAPSULE 125 MG, 250 MG		3	
vancomycin hcl 1g/200 ml bag 1 gram/200 ml	(Vancomycin Hcl In Dextrose 5 %)	1	PA BvD
vancomycin intravenous recon soln 1,000 mg, 10 gram, 750 mg	(Vancomycin HCl)	1	PA BvD
vancomycin intravenous recon soln 500 mg	(Vancomycin Hcl In Dextrose 5 %)	1	PA BvD
vancomycin oral capsule 125 mg, 250 mg	(Vancocin HCl)	1	
VIBATIV INTRAVENOUS RECON SOLN 250 MG, 750 MG		2	PA BvD
XIFAXAN ORAL TABLET 200 MG		2	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG		2	PA
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 200 MG/100 ML, 600 MG/300 ML		3	PA BvD
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML		3	
ZYVOX ORAL TABLET 600 MG		3	
Cephalosporins			
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM		2	
CEDAX ORAL CAPSULE 400 MG		3	
CEDAX ORAL SUSPENSION FOR RECONSTITUTION 180 MG/5 ML		3	
cefaclor oral capsule 250 mg, 500 mg	(Cefaclor)	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	(Cefaclor)	1	
cefaclor oral tablet extended release 12 hr 500 mg	(Cefaclor)	1	
cefadroxil oral capsule 500 mg	(Cefadroxil)	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	(Cefadroxil)	1	
cefadroxil oral tablet 1 gram	(Cefadroxil)	1	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	(Cefazolin Sodium/Dextrose, Iso)	1	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
cefazolin injection recon soln 1 gram, 10 gram, 500 mg	(Cefazolin Sodium)	1	PA BvD
cefdinir oral capsule 300 mg	(Cefdinir)	1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	(Cefdinir)	1	
cefditoren pivoxil oral tablet 200 mg, 400 mg	(Spectracef)	1	
cefepime injection recon soln 1 gram, 2 gram	(Cefepime HCl)	1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Suprax)	1	
CEFOTAN INJECTION RECON SOLN 1 GRAM, 2 GRAM		1	
cefotaxime injection recon soln 1 gram, 10 gram, 2 gram, 500 mg	(Claforan)	1	
cefotetan injection recon soln 1 gram, 2 gram	(Cefotetan Disod/Dextrose, Iso)	1	
cefotetan intravenous recon soln 10 gram	(Cefotan)	1	
cefotetan-dextr 1 g duplex bag 1 gram/50 ml	(Cefotetan Disod/Dextrose, Iso)	1	
cefotetan-dextr 2 g duplex bag 2 gram/50 ml	(Cefotetan Disod/Dextrose, Iso)	1	
cefoxitin 2 gm piggyback bag 2 gram/50 ml	(Cefoxitin Sodium/Dextrose, Iso)	1	PA BvD
cefoxitin 2 gm vial latex/f, outer 2 gram	(Cefoxitin Sodium)	1	PA BvD
cefoxitin intravenous recon soln 1 gram, 10 gram	(Cefoxitin Sodium)	1	PA BvD
cefoxitin intravenous recon soln 2 gram	(Cefoxitin Sodium/Dextrose, Iso)	1	PA BvD
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	(Cefpodoxime Proxetil)	1	
cefpodoxime oral tablet 100 mg, 200 mg	(Cefpodoxime Proxetil)	1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	(Cefprozil)	1	
cefprozil oral tablet 250 mg, 500 mg	(Cefprozil)	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK 2 GRAM/50 ML		2	
ceftazidime injection recon soln 1 gram	(Fortaz)	2	
ceftazidime injection recon soln 2 gram, 6 gram	(Fortaz)	1	
ceftibuten oral capsule 400 mg	(Cedax)	1	
ceftibuten oral suspension for reconstitution 180 mg/5 ml	(Cedax)	1	
CEFTIN ORAL SUSPENSION FOR RECONSTITUTION 125 MG/5 ML, 250 MG/5 ML		2	
CEFTIN ORAL TABLET 250 MG, 500 MG		3	
ceftriaxone 1 gm piggyback 50ml galaxycontainer 1 gram/50 ml	(Ceftriaxone Na/Dextrose, Iso)	1	
ceftriaxone 2 gm piggyback 50ml galaxycontainer 2 gram/50 ml	(Ceftriaxone Na/Dextrose, Iso)	1	PA BvD
ceftriaxone injection recon soln 1 gram, 250 mg, 500 mg	(Ceftriaxone Sodium)	1	PA BvD
ceftriaxone injection recon soln 10 gram	(Ceftriaxone Sodium)	1	
ceftriaxone intravenous recon soln 1 gram	(Ceftriaxone Na/Dextrose, Iso)	1	
ceftriaxone intravenous recon soln 2 gram	(Ceftriaxone Na/Dextrose, Iso)	1	PA BvD
cefuroxime axetil oral tablet 250 mg, 500 mg	(Ceftin)	1	
cefuroxime sodium injection recon soln 1.5 gram, 750 mg	(Zinacef)	1	PA BvD
cefuroxime sodium intravenous recon soln 7.5 gram	(Zinacef)	1	PA BvD
cephalexin oral capsule 250 mg, 500 mg, 750 mg	(Keflex)	1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	(Cephalexin)	1	
cephalexin oral tablet 250 mg, 500 mg	(Cephalexin)	1	

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Drug Name	Drug Tier	Requirements/Limits
CLAFORAN 1 GM VIAL LATEX-FREE, INNER 1 GRAM	3	
CLAFORAN 2 GM ADD-VANTAGE VL 25'S,ADD-VANTAGE,L/F 2 GRAM	2	
CLAFORAN 2 GM VIAL LATEX-FREE, INNER 2 GRAM	3	
CLAFORAN IN DEXTROSE(ISO-OSM) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	3	
CLAFORAN INJECTION RECON SOLN 10 GRAM	3	
CLAFORAN INTRAVENOUS RECON SOLN 1 GRAM, 2 GRAM	3	
FORTAZ 2 GM VIAL 2 GRAM	3	
FORTAZ INJECTION RECON SOLN 500 MG	2	
FORTAZ INJECTION RECON SOLN 6 GRAM	3	
FORTAZ INTRAVENOUS RECON SOLN 2 GRAM	3	
KEFLEX ORAL CAPSULE 250 MG, 500 MG, 750 MG	3	
MAXIPIME 1 GM ADD-VANTAGE VL OUTER, LATEX-FREE 1 GRAM	3	
MAXIPIME 2 GM ADD-VANTAGE VL OUTER, LATEX-FREE 2 GRAM	3	
MAXIPIME INJECTION RECON SOLN 1 GRAM, 2 GRAM	3	
MEFOXIN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	2	PA BvD
SPECTRACEF ORAL TABLET 400 MG	3	
SUPRAX ORAL CAPSULE 400 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	2	
tazicef injection recon soln 1 gram, 2 gram, 6 gram (Fortaz)	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	2	PA BvD
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	2	
ZINACEF INJECTION RECON SOLN 1.5 GRAM, 750 MG	3	PA BvD
ZINACEF INTRAVENOUS RECON SOLN 7.5 GRAM	3	
Macrolides		
azithromycin intravenous recon soln 500 mg (Zithromax)	1	
azithromycin oral packet 1 gram (Zithromax)	1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Zithromax)	1	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 600 mg (Zithromax)	1	
azithromycin oral tablet 500 mg (Zithromax)	1	
BIAXIN ORAL SUSPENSION FOR RECONSTITUTION 250 MG/5 ML	3	
BIAXIN ORAL TABLET 250 MG, 500 MG	3	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml (Biaxin)	1	
clarithromycin oral tablet 250 mg, 500 mg (Biaxin)	1	

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Drug Name		Drug Tier	Requirements/Limits
clarithromycin oral tablet extended release 24 hr 500 mg	(Clarithromycin)	1	
DIFICID ORAL TABLET 200 MG		2	ST; QL (20 per 10 days)
e.e.s. 400 oral tablet 400 mg	(Erythromycin Ethylsuccinate)	1	
e.e.s. granules oral suspension for reconstitution 200 mg/5 ml	(Eryped 200)	2	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML		3	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML		2	
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 500 mg	(Erythromycin Base)	2	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG		2	
erythrocin (as stearate) oral tablet 250 mg	(Erythromycin Stearate)	2	
ERYTHROCIN INTRAVENOUS RECON SOLN 1,000 MG, 500 MG		2	PA BvD
erythromycin ethylsuccinate oral tablet 400 mg	(Erythromycin Ethylsuccinate)	1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	(Erythromycin Base)	1	
erythromycin oral tablet 250 mg, 500 mg	(Erythromycin Base)	1	
KETEK ORAL TABLET 300 MG, 400 MG		2	PA
PCE ORAL TABLET, PARTICLES/CRYSTALS 333 MG, 500 MG		2	
ZITHROMAX INTRAVENOUS RECON SOLN 500 MG		3	
ZITHROMAX ORAL PACKET 1 GRAM		3	

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Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG, 600 MG	3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	3	
ZMAX ORAL SUSPENSION,EXTENDED REL RECON 2 GRAM/60 ML	2	
Miscellaneous B-Lactam Antibiotics		
AZACTAM 2 GM VIAL 15ML, SDV 2 GRAM	3	
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	3	
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2 GRAM/50 ML	2	PA BvD
AZACTAM-ISO-OSMOT 1 GM/50 ML 24'S,GALAXY CONT 1 GRAM/50 ML	2	PA BvD
aztreonam injection recon soln 1 gram, 2 gram (Azactam)	1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	2	PA
DORIBAX INTRAVENOUS RECON SOLN 250 MG, 500 MG	2	PA BvD
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg (Primaxin)	1	PA BvD
INVANZ INJECTION RECON SOLN 1 GRAM	2	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
meropenem intravenous recon soln 1 gram, 500 mg	(Merrem)	1	PA BvD
MERREM INTRAVENOUS RECON SOLN 1 GRAM, 500 MG		3	PA BvD
PRIMAXIN IV INTRAVENOUS RECON SOLN 250 MG, 500 MG		3	
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg	(Amoxicillin)	1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	(Amoxicillin)	1	
amoxicillin oral tablet 500 mg, 875 mg	(Amoxicillin)	1	
amoxicillin oral tablet, er multiphase 24 hr 775 mg	(Moxatag)	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	(Amoxicillin)	1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	(Augmentin)	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	(Augmentin)	1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	(Augmentin XR)	1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	(Amoxicillin/Potassium Clav)	1	
ampicillin oral capsule 250 mg, 500 mg	(Ampicillin Trihydrate)	1	
ampicillin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	(Ampicillin Trihydrate)	1	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg	(Ampicillin Sodium)	1	PA BvD
ampicillin-sulbactam injection recon soln 15 gram, 3 gram	(Unasyn)	1	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML		3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML		2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML		3	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG		3	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG		3	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)		2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML		2	
dicloxacillin oral capsule 250 mg, 500 mg	(Dicloxacillin Sodium)	1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG		3	
nafcillin 2 gm vial 10's, latex-free 2 gram	(Nafcillin Sodium)	1	PA BvD
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	(Nafcillin In Dextrose,Iso-Osm)	1	PA BvD
nafcillin injection recon soln 1 gram, 10 gram	(Nafcillin Sodium)	1	PA BvD
nafcillin intravenous recon soln 2 gram	(Nafcillin Sodium)	1	PA BvD
oxacillin 2 gm vial 10's,outer 2 gram	(Oxacillin Sodium)	1	
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	(Oxacillin Sodium/Dextrose, Iso)	1	
oxacillin injection recon soln 10 gram	(Oxacillin Sodium)	1	

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Drug Name		Drug Tier	Requirements/Limits
oxacillin intravenous recon soln 2 gram	(Oxacillin Sodium)	1	
penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml	(Pen G Pot/Dextrose-Water)	1	PA BvD
penicillin g pot in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml	(Pen G Pot/Dextrose-Water)	1	
penicillin g potassium injection recon soln 5 million unit	(Penicillin G Potassium)	1	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml	(Penicillin G Procaine)	1	
penicillin g sodium injection recon soln 5 million unit	(Penicillin G Sodium)	1	
penicillin gk 20 million unit 20 million unit	(Penicillin G Potassium)	1	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	(Penicillin V Potassium)	1	
penicillin v potassium oral tablet 250 mg, 500 mg	(Penicillin V Potassium)	1	
pfizerpen-g injection recon soln 20 million unit	(Penicillin G Potassium)	1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	(Zosyn)	1	PA BvD
UNASYN INJECTION RECON SOLN 1.5 GRAM, 15 GRAM, 3 GRAM		3	PA BvD
ZOSYN 2.25 GRAM VIAL P/F,LATEX-FREE,INNER 2.25 GRAM		2	PA BvD
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML		2	PA BvD
ZOSYN INTRAVENOUS RECON SOLN 40.5 GRAM		3	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
Quinolones			
AVELOX ABC PACK ORAL TABLET 400 MG		3	
AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML		2	PA BvD
AVELOX ORAL TABLET 400 MG		3	
CIPRO IN D5W INTRAVENOUS PIGGYBACK 400 MG/200 ML		3	PA BvD
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML		3	
CIPRO ORAL TABLET 250 MG, 500 MG		3	
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 1,000 MG, 500 MG		3	
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg	(Cipro XR)	1	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	(Cipro)	1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	(Cipro I.V.)	1	
ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml	(Cipro I.V.)	1	PA BvD
ciprofloxacin lactate intravenous solution 200 mg/20 ml, 400 mg/40 ml	(Ciprofloxacin Lactate)	1	PA BvD
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	(Cipro)	1	
FACTIVE ORAL TABLET 320 MG		2	
LEVAQUIN ORAL TABLET 250 MG, 500 MG, 750 MG		3	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml	(Levofloxacin/D5W)	1	PA BvD
levofloxacin in d5w intravenous piggyback 750 mg/150 ml	(Levofloxacin/D5W)	1	

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Drug Name		Drug Tier	Requirements/Limits
levofloxacin intravenous solution 25 mg/ml	(Levofloxacin)	1	
levofloxacin oral solution 250 mg/10 ml	(Levofloxacin)	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	(Levaquin)	1	
moxifloxacin oral tablet 400 mg	(Avelox)	1	
ofloxacin oral tablet 400 mg	(Ofloxacin)	1	
Sulfonamides			
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG		3	
AZULFIDINE ORAL TABLET 500 MG		3	
BACTRIM DS ORAL TABLET 800-160 MG		3	
BACTRIM ORAL TABLET 400-80 MG		3	
sulfadiazine oral tablet 500 mg	(Sulfadiazine)	1	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	(Sulfamethoxazole/Trimethoprim)	1	PA BvD
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfamethoxazole/Trimethoprim)	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	(Bactrim DS)	1	
sulfasalazine oral tablet 500 mg	(Azulfidine)	1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine)	1	
sulfatrim oral suspension 200-40 mg/5 ml	(Sulfamethoxazole/Trimethoprim)	1	
Tetracyclines			
ACTICLATE ORAL TABLET 150 MG, 75 MG		2	ST
ADOXA ORAL CAPSULE 150 MG		3	
AVIDOXY ORAL TABLET 100 MG		3	
demeclocycline oral tablet 150 mg, 300 mg	(Demeclocycline HCl)	1	

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Drug Name		Drug Tier	Requirements/Limits
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 50 MG		2	ST
doxy-100 intravenous recon soln 100 mg	(Doxycycline Hyclate)	1	
doxycycline hyclate intravenous recon soln 100 mg	(Doxycycline Hyclate)	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	(Vibramycin)	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	(Doryx)	1	
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	(Doryx)	1	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg	(Adoxa)	1	
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	(Oracea)	1	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	(Vibramycin)	1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	(Avidoxy)	1	
MINOCIN ORAL CAPSULE 100 MG, 50 MG, 75 MG		3	
minocycline oral capsule 100 mg, 50 mg, 75 mg	(Minocin)	1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	(Minocycline HCl)	1	
minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg	(Minocycline HCl)	1	
MONODOX ORAL CAPSULE 100 MG, 50 MG, 75 MG		3	
MORGIDOX ORAL CAPSULE 100 MG, 50 MG		3	
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG		3	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG		2	ST

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Drug Name	Drug Tier	Requirements/Limits
tetracycline oral capsule 250 mg, 500 mg (Tetracycline HCl)	1	
TYGACIL INTRAVENOUS RECON SOLN 50 MG	2	PA BvD
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION 25 MG/5 ML	3	
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML	2	
Anticancer Agents		
Anticancer Agents		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	2	PA BvD
adrucil 2,500 mg/50 ml vial outer, latex-free 2.5 gram/50 ml (Fluorouracil)	1	PA BvD
adrucil intravenous solution 500 mg/10 ml (Fluorouracil)	1	PA BvD
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	2	PA NSO; QL (112 per 28 days)
AFINITOR ORAL TABLET 10 MG	2	PA NSO; QL (56 per 28 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	2	PA NSO; QL (28 per 28 days)
ALECENSA ORAL CAPSULE 150 MG	2	PA NSO; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	2	PA BvD
ALKERAN INTRAVENOUS RECON SOLN 50 MG	3	PA BvD
anastrozole oral tablet 1 mg (Arimidex)	1	
ARIMIDEX ORAL TABLET 1 MG	3	
AROMASIN ORAL TABLET 25 MG	3	
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML	2	PA NSO
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML, 25 MG/ML (16 ML)	2	PA NSO
azacitidine injection recon soln 100 mg (Vidaza)	1	PA NSO
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	2	PA NSO
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	2	PA NSO
bexarotene oral capsule 75 mg (Targretin)	1	PA NSO; QL (420 per 30 days)
bicalutamide oral tablet 50 mg (Casodex)	1	
BICNU INTRAVENOUS RECON SOLN 100 MG	2	PA BvD
bleomycin injection recon soln 15 unit, 30 unit (Bleomycin Sulfate)	1	PA BvD
BLINCYTO INTRAVENOUS KIT 35 MCG	2	PA NSO; QL (140 per 365 days)
BOSULIF ORAL TABLET 100 MG	2	PA NSO; QL (120 per 30 days)
BOSULIF ORAL TABLET 500 MG	2	PA NSO; QL (30 per 30 days)
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	2	PA BvD
CABOMETYX ORAL TABLET 20 MG, 60 MG	2	PA NSO; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	2	PA NSO; QL (60 per 30 days)
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML	3	PA BvD
CAPRELSA ORAL TABLET 100 MG	2	PA NSO; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	2	PA NSO; QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
carboplatin intravenous solution 10 mg/ml	(Carboplatin)	1	PA BvD
CASODEX ORAL TABLET 50 MG		3	
cisplatin intravenous solution 1 mg/ml	(Cisplatin)	1	PA BvD
cladribine intravenous solution 10 mg/10 ml	(Cladribine)	1	PA BvD
CLOLAR INTRAVENOUS SOLUTION 20 MG/20 ML		2	PA BvD
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)		2	PA NSO; QL (112 per 28 days)
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG		2	PA BvD
COTELLIC ORAL TABLET 20 MG		2	PA NSO; LA; QL (63 per 28 days)
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG		2	PA BvD
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML, 10 MG/ML (50 ML)		2	PA NSO
cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)	(Cytarabine/PF)	1	PA BvD
cytarabine 100 mg/5 ml vial p/f,sdv,latex-free 100 mg/5 ml (20 mg/ml)	(Cytarabine/PF)	1	PA BvD
cytarabine injection solution 20 mg/ml	(Cytarabine/PF)	1	PA BvD
dacarbazine intravenous recon soln 100 mg, 200 mg	(Dacarbazine)	1	PA BvD
DACOGEN INTRAVENOUS RECON SOLN 50 MG		3	PA NSO
DARZALEX 400 MG/20 ML VIAL 20 MG/ML		2	PA NSO
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML		2	PA NSO; LA
daunorubicin intravenous solution 5 mg/ml	(Daunorubicin HCl)	1	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
DAUNOXOME INTRAVENOUS SOLUTION 2 MG/ML		2	PA BvD
decitabine intravenous recon soln 50 mg	(Dacogen)	1	PA NSO
DEPOCYT (PF) INTRATHECAL SUSPENSION 50 MG/5 ML (10 MG/ML)		2	PA BvD
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG, 80 MG		2	
docetaxel 160 mg/16 ml vial mdv, sterile,l/f 160 mg/16 ml (10 mg/ml)	(Taxotere)	1	PA BvD
docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	(Taxotere)	1	PA BvD
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML		3	PA BvD
doxorubicin 200 mg/100 ml vial latex-free 2 mg/ml	(Doxorubicin HCl)	1	PA BvD
doxorubicin intravenous recon soln 10 mg, 50 mg	(Doxorubicin HCl)	1	PA BvD
doxorubicin intravenous solution 50 mg/25 ml	(Doxorubicin HCl)	1	PA BvD
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	(Doxil)	1	PA BvD
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG		2	PA NSO; QL (1 per 84 days)
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG		2	PA NSO; QL (1 per 112 days)
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG		2	PA NSO; QL (1 per 168 days)
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)		2	PA NSO
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML		3	PA BvD
EMCYT ORAL CAPSULE 140 MG		2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG		2	PA NSO
epirubicin intravenous recon soln 50 mg	(Ellence)	1	PA BvD
epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml	(Ellence)	1	PA BvD
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML		2	PA NSO
ERIVEDGE ORAL CAPSULE 150 MG		2	PA NSO; QL (30 per 30 days)
ERWINAZE INJECTION RECON SOLN 10,000 UNIT		2	PA BvD; QL (60 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG		2	PA BvD
etoposide intravenous solution 20 mg/ml	(Etoposide)	1	
EVOMELA INTRAVENOUS RECON SOLN 50 MG		3	PA BvD
exemestane oral tablet 25 mg	(Aromasin)	1	
FARESTON ORAL TABLET 60 MG		2	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG		2	PA NSO
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML		2	PA BvD
FEMARA ORAL TABLET 2.5 MG		3	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG		2	PA NSO
floxuridine injection recon soln 0.5 gram	(Floxuridine)	1	PA BvD
fludarabine 50 mg/2 ml vial sdv, p/f 50 mg/2 ml	(Fludarabine Phosphate)	1	PA BvD
fludarabine intravenous recon soln 50 mg	(Fludarabine Phosphate)	1	PA BvD
fluorouracil 5,000 mg/100 ml latex-free 5 gram/100 ml	(Fluorouracil)	1	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 500 mg/10 ml	(Fluorouracil)	1	PA BvD
flutamide oral capsule 125 mg	(Flutamide)	1	
FOLOTYN 20 MG/ML VIAL 20 MG/ML (1 ML)		2	PA NSO
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)		2	PA NSO
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML		2	PA NSO
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg	(Gemzar)	1	PA BvD
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	(Gemzar)	1	PA BvD
GEMZAR INTRAVENOUS RECON SOLN 1 GRAM, 200 MG		3	PA BvD
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		2	PA NSO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG		3	PA NSO; QL (90 per 30 days)
GLEEVEC ORAL TABLET 400 MG		3	PA NSO; QL (60 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG		3	
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)		2	PA NSO
HERCEPTIN INTRAVENOUS RECON SOLN 440 MG		2	PA NSO
HEXALEN ORAL CAPSULE 50 MG		2	PA NSO
HYCAMTIN INTRAVENOUS RECON SOLN 4 MG		3	PA BvD
HYDREA ORAL CAPSULE 500 MG		3	
hydroxyurea oral capsule 500 mg	(Hydrea)	1	

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Drug Name		Drug Tier	Requirements/Limits
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		2	PA NSO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG		2	PA NSO; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG		2	PA NSO; QL (30 per 30 days)
IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML		3	PA BvD
idarubicin intravenous solution 1 mg/ml	(Idamycin Pfs)	1	PA BvD
IFEX INTRAVENOUS RECON SOLN 1 GRAM		3	PA BvD
ifosfamide 1 gm/20 ml vial sdv,p/f,latex-free 1 gram/20 ml	(Ifex)	1	PA BvD
ifosfamide intravenous recon soln 1 gram	(Ifex)	1	PA BvD
imatinib oral tablet 100 mg	(Gleevec)	1	PA NSO; QL (90 per 30 days)
imatinib oral tablet 400 mg	(Gleevec)	1	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG		2	PA NSO
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML		2	PA NSO; QL (4 per 365 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML		2	PA NSO; QL (8 per 28 days)
INLYTA ORAL TABLET 1 MG		2	PA NSO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG		2	PA NSO; QL (60 per 30 days)
IRESSA ORAL TABLET 250 MG		2	PA NSO; QL (60 per 30 days)
irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml	(Camptosar)	1	
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML		2	PA NSO

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Drug Name		Drug Tier	Requirements/Limits
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG		2	PA NSO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		2	PA NSO; QL (60 per 30 days)
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)		2	PA NSO
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG		2	PA NSO
KEYTRUDA INTRAVENOUS RECON SOLN 50 MG		2	PA NSO
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)		2	PA NSO
KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG		2	PA NSO
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)		2	PA NSO
letrozole oral tablet 2.5 mg	(Femara)	1	
LEUKERAN ORAL TABLET 2 MG		2	
leuprolide subcutaneous kit 1 mg/0.2 ml	(Leuprolide Acetate)	1	PA NSO
lipodox 50 intravenous suspension 2 mg/ml	(Doxil)	1	PA BvD
lipodox intravenous suspension 2 mg/ml	(Doxil)	1	PA BvD
LONSURF ORAL TABLET 15-6.14 MG		2	PA NSO; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG		2	PA NSO; QL (80 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG		2	PA NSO; QL (1 per 84 days)

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Drug Name		Drug Tier	Requirements/Limits
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG		2	PA NSO; QL (1 per 84 days)
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG		2	PA NSO; QL (1 per 168 days)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG		2	PA NSO
LYNPARZA ORAL CAPSULE 50 MG		2	PA NSO; QL (480 per 30 days)
LYSODREN ORAL TABLET 500 MG		2	
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL		2	PA BvD; QL (4 per 28 days)
MATULANE ORAL CAPSULE 50 MG		2	
megestrol oral tablet 20 mg, 40 mg	(Megestrol Acetate)	1	PA NSO
MEKINIST ORAL TABLET 0.5 MG		2	PA NSO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG		2	PA NSO; QL (30 per 30 days)
melphalan hcl intravenous recon soln 50 mg	(Alkeran)	1	PA BvD
mercaptopurine oral tablet 50 mg	(Mercaptopurine)	1	
methotrexate sodium (pf) injection recon soln 1 gram	(Methotrexate Sodium/PF)	1	
methotrexate sodium (pf) injection solution 25 mg/ml	(Methotrexate Sodium/PF)	1	
methotrexate sodium injection solution 25 mg/ml	(Methotrexate Sodium)	1	
methotrexate sodium oral tablet 2.5 mg	(Methotrexate Sodium)	1	PA BvD
mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg	(Mitomycin)	1	PA BvD
mitoxantrone intravenous concentrate 2 mg/ml	(Mitoxantrone HCl)	1	
MUSTARGEN INJECTION RECON SOLN 10 MG		2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
NAVELBINE INTRAVENOUS SOLUTION 10 MG/ML, 50 MG/5 ML	3	PA BvD
NEXAVAR ORAL TABLET 200 MG	2	PA NSO; QL (120 per 30 days)
NILANDRON ORAL TABLET 150 MG	2	
nilutamide oral tablet 150 mg (Nilandron)	1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	2	PA NSO; QL (3 per 28 days)
NIPENT INTRAVENOUS RECON SOLN 10 MG	2	PA BvD
ODOMZO ORAL CAPSULE 200 MG	2	PA NSO
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	2	PA BvD
onxol intravenous concentrate 6 mg/ml (Paclitaxel)	1	PA BvD
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML	2	PA NSO
oxaliplatin intravenous recon soln 100 mg, 50 mg (Oxaliplatin)	1	PA BvD
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml) (Oxaliplatin)	1	PA BvD
paclitaxel intravenous concentrate 6 mg/ml (Paclitaxel)	1	PA BvD
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	2	PA NSO
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	2	PA NSO; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	2	PA NSO; QL (100 per 21 days)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	2	PA BvD
PURIXAN ORAL SUSPENSION 20 MG/ML	2	

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Drug Name	Drug Tier	Requirements/Limits
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	2	PA NSO
RHEUMATREX ORAL TABLETS,DOSE PACK 2.5 MG, 2.5 MG (DOSE PACK 12), 2.5 MG (DOSE PACK 16), 2.5 MG (DOSE PACK 20), 2.5 MG (DOSE PACK 8)	3	
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	2	PA NSO
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	2	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	2	PA NSO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	2	PA NSO; QL (60 per 30 days)
STIVARGA ORAL TABLET 40 MG	2	PA NSO; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	PA NSO; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	2	PA NSO
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	2	PA NSO; QL (28 per 28 days)
TABLOID ORAL TABLET 40 MG	2	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	2	PA NSO; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	2	PA NSO; LA; QL (30 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg (Tamoxifen Citrate)	1	
TARCEVA ORAL TABLET 100 MG, 25 MG	2	PA NSO; QL (60 per 30 days)
TARCEVA ORAL TABLET 150 MG	2	PA NSO; QL (90 per 30 days)
TARGRETIN ORAL CAPSULE 75 MG	3	PA NSO; QL (420 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TARGRETIN TOPICAL GEL 1 %	2	PA NSO; QL (60 per 28 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	2	PA NSO; QL (112 per 28 days)
TAXOTERE 20 MG/ML VIAL 20 MG/ML (1 ML)	3	PA BvD
TAXOTERE INTRAVENOUS SOLUTION 80 MG/4 ML (20 MG/ML)	3	PA BvD
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	2	PA NSO; QL (20 per 21 days)
thiotepa injection recon soln 15 mg (Thiotepa)	1	
toposar intravenous solution 20 mg/ml (Etoposide)	1	PA BvD
topotecan hcl 4 mg/4 ml vial p/f, suv, latex-free 4 mg/4 ml (1 mg/ml) (Hycamtin)	1	PA BvD
topotecan intravenous recon soln 4 mg (Hycamtin)	1	PA BvD
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	2	PA NSO; QL (4 per 28 days)
TREANDA INTRAVENOUS RECON SOLN 100 MG	2	PA BvD
TRELSTAR 22.5 MG SYRINGE WITH MIXJECT 22.5 MG/2 ML	2	PA NSO; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	2	PA NSO; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML	2	PA NSO; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML	2	PA NSO
tretinoin (chemotherapy) oral capsule 10 mg (Tretinoin)	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	2	PA BvD
TRISENOX INTRAVENOUS SOLUTION 10 MG/10 ML	2	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
TYKERB ORAL TABLET 250 MG		2	PA NSO
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML		2	PA NSO
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML		2	PA BvD
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)		2	PA NSO
VELCADE INJECTION RECON SOLN 3.5 MG		2	PA NSO
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG		2	PA NSO
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG		2	PA NSO
VIDAZA INJECTION RECON SOLN 100 MG		3	PA NSO
vinblastine intravenous solution 1 mg/ml	(Vinblastine Sulfate)	1	PA BvD
vincasar pfs 2 mg/2 ml vial 2 mg/2 ml	(Vincristine Sulfate)	1	PA BvD
vincasar pfs intravenous solution 1 mg/ml	(Vincristine Sulfate)	1	PA BvD
vincristine 2 mg/2 ml vial p/f, sdv 2 mg/2 ml	(Vincristine Sulfate)	1	PA BvD
vincristine intravenous solution 1 mg/ml	(Vincristine Sulfate)	1	PA BvD
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	(Navelbine)	1	PA BvD
VOTRIENT ORAL TABLET 200 MG		2	PA NSO; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG		2	PA NSO; QL (60 per 30 days)
XTANDI ORAL CAPSULE 40 MG		2	PA NSO; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)		2	PA NSO
YONDELIS INTRAVENOUS RECON SOLN 1 MG		2	PA NSO

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Drug Name		Drug Tier	Requirements/Limits
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)		2	PA NSO
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM		2	PA BvD
ZELBORAF ORAL TABLET 240 MG		2	PA NSO; QL (240 per 30 days)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG		2	QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG		2	QL (1 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG		2	PA NSO
ZYDELIG ORAL TABLET 100 MG, 150 MG		2	PA NSO; QL (60 per 30 days)
ZYKADIA ORAL CAPSULE 150 MG		2	PA NSO; QL (140 per 28 days)
ZYTIGA ORAL TABLET 250 MG		2	PA NSO; QL (120 per 30 days)
Anticholinergic Agents			
Antimuscarinics/Antispasmodics			
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML, 2 MG/0.7 ML		2	
atropine injection solution 0.4 mg/ml, 1 mg/ml	(Atropine Sulfate)	1	
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	(Atropine Sulfate)	1	
propantheline oral tablet 15 mg	(Propantheline Bromide)	1	
Anticonvulsants			
Anticonvulsants			
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG		2	
BANZEL ORAL SUSPENSION 40 MG/ML		2	

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Drug Name		Drug Tier	Requirements/Limits
BANZEL ORAL TABLET 200 MG, 400 MG		2	
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML		2	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML		2	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		2	QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	1	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	1	
carbamazepine oral tablet 200 mg	(Tegretol)	1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	1	
carbamazepine oral tablet,chewable 100 mg	(Carbamazepine)	1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG		3	
CELONTIN ORAL CAPSULE 300 MG		2	
CEREBYX INJECTION SOLUTION 100 MG PE/2 ML, 500 MG PE/10 ML		3	
DEPACON INTRAVENOUS SOLUTION 500 MG/5 ML (100 MG/ML)		3	PA BvD
DEPAKENE ORAL CAPSULE 250 MG		3	
DEPAKENE ORAL SOLUTION 250 MG/5 ML		3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG		3	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG		3	

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Drug Name		Drug Tier	Requirements/Limits
DEPAKOTE SPRINKLES ORAL CAPSULE, SPRINKLE 125 MG		3	
DILANTIN EXTENDED ORAL CAPSULE 100 MG		3	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG		3	
DILANTIN ORAL CAPSULE 30 MG		2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML		3	
divalproex oral capsule, sprinkle 125 mg	(Depakote Sprinkle)	1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	1	
epitol oral tablet 200 mg	(Tegretol)	1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG		2	
ethosuximide oral capsule 250 mg	(Zarontin)	1	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	1	
felbamate oral suspension 600 mg/5 ml	(Felbatol)	1	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	1	
FELBATOL ORAL SUSPENSION 600 MG/5 ML		3	
FELBATOL ORAL TABLET 400 MG, 600 MG		3	
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	(Cerebyx)	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		2	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG		2	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	(Neurontin)	1	
gabapentin oral solution 250 mg/5 ml	(Neurontin)	1	
gabapentin oral tablet 600 mg, 800 mg	(Neurontin)	1	

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Drug Name	Drug Tier	Requirements/Limits
GABITRIL ORAL TABLET 12 MG, 16 MG	2	
GABITRIL ORAL TABLET 2 MG, 4 MG	3	
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR 300 MG (9)- 600 MG (69)	2	PA; QL (78 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	2	PA; QL (90 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	2	
KEPPRA INTRAVENOUS SOLUTION 500 MG/5 ML	3	PA BvD
KEPPRA ORAL SOLUTION 100 MG/ML	3	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	3	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	3	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	3	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	3	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	3	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	3	

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Drug Name	Drug Tier	Requirements/Limits
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	3	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	3	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	2	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	2	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	3	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	2	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	2	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	2	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg (Lamictal)	1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14) (Lamictal Odt (Blue))	1	

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Drug Name		Drug Tier	Requirements/Limits
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	(Lamictal XR)	1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	1	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	(Lamictal Odt)	1	
lamotrigine oral tablets,dose pack 25 mg (35)	(Lamictal (Blue))	1	
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	(Levetiracetam In Nacl (Iso-Os))	1	
levetiracetam intravenous solution 500 mg/5 ml	(Keppra)	1	PA BvD
levetiracetam oral solution 100 mg/ml	(Keppra)	1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	1	
LUMINAL INJECTION SYRINGE 130 MG/ML		2	QL (2 per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG		2	QL (90 per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML		2	QL (900 per 30 days)
MYSOLINE ORAL TABLET 250 MG, 50 MG		3	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG		3	
NEURONTIN ORAL SOLUTION 250 MG/5 ML		3	
NEURONTIN ORAL TABLET 600 MG, 800 MG		3	
oxcarbazepine oral suspension 300 mg/5 ml	(Trileptal)	1	

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Drug Name		Drug Tier	Requirements/Limits
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG		2	
PEGANONE ORAL TABLET 250 MG		2	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	(Phenobarbital)	1	QL (1500 per 30 days)
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	(Phenobarbital)	1	QL (90 per 30 days)
phenobarbital oral tablet 30 mg	(Phenobarbital)	1	QL (200 per 30 days)
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	(Phenobarbital Sodium)	1	QL (2 per 30 days)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG		3	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	1	
phenytoin oral tablet,chewable 50 mg	(Dilantin)	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	(Dilantin)	1	
phenytoin sodium intravenous solution 50 mg/ml	(Phenytoin Sodium)	1	
phenytoin sodium intravenous syringe 50 mg/ml	(Phenytoin Sodium)	1	
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG		2	QL (90 per 30 days)
POTIGA ORAL TABLET 50 MG		2	QL (270 per 30 days)
primidone oral tablet 250 mg, 50 mg	(Mysoline)	1	
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG		3	
ROWEEPRA ORAL TABLET 500 MG		3	
SABRIL ORAL POWDER IN PACKET 500 MG		2	

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Drug Name		Drug Tier	Requirements/Limits
SABRIL ORAL TABLET 500 MG		2	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG		2	QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG		2	QL (120 per 30 days)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML		3	
TEGRETOL ORAL TABLET 200 MG		3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG		3	
tiagabine oral tablet 2 mg, 4 mg	(Gabitril)	1	
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG		3	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG		3	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	1	
topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	(Qudexy XR)	1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML		3	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG		3	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG		2	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	(Depacon)	1	PA BvD
valproic acid (as sodium salt) oral solution 250 mg/5 ml	(Depakene)	1	
valproic acid oral capsule 250 mg	(Depakene)	1	

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Drug Name		Drug Tier	Requirements/Limits
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML		2	PA BvD; QL (200 per 5 days)
VIMPAT ORAL SOLUTION 10 MG/ML		2	QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		2	QL (60 per 30 days)
ZARONTIN ORAL CAPSULE 250 MG		3	
ZARONTIN ORAL SOLUTION 250 MG/5 ML		3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG		3	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	(Zonegran)	1	
Antidementia Agents			
Antidementia Agents			
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG		3	QL (30 per 30 days)
donepezil oral tablet 10 mg, 23 mg, 5 mg	(Aricept)	1	QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg, 5 mg	(Donepezil HCl)	1	QL (30 per 30 days)
EXELON ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		3	QL (60 per 30 days)
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR		3	QL (30 per 30 days)
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	(Razadyne ER)	1	QL (30 per 30 days)
galantamine oral solution 4 mg/ml	(Galantamine Hbr)	1	QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	(Razadyne)	1	QL (60 per 30 days)
memantine oral solution 2 mg/ml	(Namenda)	1	QL (360 per 30 days)
memantine oral tablet 10 mg, 5 mg	(Namenda)	1	QL (60 per 30 days)
memantine oral tablets,dose pack 5-10 mg	(Namenda)	1	QL (49 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
NAMENDA ORAL SOLUTION 2 MG/ML		3	QL (360 per 30 days)
NAMENDA ORAL TABLET 10 MG, 5 MG		3	QL (60 per 30 days)
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG		3	QL (49 per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG		2	QL (28 per 28 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG, 7 MG		2	QL (30 per 30 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 28-10 MG		2	
RAZADYNE ER ORAL CAPSULE,EXT REL. PELLETS 24 HR 16 MG, 24 MG, 8 MG		3	QL (30 per 30 days)
RAZADYNE ORAL TABLET 12 MG, 4 MG, 8 MG		3	QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	(Exelon)	1	QL (60 per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr	(Exelon)	1	QL (30 per 30 days)
Antidepressants			
Antidepressants			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	(Amitriptyline HCl)	1	PA NSO
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	(Amitriptyline/Chlordiazepoxide)	1	PA NSO
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	(Amoxapine)	1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG		3	PA NSO

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Drug Name		Drug Tier	Requirements/Limits
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG		2	ST
BRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		2	ST
BRISDELLE ORAL CAPSULE 7.5 MG		2	
bupropion hcl oral tablet 100 mg, 75 mg	(Wellbutrin SR)	1	
bupropion hcl oral tablet extended release 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	1	
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG		3	QL (30 per 30 days)
citalopram oral solution 10 mg/5 ml	(Citalopram Hydrobromide)	1	QL (600 per 30 days)
citalopram oral tablet 10 mg, 20 mg, 40 mg	(Celexa)	1	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	1	PA NSO
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 60 MG		3	QL (60 per 30 days)
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG		3	QL (30 per 30 days)
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	(Norpramin)	1	
DESVENLAFAXINE FUMARATE ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 50 MG		2	ST; QL (30 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG		2	ST; QL (30 per 30 days)
desvenlafaxine oral tablet extended release 24hr 100 mg, 50 mg	(Khedezla)	1	ST; QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	(Doxepin HCl)	1	PA NSO
doxepin oral concentrate 10 mg/ml	(Doxepin HCl)	1	PA NSO
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg	(Cymbalta)	1	(Cymbalta); QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	(Cymbalta)	1	(Cymbalta); QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	(Cymbalta)	1	(Irenka); QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG		3	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		2	PA NSO; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	(Lexapro)	1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	(Lexapro)	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)		2	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG		2	ST
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	(Prozac)	1	
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	(Prozac Weekly)	1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	(Fluoxetine HCl)	1	
fluoxetine oral tablet 10 mg, 20 mg	(Fluoxetine HCl)	1	
FLUOXETINE ORAL TABLET 60 MG		2	
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	(Fluvoxamine Maleate)	1	

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Drug Name		Drug Tier	Requirements/Limits
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	(Fluvoxamine Maleate)	1	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG		2	ST
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	(Tofranil)	1	PA NSO
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	(Imipramine Pamoate)	1	PA NSO
IRENKA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG		3	ST; QL (90 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 50 MG		3	ST; QL (30 per 30 days)
LEXAPRO ORAL SOLUTION 5 MG/5 ML		3	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG		3	
maprotiline oral tablet 25 mg, 50 mg, 75 mg	(Maprotiline HCl)	1	
MARPLAN ORAL TABLET 10 MG		2	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	(Remeron)	1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron)	1	
NARDIL ORAL TABLET 15 MG		3	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	(Nefazodone HCl)	1	
NORPRAMIN ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG		3	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	1	
nortriptyline oral solution 10 mg/5 ml	(Nortriptyline HCl)	1	
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	(Symbyax)	1	

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Drug Name		Drug Tier	Requirements/Limits
OLEPTRO ER ORAL TABLET EXTENDED RELEASE 24 HR 150 MG		2	QL (45 per 30 days)
OLEPTRO ER ORAL TABLET EXTENDED RELEASE 24 HR 300 MG		2	QL (30 per 30 days)
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG		3	
PARNATE ORAL TABLET 10 MG		3	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG		3	
PAXIL ORAL SUSPENSION 10 MG/5 ML		2	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG		3	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	(Perphenazine/Amitriptyline HCl)	1	PA NSO
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG		2	ST
phenelzine oral tablet 15 mg	(Nardil)	1	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG		2	ST; QL (30 per 30 days)
protriptyline oral tablet 10 mg, 5 mg	(Protriptyline HCl)	1	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG		3	
PROZAC WEEKLY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 90 MG		3	
REMERON ORAL TABLET 15 MG, 30 MG, 45 MG		3	

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Drug Name		Drug Tier	Requirements/Limits
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG		3	
SARAFEM ORAL TABLET 10 MG, 20 MG		2	
sertraline oral concentrate 20 mg/ml	(Zoloft)	1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	1	
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG		2	PA NSO
SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG		3	
TOFRANIL ORAL TABLET 10 MG, 25 MG, 50 MG		3	PA NSO
tranylcypromine oral tablet 10 mg	(Parnate)	1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	(Trazodone HCl)	1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	(Trimipramine Maleate)	1	PA NSO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		2	ST
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	(Effexor XR)	1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	(Venlafaxine HCl)	1	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	(Venlafaxine HCl)	1	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG		2	ST
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)		2	ST
WELLBUTRIN ORAL TABLET 100 MG		3	
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 100 MG, 150 MG, 200 MG		3	

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Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	3	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	3	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	3	
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	1	QL (90 per 30 days)
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG	3	QL (90 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG, 30-1,000 MG	2	QL (60 per 30 days)
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	3	QL (30 per 30 days)
alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg (Nesina)	2	QL (30 per 30 days)
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg (Kazano)	2	QL (60 per 30 days)
alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg (Oseni)	2	QL (30 per 30 days)
AVANDAMET ORAL TABLET 2-1,000 MG, 2-500 MG	2	QL (60 per 30 days)
AVANDIA ORAL TABLET 2 MG, 4 MG	2	QL (60 per 30 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	2	ST; QL (4 per 28 days)
BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON 2 MG	2	ST; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	ST; QL (2.4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	ST; QL (1.2 per 28 days)
CYCLOSET ORAL TABLET 0.8 MG	2	QL (180 per 30 days)
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	3	QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	2	PA
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG	3	QL (60 per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG	3	QL (150 per 30 days)
GLUCOPHAGE ORAL TABLET 1,000 MG	3	QL (75 per 30 days)
GLUCOPHAGE ORAL TABLET 500 MG	3	QL (150 per 30 days)
GLUCOPHAGE ORAL TABLET 850 MG	3	QL (90 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	QL (120 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	3	QL (60 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	3	QL (60 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	3	QL (120 per 30 days)
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (90 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	2	QL (60 per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	2	QL (120 per 30 days)
INVOKANA ORAL TABLET 100 MG	2	QL (60 per 30 days)
INVOKANA ORAL TABLET 300 MG	2	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	PA; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	3	QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	2	PA; QL (112 per 28 days)
metformin oral tablet 1,000 mg (Glucophage)	1	QL (75 per 30 days)
metformin oral tablet 500 mg (Glucophage)	1	QL (150 per 30 days)
metformin oral tablet 850 mg (Glucophage)	1	QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg (Glucophage XR)	1	QL (120 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
metformin oral tablet extended release 24 hr 750 mg	(Glucophage XR)	1	QL (90 per 30 days)
metformin oral tablet extended release 24hr 1,000 mg	(Glucophage XR)	1	QL (60 per 30 days)
metformin oral tablet extended release 24hr 500 mg	(Glucophage XR)	1	QL (150 per 30 days)
miglitol oral tablet 100 mg, 25 mg, 50 mg	(Glyset)	1	QL (90 per 30 days)
nateglinide oral tablet 120 mg, 60 mg	(Starlix)	1	QL (90 per 30 days)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG		3	QL (30 per 30 days)
ONGLYZA ORAL TABLET 2.5 MG, 5 MG		2	QL (30 per 30 days)
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG		3	QL (30 per 30 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	(Actos)	1	QL (30 per 30 days)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	(Duetact)	1	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	(Actoplus Met)	1	QL (90 per 30 days)
PRANDIN ORAL TABLET 0.5 MG, 1 MG, 2 MG		3	QL (240 per 30 days)
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG		3	QL (90 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	(Prandin)	1	QL (240 per 30 days)
repaglinide-metformin oral tablet 1-500 mg, 2-500 mg	(Repaglinide/Metformin HCl)	1	QL (150 per 30 days)
RIOMET ORAL SOLUTION 500 MG/5 ML		2	QL (765 per 30 days)
STARLIX ORAL TABLET 120 MG, 60 MG		3	QL (90 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML		2	PA; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML		2	PA; QL (6 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	PA; QL (60 per 30 days)
TANZEUM SUBCUTANEOUS PEN INJECTOR 30 MG/0.5 ML, 50 MG/0.5 ML	2	ST; QL (4 per 28 days)
TRADJENTA ORAL TABLET 5 MG	2	
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	2	ST
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	ST
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG, 5-500 MG	2	QL (60 per 30 days)
Insulins		
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT, 4 UNIT (30)/ 8 UNIT (60), 4 UNIT (60)/ 8 UNIT (30), 8 UNIT (60)/ 12 UNIT (30)	2	
APIDRA SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	QL (30 per 28 days)
APIDRA SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (40 per 28 days)
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	QL (30 per 28 days)
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	QL (30 per 28 days)
HUMALOG MIX 50-50 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	2	QL (40 per 28 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	QL (30 per 28 days)
HUMALOG MIX 75-25 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	QL (40 per 28 days)
HUMALOG SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	QL (30 per 28 days)
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (40 per 28 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL (30 per 28 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	QL (40 per 28 days)
HUMULIN N KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (30 per 28 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	QL (40 per 28 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	2	QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	QL (24 per 28 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	QL (40 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
LANTUS SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (30 per 28 days)
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (40 per 28 days)
LEVEMIR FLEXTOUCH SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (30 per 28 days)
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (40 per 28 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	QL (40 per 28 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	QL (40 per 28 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	2	QL (40 per 28 days)
NOVOLOG FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	QL (30 per 28 days)
NOVOLOG MIX 70-30 FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL (30 per 28 days)
NOVOLOG MIX 70-30 SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	QL (40 per 28 days)
NOVOLOG PENFILL SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	QL (30 per 28 days)
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (40 per 28 days)
TOUJEO SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (30 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)		2	QL (18 per 28 days)
Sulfonylureas			
AMARYL ORAL TABLET 1 MG, 2 MG		3	QL (30 per 30 days)
AMARYL ORAL TABLET 4 MG		3	QL (60 per 30 days)
chlorpropamide oral tablet 100 mg	(Chlorpropamide)	1	PA; QL (225 per 30 days); AGE (Max 64 Years)
chlorpropamide oral tablet 250 mg	(Chlorpropamide)	1	PA; QL (90 per 30 days); AGE (Max 64 Years)
DIABETA ORAL TABLET 1.25 MG		3	PA; QL (280 per 30 days); AGE (Max 64 Years)
DIABETA ORAL TABLET 2.5 MG		3	PA; QL (240 per 30 days); AGE (Max 64 Years)
DIABETA ORAL TABLET 5 MG		3	PA; QL (120 per 30 days); AGE (Max 64 Years)
glimepiride oral tablet 1 mg, 2 mg	(Amaryl)	1	QL (30 per 30 days)
glimepiride oral tablet 4 mg	(Amaryl)	1	QL (60 per 30 days)
glipizide oral tablet 10 mg	(Glucotrol)	1	QL (120 per 30 days)
glipizide oral tablet 5 mg	(Glucotrol)	1	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	(Glucotrol XL)	1	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg	(Glucotrol XL)	1	QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	(Glipizide/Metformin HCl)	1	QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	(Glipizide/Metformin HCl)	1	QL (120 per 30 days)
GLUCOTROL ORAL TABLET 10 MG		3	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
GLUCOTROL ORAL TABLET 5 MG	3	QL (30 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	QL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG, 5 MG	3	QL (30 per 30 days)
GLUCOVANCE ORAL TABLET 2.5-500 MG, 5-500 MG	3	PA; QL (120 per 30 days); AGE (Max 64 Years)
glyburide micronized oral tablet 1.5 mg (Glynase)	1	PA; QL (400 per 30 days); AGE (Max 64 Years)
glyburide micronized oral tablet 3 mg (Glynase)	1	PA; QL (180 per 30 days); AGE (Max 64 Years)
glyburide micronized oral tablet 6 mg (Glynase)	1	PA; QL (120 per 30 days); AGE (Max 64 Years)
glyburide oral tablet 1.25 mg (Glyburide)	1	PA; QL (280 per 30 days); AGE (Max 64 Years)
glyburide oral tablet 2.5 mg (Glyburide)	1	PA; QL (240 per 30 days); AGE (Max 64 Years)
glyburide oral tablet 5 mg (Glyburide)	1	PA; QL (120 per 30 days); AGE (Max 64 Years)
glyburide-metformin oral tablet 1.25-250 mg (Glucovance)	1	PA; QL (240 per 30 days); AGE (Max 64 Years)
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg (Glucovance)	1	PA; QL (120 per 30 days); AGE (Max 64 Years)
GLYNASE ORAL TABLET 1.5 MG	3	PA; QL (400 per 30 days); AGE (Max 64 Years)

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Drug Name		Drug Tier	Requirements/Limits
GLYNASE ORAL TABLET 3 MG		3	PA; QL (180 per 30 days); AGE (Max 64 Years)
GLYNASE ORAL TABLET 6 MG		3	PA; QL (120 per 30 days); AGE (Max 64 Years)
tolazamide oral tablet 250 mg	(Tolazamide)	1	QL (120 per 30 days)
tolazamide oral tablet 500 mg	(Tolazamide)	1	QL (60 per 30 days)
tolbutamide oral tablet 500 mg	(Tolbutamide)	1	QL (180 per 30 days)
Antifungals			
Antifungals			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		2	PA BvD
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG		2	PA BvD
amphotericin b injection recon soln 50 mg	(Amphotericin B)	1	PA BvD
ANCOBON ORAL CAPSULE 250 MG, 500 MG		3	
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG		2	PA BvD
CICLODAN TOPICAL CREAM 0.77 %		3	
CICLODAN TOPICAL SOLUTION 8 %		3	
ciclopirox topical cream 0.77 %	(Loprox)	1	
ciclopirox topical gel 0.77 %	(Ciclopirox)	1	
ciclopirox topical shampoo 1 %	(Loprox)	1	
ciclopirox topical solution 8 %	(Penlac)	1	
ciclopirox topical suspension 0.77 %	(Ciclopirox Olamine)	1	
clotrimazole mucous membrane troche 10 mg	(Clotrimazole)	1	
clotrimazole topical cream 1 %	(Clotrimazole)	1	
clotrimazole topical solution 1 %	(Clotrimazole)	1	
clotrimazole-betamethasone topical cream 1-0.05 %	(Lotrisone)	1	

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Drug Name		Drug Tier	Requirements/Limits
clotrimazole-betamethasone topical lotion 1-0.05 %	(Clotrimazole/Betamethasone Dip)	1	
CRESEMBA INTRAVENOUS RECON SOLN 372 MG		2	
CRESEMBA ORAL CAPSULE 186 MG		2	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML, 40 MG/ML		3	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		3	
econazole topical cream 1 %	(Econazole Nitrate)	1	
ECOZA TOPICAL FOAM 1 %		2	
ERAXIS(WATER DIL) 50 MG VIAL 50 MG		2	PA BvD
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG		2	PA BvD
ERTACZO TOPICAL CREAM 2 %		2	
EXELDERM TOPICAL CREAM 1 %		2	
EXELDERM TOPICAL SOLUTION 1 %		2	
EXTINA TOPICAL FOAM 2 %		3	
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml	(Fluconazole In Nacl,Iso-Osm)	1	PA BvD
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	(Diflucan)	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Diflucan)	1	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	1	
griseofulvin microsize oral suspension 125 mg/5 ml	(Griseofulvin, Microsize)	1	
griseofulvin microsize oral tablet 500 mg	(Griseofulvin, Microsize)	1	

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Drug Name		Drug Tier	Requirements/Limits
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	(Gris-Peg)	1	
GRIS-PEG (ULTRAMICROSIZE) ORAL TABLET 125 MG, 250 MG		3	
itraconazole oral capsule 100 mg	(Sporanox)	1	PA
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %		2	
ketoconazole oral tablet 200 mg	(Ketoconazole)	1	
ketoconazole topical cream 2 %	(Ketoconazole)	1	
ketoconazole topical foam 2 %	(Ketoconazole)	1	
ketoconazole topical shampoo 2 %	(Nizoral)	1	
LAMISIL ORAL GRANULES IN PACKET 125 MG, 187.5 MG		2	
LAMISIL ORAL TABLET 250 MG		3	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %		3	
LOPROX TOPICAL SHAMPOO 1 %		3	
LOTRISONE TOPICAL CREAM 1-0.05 %		3	
LUZU TOPICAL CREAM 1 %		2	
MENTAX TOPICAL CREAM 1 %		3	
miconazole-3 vaginal suppository 200 mg	(Miconazole Nitrate)	1	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG		2	PA BvD
naftifine topical cream 1 %, 2 %	(Naftin)	1	
NAFTIN TOPICAL CREAM 2 %		3	
NAFTIN TOPICAL GEL 1 %, 2 %		2	
NIZORAL TOPICAL SHAMPOO 2 %		3	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML		2	PA
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)		2	PA
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG		2	PA

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Drug Name		Drug Tier	Requirements/Limits
nyamyc topical powder 100,000 unit/gram	(Nystatin)	1	
nystatin oral suspension 100,000 unit/ml	(Nystatin)	1	
nystatin oral tablet 500,000 unit	(Nystatin)	1	
nystatin topical cream 100,000 unit/gram	(Nystatin)	1	
nystatin topical ointment 100,000 unit/gram	(Nystatin)	1	
nystatin topical powder 100,000 unit/gram	(Nystatin)	1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	(Nystatin/Triamcin)	1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	(Nystatin/Triamcin)	1	
nystop topical powder 100,000 unit/gram	(Nystatin)	1	
ONMEL ORAL TABLET 200 MG		2	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG		2	
oxiconazole topical cream 1 %	(Oxistat)	1	
OXISTAT TOPICAL CREAM 1 %		3	
OXISTAT TOPICAL LOTION 1 %		2	
PENLAC TOPICAL SOLUTION 8 %		3	
SPORANOX ORAL CAPSULE 100 MG		3	PA
SPORANOX ORAL SOLUTION 10 MG/ML		2	PA
SPORANOX PULSEPAK ORAL CAPSULE 100 MG		3	PA
terbinafine hcl oral tablet 250 mg	(Lamisil)	1	
triple dye topical swab 2.29-2.29-1.14 mg/ml	(Gentian Viol/Brlnt Grn/Proflav)	1	
VFEND IV INTRAVENOUS SOLUTION 200 MG		3	PA BvD
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)		3	

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Drug Name		Drug Tier	Requirements/Limits
VFEND ORAL TABLET 200 MG, 50 MG		3	
voriconazole intravenous solution 200 mg	(Vfend IV)	1	PA BvD
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	1	
voriconazole oral tablet 200 mg, 50 mg	(Vfend)	1	
VUSION TOPICAL OINTMENT 0.25-15-81.35 %		2	
XOLEGEL TOPICAL GEL 2 %		2	
Antigout Agents			
Antigout Agents, Other			
allopurinol oral tablet 100 mg, 300 mg	(Zyloprim)	1	
ALOPRIM INTRAVENOUS RECON SOLN 500 MG		2	
colchicine oral capsule 0.6 mg	(Mitigare)	1	
colchicine oral tablet 0.6 mg	(Colcrys)	1	
colchicine-probenecid oral tablet 0.5-500 mg	(Colchicine/Probenecid)	1	
COLCRYS ORAL TABLET 0.6 MG		3	
MITIGARE ORAL CAPSULE 0.6 MG		3	
probenecid oral tablet 500 mg	(Probenecid)	1	
ULORIC ORAL TABLET 40 MG, 80 MG		2	ST; QL (30 per 30 days)
ZYLOPRIM ORAL TABLET 100 MG, 300 MG		3	
Antihistamines			
Antihistamines			
arbinoxa oral liquid 4 mg/5 ml	(Carbinoxamine Maleate)	1	PA; AGE (Max 64 Years)
arbinoxa oral tablet 4 mg	(Carbinoxamine Maleate)	1	PA; AGE (Max 64 Years)
carbinoxamine maleate oral liquid 4 mg/5 ml	(Carbinoxamine Maleate)	1	PA; AGE (Max 64 Years)
carbinoxamine maleate oral tablet 4 mg	(Carbinoxamine Maleate)	1	PA; AGE (Max 64 Years)

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Drug Name		Drug Tier	Requirements/Limits
cetirizine oral solution 1 mg/ml	(Cetirizine HCl)	1	
CLARINEX ORAL SYRUP 2.5 MG/5 ML (0.5 MG/ML)		2	
CLARINEX ORAL TABLET 5 MG		3	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG		2	
clemastine oral tablet 2.68 mg	(Clemastine Fumarate)	1	PA; AGE (Max 64 Years)
cyproheptadine oral syrup 2 mg/5 ml	(Cyproheptadine HCl)	1	PA; AGE (Max 64 Years)
cyproheptadine oral tablet 4 mg	(Cyproheptadine HCl)	1	PA; AGE (Max 64 Years)
desloratadine oral tablet 5 mg	(Clarinex)	1	
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	(Desloratadine)	1	
diphenhydramine hcl injection solution 50 mg/ml	(Diphenhydramine HCl)	1	
diphenhydramine hcl injection syringe 50 mg/ml	(Diphenhydramine HCl)	1	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	(Diphenhydramine HCl)	1	PA; AGE (Max 64 Years)
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	(Hydroxyzine HCl)	1	PA; AGE (Max 64 Years)
hydroxyzine hcl oral solution 10 mg/5 ml	(Hydroxyzine HCl)	1	PA; AGE (Max 64 Years)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	(Hydroxyzine HCl)	1	PA; AGE (Max 64 Years)
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML		2	PA; AGE (Max 64 Years)
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	1	
levocetirizine oral tablet 5 mg	(Xyzal)	1	
promethazine oral syrup 6.25 mg/5 ml	(Promethazine HCl)	1	PA; AGE (Max 64 Years)

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Drug Name		Drug Tier	Requirements/Limits
promethazine vc oral syrup 6.25-5 mg/5 ml	(Phenylephrine HCl/Prometh HCl)	1	
SEMPREX-D ORAL CAPSULE 8-60 MG		2	
XYZAL ORAL SOLUTION 2.5 MG/5 ML		3	
XYZAL ORAL TABLET 5 MG		3	
Anti-Infectives (Skin And Mucous Membrane)			
Anti-Infectives (Skin And Mucous Membrane)			
AVC VAGINAL VAGINAL CREAM 15 %		2	
CLEOCIN VAGINAL CREAM 2 %		3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG		2	
clindamycin phosphate vaginal cream 2 %	(Cleocin)	1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %		2	
FEM PH VAGINAL GEL 0.9-0.025 %		3	
GYNAZOLE-1 VAGINAL CREAM 2 %		2	
METROGEL VAGINAL VAGINAL GEL 0.75 %		3	
metronidazole vaginal gel 0.75 %	(Metrogel-Vaginal)	1	
NUVESSA VAGINAL GEL 1.3 %		2	
RELAGARD VAGINAL GEL 0.9-0.025 %		3	
TERAZOL 3 VAGINAL CREAM 0.8 %		3	
TERAZOL 7 VAGINAL CREAM 0.4 %		3	
terconazole vaginal cream 0.4 %, 0.8 %	(Terazol 7)	1	
terconazole vaginal suppository 80 mg	(Terconazole)	1	
VANDAZOLE VAGINAL GEL 0.75 %		2	

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Drug Name	Drug Tier	Requirements/Limits
Antimigraine Agents		
Antimigraine Agents		
almotriptan malate oral tablet 12.5 mg, 6.25 mg (Axert)	1	QL (12 per 28 days)
ALSUMA SUBCUTANEOUS PEN INJECTOR 6 MG/0.5 ML	3	ST; QL (4 per 28 days)
AMERGE ORAL TABLET 1 MG, 2.5 MG	3	QL (18 per 28 days)
AXERT ORAL TABLET 12.5 MG, 6.25 MG	3	ST; QL (12 per 28 days)
CAFERGOT ORAL TABLET 1-100 MG	2	QL (40 per 28 days)
D.H.E.45 INJECTION SOLUTION 1 MG/ML	3	PA BvD; QL (3 per 28 days)
dihydroergotamine injection solution 1 mg/ml (D.H.E.45)	1	PA BvD; QL (30 per 28 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml) (Migranal)	1	QL (8 per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	2	QL (40 per 28 days)
FROVA ORAL TABLET 2.5 MG	3	ST; QL (18 per 28 days)
frovatriptan oral tablet 2.5 mg (Frova)	1	QL (12 per 30 days)
IMITREX 4 MG/0.5 ML PEN INJECT 4 MG/0.5 ML	3	QL (4 per 28 days)
IMITREX NASAL SPRAY,NON-AEROSOL 20 MG/ACTUATION, 5 MG/ACTUATION	3	QL (12 per 28 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (18 per 28 days)
IMITREX STATDOSE KIT REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	3	QL (4 per 28 days)
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5 ML	3	QL (4 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
MAXALT ORAL TABLET 10 MG, 5 MG		3	QL (18 per 28 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG, 5 MG		3	QL (18 per 28 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG		2	QL (20 per 28 days)
MIGRANAL NASAL SPRAY,NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)		3	QL (32 per 28 days)
naratriptan oral tablet 1 mg, 2.5 mg	(Amerge)	1	QL (18 per 28 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG		2	
RELPAX ORAL TABLET 20 MG, 40 MG		2	ST; QL (12 per 28 days)
rizatriptan oral tablet 10 mg, 5 mg	(Maxalt)	1	QL (18 per 28 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	(Maxalt Mlt)	1	QL (18 per 28 days)
sumatriptan 4 mg/0.5 ml inject latex-free 4 mg/0.5 ml	(Imitrex)	1	QL (4 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	(Imitrex)	1	QL (12 per 28 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	(Imitrex)	1	QL (18 per 28 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex)	1	QL (4 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	(Imitrex)	1	QL (4 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	(Imitrex)	1	QL (4 per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	(Sumatriptan Succinate)	1	QL (4 per 28 days)
SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML		2	ST; QL (4 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
TREXIMET ORAL TABLET 85-500 MG		2	ST; QL (12 per 28 days)
ZECUITY TRANSDERMAL PATCH, IONTOPHORETIC 6.5 MG/4 HOUR		2	ST; QL (4 per 28 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML		2	QL (8 per 28 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	(Zomig)	1	QL (12 per 28 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	(Zomig Zmt)	1	QL (12 per 28 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG		2	ST; QL (18 per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG		2	ST; QL (12 per 28 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG		3	QL (12 per 28 days)
ZOMIG ZMT ORAL TABLET,DISINTEGRATING 2.5 MG, 5 MG		3	QL (12 per 28 days)
Antimycobacterials			
Antimycobacterials			
CAPASTAT INJECTION RECON SOLN 1 GRAM		2	
cycloserine oral capsule 250 mg	(Cycloserine)	1	
dapsone oral tablet 100 mg, 25 mg	(Dapsone)	1	
ethambutol oral tablet 100 mg, 400 mg	(Myambutol)	1	
isoniazid injection solution 100 mg/ml	(Isoniazid)	1	
isoniazid oral solution 50 mg/5 ml	(Isoniazid)	1	
isoniazid oral tablet 100 mg, 300 mg	(Isoniazid)	1	
MYAMBUTOL ORAL TABLET 400 MG		3	
MYCOBUTIN ORAL CAPSULE 150 MG		3	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM		2	

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Drug Name		Drug Tier	Requirements/Limits
PRIFTIN ORAL TABLET 150 MG		2	
pyrazinamide oral tablet 500 mg	(Pyrazinamide)	1	
rifabutin oral capsule 150 mg	(Mycobutin)	1	
RIFADIN INTRAVENOUS RECON SOLN 600 MG		3	PA BvD
RIFADIN ORAL CAPSULE 150 MG, 300 MG		3	
RIFAMATE ORAL CAPSULE 300-150 MG		2	
rifampin intravenous recon soln 600 mg	(Rifadin)	1	PA BvD
rifampin oral capsule 150 mg, 300 mg	(Rifadin)	1	
RIFATER ORAL TABLET 50-120-300 MG		2	
SIRTURO ORAL TABLET 100 MG		2	QL (188 per 168 days)
TRECATOR ORAL TABLET 250 MG		2	
Antinausea Agents			
Antinausea Agents			
AKYNZEO ORAL CAPSULE 300-0.5 MG		2	PA BvD
ALOXI INTRAVENOUS SOLUTION 0.25 MG/5 ML		2	
ANTIVERT ORAL TABLET 12.5 MG, 25 MG		3	
ANZEMET INTRAVENOUS SOLUTION 100 MG/5 ML		2	
ANZEMET ORAL TABLET 100 MG, 50 MG		2	PA BvD
CESAMET ORAL CAPSULE 1 MG		2	PA; QL (180 per 30 days)
COMPAZINE ORAL TABLET 10 MG, 5 MG		3	
COMPAZINE RECTAL SUPPOSITORY 25 MG		3	
compro rectal suppository 25 mg	(Compazine)	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG		2	QL (120 per 30 days)
dimenhydrinate injection solution 50 mg/ml	(Dimenhydrinate)	1	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	1	PA
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG		2	PA BvD
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2)		2	PA BvD
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)		2	PA BvD
granisetron (pf) intravenous solution 100 mcg/ml	(Granisetron HCl/PF)	1	PA BvD
granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)	(Granisetron HCl)	1	PA BvD
granisetron hcl oral tablet 1 mg	(Granisetron HCl)	1	PA BvD
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG		3	PA
meclizine oral tablet 12.5 mg, 25 mg	(Meclizine HCl)	1	
ondansetron hcl (pf) injection solution 4 mg/2 ml	(Ondansetron HCl/PF)	1	PA BvD
ondansetron hcl (pf) injection syringe 4 mg/2 ml	(Ondansetron HCl/PF)	1	PA BvD
ondansetron hcl oral solution 4 mg/5 ml	(Zofran)	1	PA BvD
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	(Zofran)	1	PA BvD
ondansetron oral tablet,disintegrating 4 mg, 8 mg	(Zofran Odt)	1	PA BvD
phenadoz rectal suppository 12.5 mg, 25 mg	(Phenergan)	1	PA; AGE (Max 64 Years)
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML		3	PA; AGE (Max 64 Years)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
PHENERGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG		3	PA; AGE (Max 64 Years)
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	(Prochlorperazine Edisylate)	1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	1	
prochlorperazine rectal suppository 25 mg	(Compazine)	1	
promethazine injection solution 25 mg/ml, 50 mg/ml	(Promethazine HCl)	1	PA; AGE (Max 64 Years)
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	(Promethazine HCl)	1	PA; AGE (Max 64 Years)
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	(Phenergan)	1	PA; AGE (Max 64 Years)
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	(Phenergan)	1	PA; AGE (Max 64 Years)
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR		2	PA BvD; QL (4 per 28 days)
scopolamine hbr injection solution 0.4 mg/ml	(Scopolamine Hydrobromide)	1	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML		2	PA; AGE (Max 64 Years)
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1.5 MG (1 MG OVER 3 DAYS)		2	QL (10 per 30 days)
trimethobenzamide oral capsule 300 mg	(Tigan)	1	PA; AGE (Max 64 Years)
VARUBI ORAL TABLET 90 MG		2	PA BvD; QL (4 per 28 days)
ZOFRAN (AS HYDROCHLORIDE) INTRAVENOUS SOLUTION 2 MG/ML		3	PA BvD
ZOFRAN (AS HYDROCHLORIDE) ORAL SOLUTION 4 MG/5 ML		3	PA BvD
ZOFRAN (AS HYDROCHLORIDE) ORAL TABLET 4 MG, 8 MG		3	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
ZOFRAN ODT ORAL TABLET,DISINTEGRATING 4 MG, 8 MG		3	PA BvD
ZUPLENZ ORAL FILM 4 MG, 8 MG		2	PA BvD
Antiparasite Agents			
Antiparasite Agents			
ALBENZA ORAL TABLET 200 MG		2	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML		2	
ALINIA ORAL TABLET 500 MG		2	
atovaquone oral suspension 750 mg/5 ml	(Mepron)	1	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	(Malarone)	1	
BILTRICIDE ORAL TABLET 600 MG		2	
chloroquine phosphate oral tablet 250 mg, 500 mg	(Chloroquine Phosphate)	1	
COARTEM ORAL TABLET 20-120 MG		2	
DARAPRIM ORAL TABLET 25 MG		2	
EMVERM ORAL TABLET,CHEWABLE 100 MG		2	
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	1	
ivermectin oral tablet 3 mg	(Stromectol)	1	
MALARONE ORAL TABLET 250-100 MG		3	
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG		3	
mefloquine oral tablet 250 mg	(Mefloquine HCl)	1	
MEPRON ORAL SUSPENSION 750 MG/5 ML		3	
NEBUPENT INHALATION RECON SOLN 300 MG		2	PA BvD
paromomycin oral capsule 250 mg	(Paromomycin Sulfate)	1	
PENTAM INJECTION RECON SOLN 300 MG		2	

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Drug Name		Drug Tier	Requirements/Limits
PLAQUENIL ORAL TABLET 200 MG		3	
PRIMAQUINE ORAL TABLET 26.3 MG		2	QL (90 per 30 days)
QUALAQUIN ORAL CAPSULE 324 MG		3	PA
quinine sulfate oral capsule 324 mg	(Qualaquin)	1	PA; QL (42 per 7 days)
STROMECTOL ORAL TABLET 3 MG		3	
TINDAMAX ORAL TABLET 250 MG, 500 MG		3	
tinidazole oral tablet 250 mg, 500 mg	(Tindamax)	1	
Antiparkinsonian Agents			
Antiparkinsonian Agents			
amantadine hcl oral capsule 100 mg	(Amantadine HCl)	1	
amantadine hcl oral solution 50 mg/5 ml	(Amantadine HCl)	1	
amantadine hcl oral tablet 100 mg	(Amantadine HCl)	1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML		2	PA; QL (60 per 30 days)
AZILECT ORAL TABLET 0.5 MG, 1 MG		2	
benztropine injection solution 2 mg/2 ml	(Cogentin)	1	PA; AGE (Max 64 Years)
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	(Benztropine Mesylate)	1	PA; AGE (Max 64 Years)
bromocriptine oral capsule 5 mg	(Parlodel)	1	
bromocriptine oral tablet 2.5 mg	(Parlodel)	1	
cabergoline oral tablet 0.5 mg	(Cabergoline)	1	
carbidopa oral tablet 25 mg	(Lodosyn)	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	(Sinemet 25-100)	1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	(Sinemet CR)	1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	(Carbidopa/Levodopa)	1	

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Drug Name	Drug Tier	Requirements/Limits
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 (Stalevo 200)	1	
COGENTIN INJECTION SOLUTION 2 MG/2 ML	3	PA; AGE (Max 64 Years)
COMTAN ORAL TABLET 200 MG	3	
ELDEPRYL ORAL CAPSULE 5 MG	3	
entacapone oral tablet 200 mg (Comtan)	1	
LODOSYN ORAL TABLET 25 MG	3	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 4.5 MG	3	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 3.75 MG	2	
MIRAPEX ORAL TABLET 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	2	ST; QL (30 per 30 days)
PARLODEL ORAL CAPSULE 5 MG	3	
PARLODEL ORAL TABLET 2.5 MG	3	
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg (Mirapex)	1	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg (Mirapex ER)	1	
REQUIP ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG	3	

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Drug Name		Drug Tier	Requirements/Limits
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 2 MG, 4 MG, 6 MG, 8 MG		3	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	(Requip)	1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	(Requip XL)	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG		2	
selegiline hcl oral capsule 5 mg	(Eldepryl)	1	
selegiline hcl oral tablet 5 mg	(Selegiline HCl)	1	
SINEMET CR ORAL TABLET EXTENDED RELEASE 25-100 MG, 50-200 MG		3	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG		3	
STALEVO 100 ORAL TABLET 25-100-200 MG		3	
STALEVO 125 ORAL TABLET 31.25-125-200 MG		3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG		3	
STALEVO 200 ORAL TABLET 50-200-200 MG		3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG		3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG		3	
TASMAR ORAL TABLET 100 MG		3	
tolcapone oral tablet 100 mg	(Tasmar)	1	
trihexyphenidyl oral elixir 0.4 mg/ml	(Trihexyphenidyl HCl)	1	PA; AGE (Max 64 Years)
trihexyphenidyl oral tablet 2 mg, 5 mg	(Trihexyphenidyl HCl)	1	PA; AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	2	
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	2	ST
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 400 MG	2	ST; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	2	ST; QL (1 per 28 days)
ABILIFY ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	3	ST; QL (30 per 30 days)
ABILIFY ORAL TABLET 2 MG	3	ST; QL (60 per 30 days)
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	2	
aripiprazole oral solution 1 mg/ml (Aripiprazole)	1	QL (900 per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg (Abilify)	1	QL (30 per 30 days)
aripiprazole oral tablet 2 mg (Abilify)	1	QL (60 per 30 days)
aripiprazole oral tablet,disintegrating 10 mg (Aripiprazole)	1	QL (90 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg (Aripiprazole)	1	QL (60 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	2	QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	2	QL (2.4 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML		2	QL (3.2 per 28 days)
chlorpromazine injection solution 25 mg/ml	(Chlorpromazine HCl)	1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	(Chlorpromazine HCl)	1	
clozapine oral tablet 100 mg	(Clozaril)	1	QL (270 per 30 days)
clozapine oral tablet 200 mg	(Clozaril)	1	QL (135 per 30 days)
clozapine oral tablet 25 mg, 50 mg	(Clozaril)	1	QL (90 per 30 days)
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	(Fazaclo)	1	
CLOZARIL ORAL TABLET 100 MG		3	QL (270 per 30 days)
CLOZARIL ORAL TABLET 25 MG		3	QL (90 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG		2	ST; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)		2	ST; QL (8 per 28 days)
FAZACLO ORAL TABLET,DISINTEGRATING 100 MG, 12.5 MG, 25 MG		3	QL (90 per 30 days)
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG		3	QL (180 per 30 days)
FAZACLO ORAL TABLET,DISINTEGRATING 200 MG		3	QL (120 per 30 days)
fluphenazine decanoate injection solution 25 mg/ml	(Fluphenazine Decanoate)	1	
fluphenazine hcl injection solution 2.5 mg/ml	(Fluphenazine HCl)	1	
fluphenazine hcl oral concentrate 5 mg/ml	(Fluphenazine HCl)	1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	(Fluphenazine HCl)	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	(Fluphenazine HCl)	1	

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Drug Name		Drug Tier	Requirements/Limits
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)		2	QL (6 per 28 days)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG		3	QL (60 per 30 days)
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML		3	
HALDOL INJECTION SOLUTION 5 MG/ML		3	
haloperidol dec 50 mg/ml vial 50 mg/ml	(Haloperidol Decanoate)	1	
haloperidol decanoate intramuscular solution 100 mg/ml	(Haloperidol Decanoate)	1	
haloperidol decanoate intramuscular solution 50 mg/ml	(Haldol Decanoate 100)	1	
haloperidol lactate injection solution 5 mg/ml	(Haloperidol Lactate)	1	
haloperidol lactate oral concentrate 2 mg/ml	(Haloperidol Lactate)	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	(Haloperidol)	1	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 9 MG		3	ST; QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG		3	ST; QL (60 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML		2	ST; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML		2	ST; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML		2	ST; QL (1.5 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML		2	ST; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML		2	ST; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML		2	QL (0.875 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML		2	QL (1.315 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML		2	QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML		2	QL (2.625 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG		2	ST
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	(Loxapine Succinate)	1	
molindone oral tablet 10 mg	(Molindone HCl)	1	QL (240 per 30 days)
molindone oral tablet 25 mg	(Molindone HCl)	1	QL (270 per 30 days)
molindone oral tablet 5 mg	(Molindone HCl)	1	QL (120 per 30 days)
NUPLAZID ORAL TABLET 17 MG		2	PA NSO; QL (60 per 30 days)
olanzapine intramuscular recon soln 10 mg	(Zyprexa)	1	QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	(Zyprexa)	1	QL (30 per 30 days)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	(Zyprexa Zydis)	1	QL (30 per 30 days)
ORAP ORAL TABLET 1 MG, 2 MG		3	
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	(Invega)	1	QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	1	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	(Perphenazine)	1	
pimozide oral tablet 1 mg, 2 mg	(Orap)	1	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	1	QL (90 per 30 days)
REXULTI ORAL TABLET 0.25 MG		2	ST; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG		2	ST; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG		2	ST; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML		2	QL (4 per 28 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 0.5 MG, 1 MG, 2 MG		3	QL (60 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 3 MG, 4 MG		3	QL (120 per 30 days)
RISPERDAL ORAL SOLUTION 1 MG/ML		3	QL (480 per 30 days)
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		3	QL (60 per 30 days)
risperidone oral solution 1 mg/ml	(Risperdal)	1	QL (480 per 30 days)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	1	QL (60 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	(Risperdal M-Tab)	1	QL (60 per 30 days)
risperidone oral tablet,disintegrating 3 mg, 4 mg	(Risperdal M-Tab)	1	QL (120 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG		2	ST; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	3	QL (90 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 50 MG	2	QL (90 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	2	QL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG	2	QL (60 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg (Thioridazine HCl)	1	PA NSO
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg (Thiothixene)	1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg (Trifluoperazine HCl)	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	2	QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	2	QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	2	QL (7 per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	1	QL (60 per 30 days)
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG	3	QL (30 per 30 days)
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	3	QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
Antivirals (Systemic)		
Antiretrovirals		
abacavir oral tablet 300 mg (Ziagen)	1	
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg (Trizivir)	1	
APTIVUS ORAL CAPSULE 250 MG	2	
APTIVUS ORAL SOLUTION 100 MG/ML	2	
ATRIPLA ORAL TABLET 600-200-300 MG	2	
COMBIVIR ORAL TABLET 150-300 MG	3	
COMPLERA ORAL TABLET 200-25-300 MG	2	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	
DESCOVY ORAL TABLET 200-25 MG	2	
didanosine oral capsule,delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg (Videx EC)	1	
EDURANT ORAL TABLET 25 MG	2	
EMTRIVA ORAL CAPSULE 200 MG	2	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	
EPIVIR HBV ORAL TABLET 100 MG	3	
EPIVIR ORAL SOLUTION 10 MG/ML	3	
EPIVIR ORAL TABLET 150 MG, 300 MG	3	

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Drug Name		Drug Tier	Requirements/Limits
EPZICOM ORAL TABLET 600-300 MG		2	
EVOTAZ ORAL TABLET 300-150 MG		2	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		2	
GENVOYA ORAL TABLET 150-150-200-10 MG		2	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG		2	
INVIRASE ORAL CAPSULE 200 MG		2	
INVIRASE ORAL TABLET 500 MG		2	
ISENTRESS ORAL POWDER IN PACKET 100 MG		2	
ISENTRESS ORAL TABLET 400 MG		2	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG		2	
KALETRA ORAL SOLUTION 400-100 MG/5 ML		2	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG		2	
lamivudine oral solution 10 mg/ml	(Epivir)	1	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	(Epivir Hbv)	1	
lamivudine-zidovudine oral tablet 150-300 mg	(Combivir)	1	
LEXIVA ORAL SUSPENSION 50 MG/ML		2	
LEXIVA ORAL TABLET 700 MG		2	
nevirapine oral suspension 50 mg/5 ml	(Viramune)	1	
nevirapine oral tablet 200 mg	(Viramune)	1	
nevirapine oral tablet extended release 24 hr 100 mg, 400 mg	(Viramune XR)	1	
NORVIR ORAL CAPSULE 100 MG		2	

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Drug Name	Drug Tier	Requirements/Limits
NORVIR ORAL SOLUTION 80 MG/ML	2	
NORVIR ORAL TABLET 100 MG	2	
ODEFSEY ORAL TABLET 200-25-25 MG	2	
PREZCOBIX ORAL TABLET 800-150 MG-MG	2	
PREZISTA ORAL SUSPENSION 100 MG/ML	2	
PREZISTA ORAL TABLET 150 MG, 400 MG, 600 MG, 75 MG, 800 MG	2	
RESCRIPTOR ORAL TABLET 200 MG	2	
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	2	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	2	
RETROVIR ORAL CAPSULE 100 MG	3	
RETROVIR ORAL SYRUP 10 MG/ML	3	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	2	
REYATAZ ORAL POWDER IN PACKET 50 MG	2	
SELZENTRY ORAL TABLET 150 MG, 300 MG	2	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg (Zerit)	1	
stavudine oral recon soln 1 mg/ml (Zerit)	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	2	
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	2	
SUSTIVA ORAL TABLET 600 MG	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	2	
TRIUMEQ ORAL TABLET 600-50-300 MG	2	
TRIZIVIR ORAL TABLET 300-150-300 MG	3	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	2	
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	2	
VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 125 MG, 200 MG, 250 MG, 400 MG	3	
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIRAMUNE ORAL SUSPENSION 50 MG/5 ML	3	
VIRAMUNE ORAL TABLET 200 MG	3	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 400 MG	3	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	2	
VITEKTA ORAL TABLET 150 MG, 85 MG	2	
ZERIT ORAL CAPSULE 15 MG, 20 MG, 30 MG, 40 MG	3	
ZERIT ORAL RECON SOLN 1 MG/ML	3	
ZIAGEN ORAL SOLUTION 20 MG/ML	2	
ZIAGEN ORAL TABLET 300 MG	3	

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Drug Name		Drug Tier	Requirements/Limits
zidovudine oral capsule 100 mg	(Retrovir)	1	
zidovudine oral syrup 10 mg/ml	(Retrovir)	1	
zidovudine oral tablet 300 mg	(Zidovudine)	1	
Antivirals, Miscellaneous			
FLUMADINE ORAL TABLET 100 MG		3	
foscarnet intravenous solution 24 mg/ml	(Foscavir)	1	PA BvD
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML		3	PA BvD
RAPIVAB INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)		2	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION		2	
rimantadine oral tablet 100 mg	(Flumadine)	1	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML		2	PA
TAMIFLU ORAL CAPSULE 30 MG		2	QL (84 per 180 days)
TAMIFLU ORAL CAPSULE 45 MG		2	QL (48 per 180 days)
TAMIFLU ORAL CAPSULE 75 MG		2	QL (56 per 365 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML		2	QL (540 per 180 days)
Hcv Antivirals			
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG		2	PA; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG		2	PA; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG		2	PA; QL (30 per 30 days)
OLYSIO ORAL CAPSULE 150 MG		2	PA; QL (28 per 28 days)
SOVALDI ORAL TABLET 400 MG		2	PA NSO; QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TECHNIVIE ORAL TABLET 12.5-75-50 MG	2	PA; QL (56 per 28 days)
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	2	PA; QL (112 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	2	PA; QL (30 per 30 days)
Interferons		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	2	PA NSO
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	2	PA NSO
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	2	PA NSO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML	2	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	2	PA
PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML	2	PA
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML	2	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	2	PA NSO; QL (4 per 28 days)
Nucleosides And Nucleotides		
acyclovir oral capsule 200 mg (Zovirax)	1	
acyclovir oral suspension 200 mg/5 ml (Zovirax)	1	
acyclovir oral tablet 400 mg, 800 mg (Zovirax)	1	

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Drug Name		Drug Tier	Requirements/Limits
acyclovir sodium intravenous recon soln 500 mg	(Acyclovir Sodium)	1	PA BvD
acyclovir sodium intravenous solution 50 mg/ml	(Acyclovir Sodium)	1	PA BvD
adefovir oral tablet 10 mg	(Hepsera)	1	PA
BARACLUDE ORAL SOLUTION 0.05 MG/ML		2	PA
BARACLUDE ORAL TABLET 0.5 MG, 1 MG		3	PA
cidofovir intravenous solution 75 mg/ml	(Vistide)	1	PA BvD
COPEGUS ORAL TABLET 200 MG		3	
CYTOVENE INTRAVENOUS RECON SOLN 500 MG		3	PA BvD
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	1	PA
famciclovir oral tablet 125 mg, 250 mg, 500 mg	(Famvir)	1	
FAMVIR ORAL TABLET 125 MG, 250 MG, 500 MG		3	
ganciclovir sodium intravenous recon soln 500 mg	(Cytovene)	1	PA BvD
HEPSERA ORAL TABLET 10 MG		3	PA
MODERIBA DOSE PACK ORAL TABLETS,DOSE PACK 200 MG (7)- 400 MG (7), 400 MG (7)- 400 MG (7), 600 MG (7)- 400 MG (7), 600 MG (7)- 600 MG (7)		3	
MODERIBA ORAL TABLET 200 MG		3	
REBETOL ORAL CAPSULE 200 MG		3	
REBETOL ORAL SOLUTION 40 MG/ML		2	
ribasphere oral capsule 200 mg	(Rebetol)	1	
ribasphere oral tablet 200 mg	(Copegus)	1	
ribasphere oral tablet 400 mg, 600 mg	(Copegus)	3	

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Drug Name		Drug Tier	Requirements/Limits
ribasphere ribapak oral tablets,dose pack 200 mg (7)- 400 mg (7), 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)	(Moderiba)	3	
RIBATAB DOSE PACK ORAL TABLETS,DOSE PACK 400-400 MG (28)-MG (28), 600-400 MG (28)-MG (28)		3	
ribavirin oral capsule 200 mg	(Rebetol)	1	
ribavirin oral tablet 200 mg	(Copegus)	1	
SITAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG		2	
TYZEKA ORAL TABLET 600 MG		2	PA
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	1	
VALCYTE ORAL RECON SOLN 50 MG/ML		2	
VALCYTE ORAL TABLET 450 MG		3	
valganciclovir oral tablet 450 mg	(Valcyte)	1	
VALTREX ORAL TABLET 1 GRAM, 500 MG		3	
VIRAZOLE INHALATION RECON SOLN 6 GRAM		2	PA BvD
VISTIDE INTRAVENOUS SOLUTION 75 MG/ML		3	PA BvD
ZOVIRAX ORAL CAPSULE 200 MG		3	
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML		3	
ZOVIRAX ORAL TABLET 400 MG, 800 MG		3	
Blood Products/Modifiers/Volume Expanders			
Anticoagulants			
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML		3	QL (24 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	3	QL (15 per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 5 MG/0.4 ML	3	QL (12 per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 7.5 MG/0.6 ML	3	QL (18 per 30 days)
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	
enoxaparin subcutaneous solution 300 mg/3 ml (Lovenox)	1	QL (36 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml (Lovenox)	1	
fondaparinux subcutaneous syringe 10 mg/0.8 ml (Arixtra)	1	QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml (Arixtra)	1	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml (Arixtra)	1	QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml (Arixtra)	1	QL (18 per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	2	QL (15.2 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	2	QL (17 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	2	QL (8.5 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	2	QL (10.2 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML		2	QL (12.24 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML		2	QL (12 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 5,000 ANTI-XA UNIT/0.2 ML		2	QL (6 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML		2	QL (5.1 per 30 days)
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/500 ml (50 unit/ml)	(Heparin Sodium,Porcine/D5W)	1	PA BvD
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml)	(Heparin Sod,Pork In 0.45% NaCl)	1	PA BvD
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml	(Heparin Sodium,Porcine/Ns/PF)	1	PA BvD
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	(Heparin Sodium,Porcine)	1	PA BvD
heparin, porcine (pf) injection solution 5,000 unit/0.5 ml	(Heparin Sodium,Porcine/PF)	1	PA BvD
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	(Heparin Sodium,Porcine/PF)	1	PA BvD
heparin-0.45% nacl 25,000 units/250 ml (100 units/ml) bag latex-free, inner 25,000 unit/250 ml	(Heparin Sod,Pork In 0.45% NaCl)	1	PA BvD
heparin-d5w 25,000 units/250 ml (100 units/ml) bag excel container 25,000 unit/250 ml(100 unit/ml)	(Heparin Sodium,Porcine/D5W)	1	PA BvD
IPRIVASK SUBCUTANEOUS RECON SOLN 15 MG		2	QL (24 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Coumadin)	1	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	3	QL (36 per 30 days)
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML	3	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	2	QL (60 per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	2	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Coumadin)	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	
Blood Formation Modifiers		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	PA; QL (4 per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 200 MCG/0.4 ML, 40 MCG/0.4 ML	2	PA; QL (1.6 per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML	2	PA; QL (2 per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 150 MCG/0.3 ML, 60 MCG/0.3 ML	2	PA; QL (1.2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 25 MCG/0.42 ML	2	PA; QL (1.68 per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 300 MCG/0.6 ML	2	PA; QL (2.4 per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 500 MCG/ML	2	PA; QL (4 per 28 days)
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	2	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	2	PA
EPOGEN 10,000 UNITS/ML VIAL SDV, P/F, OUTER 10,000 UNIT/ML	2	PA; QL (12 per 28 days)
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; QL (12 per 28 days)
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA
LEUKINE INJECTION RECON SOLN 250 MCG	2	PA
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 200 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	2	PA; QL (0.6 per 28 days)
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	2	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	2	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA

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Drug Name		Drug Tier	Requirements/Limits
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML		2	PA; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML		2	PA; QL (6 per 28 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG		2	PA; QL (30 per 30 days)
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT		2	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		2	PA
Hematologic Agents, Miscellaneous			
AGRYLIN ORAL CAPSULE 0.5 MG		3	
AMICAR ORAL SOLUTION 250 MG/ML (25 %)		3	
AMICAR ORAL TABLET 1,000 MG, 500 MG		3	
anagrelide oral capsule 0.5 mg, 1 mg	(Agrylin)	1	
CYKLOKAPRON INTRAVENOUS SOLUTION 1,000 MG/10 ML (100 MG/ML)		3	PA BvD
LYSTEDA ORAL TABLET 650 MG		3	QL (30 per 30 days)
tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)	(Tranexamic Acid)	1	PA BvD
tranexamic acid oral tablet 650 mg	(Lysteda)	1	QL (30 per 30 days)
Platelet-Aggregation Inhibitors			
AGGRENOX ORAL CAPSULE, ER MULTIPHASE 12 HR 25-200 MG		3	QL (60 per 30 days)
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	(Aggrenox)	1	
BRILINTA ORAL TABLET 60 MG, 90 MG		2	
cilostazol oral tablet 100 mg, 50 mg	(Cilostazol)	1	

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Drug Name		Drug Tier	Requirements/Limits
clopidogrel oral tablet 300 mg, 75 mg	(Plavix)	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	(Persantine)	1	PA; AGE (Max 64 Years)
EFFIENT ORAL TABLET 10 MG, 5 MG		2	QL (30 per 30 days)
eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml	(Integrilin)	1	
pentoxifylline oral tablet extended release 400 mg	(Pentoxifylline)	1	
PLAVIX ORAL TABLET 300 MG, 75 MG		3	
ticlopidine oral tablet 250 mg	(Ticlopidine HCl)	1	
ZONTIVITY ORAL TABLET 2.08 MG		2	
Caloric Agents			
Caloric Agents			
AMINO ACIDS 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %		2	PA BvD
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		2	PA BvD
AMINOSYN 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %		2	PA BvD
AMINOSYN 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %		2	PA BvD
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %		2	PA BvD
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %		2	PA BvD
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %		2	PA BvD
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	2	PA BvD
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	2	PA BvD
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	2	PA BvD
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	2	PA BvD
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	2	PA BvD
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	2	PA BvD
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	2	PA BvD
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	2	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	PA BvD
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	PA BvD
CLINIMIX 2.75%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	PA BvD
CLINIMIX 4.25%-D20W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	PA BvD
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	2	PA BvD
CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	2	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	2	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	PA BvD
CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %		2	PA BvD
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %		2	PA BvD
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	(Dextrose 10 % in Water)	1	PA BvD
dextrose 20 % in water (d20w) intravenous parenteral solution 20 %	(Dextrose 20 % in Water)	1	PA BvD
dextrose 25 % in water (d25w) intravenous syringe	(Dextrose 25 % in Water)	1	PA BvD
dextrose 30 % in water (d30w) intravenous parenteral solution	(Dextrose 30 % in Water)	1	PA BvD
dextrose 40 % in water (d40w) intravenous parenteral solution 40 %	(Dextrose 40 % in Water)	1	PA BvD
dextrose 5 % in ringers intravenous parenteral solution 5 %	(Dextrose 5 % In Ringers)	1	PA BvD
dextrose 5 % in water (d5w) intravenous parenteral solution	(Dextrose 5 % in Water)	1	PA BvD
dextrose 50 % in water (d50w) intravenous parenteral solution	(Dextrose 50 % in Water)	1	PA BvD
dextrose 50 % in water (d50w) intravenous syringe	(Dextrose 50 % in Water)	1	PA BvD
dextrose 70 % in water (d70w) intravenous parenteral solution	(Dextrose 70 % in Water)	1	PA BvD
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %		2	PA BvD
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		2	PA BvD
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %		2	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %		2	PA BvD
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %		2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	2	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	2	PA BvD
PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 %	2	PA BvD
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	PA BvD
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION 6 %	2	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	2	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	2	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	PA BvD
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %	2	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	2	
CATAPRES ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG	3	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	3	QL (4 per 28 days)
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	3	QL (4 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR		3	QL (8 per 28 days)
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	(Catapres)	1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr	(Catapres-Tts 3)	1	QL (4 per 28 days)
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-Tts 3)	1	QL (8 per 28 days)
clorpres oral tablet 0.1-15 mg, 0.2-15 mg, 0.3-15 mg	(Clonidine HCl/Chlorthalidone)	2	
DIBENZYLINE ORAL CAPSULE 10 MG		3	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	1	
guanfacine oral tablet 1 mg, 2 mg	(Tenex)	1	PA; AGE (Max 64 Years)
methyldopa oral tablet 250 mg, 500 mg	(Methyldopa)	1	PA; AGE (Max 64 Years)
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	(Methyldopa/Hydrochlorothiazide)	1	PA; AGE (Max 64 Years)
methyldopate intravenous solution 250 mg/5 ml	(Methyldopate HCl)	1	PA; AGE (Max 64 Years)
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	(Midodrine HCl)	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG		3	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG		2	PA; QL (180 per 30 days)
phenoxybenzamine oral capsule 10 mg	(Dibenzyline)	1	
phentolamine injection recon soln 5 mg	(Phentolamine Mesylate)	1	
phenylephrine hcl injection solution 10 mg/ml	(Vazculep)	1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	(Minipress)	1	
TENEX ORAL TABLET 1 MG, 2 MG		3	PA; AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
VAZCULEP INJECTION SOLUTION 10 MG/ML	3	
Angiotensin Ii Receptor Antagonists		
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	3	
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	ST
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG	3	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	2	ST
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	2	ST
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg (Atacand)	1	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand HCT)	1	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	3	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	3	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	3	ST
EDARBI ORAL TABLET 40 MG, 80 MG	2	ST
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	2	ST
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	PA; QL (60 per 30 days)
eprosartan oral tablet 600 mg (Eprosartan Mesylate)	1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	3	

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Drug Name		Drug Tier	Requirements/Limits
irbesartan oral tablet 150 mg, 300 mg, 75 mg	(Avapro)	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	1	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG		3	ST
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG		3	ST
telmisartan oral tablet 20 mg, 40 mg, 80 mg	(Micardis)	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	(Twynsta)	1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	1	
TRIBENZOR 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		2	ST
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG		3	QL (30 per 30 days)
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	1	
Angiotensin-Converting Enzyme Inhibitors			
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		3	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG		3	
ACEON ORAL TABLET 4 MG, 8 MG		3	

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Drug Name		Drug Tier	Requirements/Limits
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG		3	
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Lotensin)	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	(Lotensin HCT)	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	(Captopril)	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	(Captopril/Hydrochlor othiazide)	1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	(Vaseretic)	1	
EPANED ORAL RECON SOLN 1 MG/ML		2	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	(Fosinopril Sodium)	1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	(Fosinopril/Hydrochlor othiazide)	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG		3	
LOTENSIN ORAL TABLET 20 MG, 40 MG		3	
MAVIK ORAL TABLET 1 MG, 2 MG, 4 MG		3	
moexipril oral tablet 15 mg, 7.5 mg	(Moexipril HCl)	1	
moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg	(Moexipril/Hydrochlor othiazide)	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	(Aceon)	1	

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Drug Name		Drug Tier	Requirements/Limits
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG		3	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	(Altace)	1	
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 1-240 MG, 2-180 MG, 2-240 MG, 4-240 MG		3	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	(Mavik)	1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	(Tarka)	1	
VASERETIC ORAL TABLET 10-25 MG		3	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG		3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG		3	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG		3	
Antiarrhythmic Agents			
amiodarone intravenous solution 50 mg/ml	(Amiodarone HCl)	1	PA BvD
amiodarone oral tablet 100 mg, 200 mg, 400 mg	(Cordarone)	1	
CORDARONE ORAL TABLET 200 MG		3	
disopyramide phosphate oral capsule 100 mg, 150 mg	(Norpace)	1	PA; AGE (Max 64 Years)
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	1	
flecainide oral tablet 100 mg, 150 mg, 50 mg	(Tambocor)	1	

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Drug Name		Drug Tier	Requirements/Limits
mexiletine oral capsule 150 mg, 200 mg, 250 mg	(Mexiletine HCl)	1	
MULTAQ ORAL TABLET 400 MG		2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG		2	PA; AGE (Max 64 Years)
NORPACE ORAL CAPSULE 100 MG, 150 MG		3	PA; AGE (Max 64 Years)
pacerone oral tablet 100 mg, 400 mg	(Cordarone)	3	
pacerone oral tablet 200 mg	(Cordarone)	1	
procainamide injection solution 100 mg/ml, 500 mg/ml	(Procainamide HCl)	1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	(Rythmol SR)	1	
propafenone oral tablet 150 mg, 225 mg, 300 mg	(Rythmol)	1	
quinidine gluconate injection solution 80 mg/ml	(Quinidine Gluconate)	1	
quinidine gluconate oral tablet extended release 324 mg	(Quinidine Gluconate)	1	
quinidine sulfate oral tablet 200 mg, 300 mg	(Quinidine Sulfate)	1	
quinidine sulfate oral tablet extended release 300 mg	(Quinidine Sulfate)	1	
RYTHMOL ORAL TABLET 150 MG, 225 MG		3	
RYTHMOL SR ORAL CAPSULE,EXTENDED RELEASE 12 HR 225 MG, 325 MG, 425 MG		3	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG		3	
xylocaine (cardiac) (pf) intravenous solution 20 mg/ml (2 %)	(Lidocaine HCl/PF)	3	
Beta-Adrenergic Blocking Agents			
acebutolol oral capsule 200 mg, 400 mg	(Sectral)	1	

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Drug Name		Drug Tier	Requirements/Limits
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	(Tenoretic 50)	1	
BETAPACE AF 80 MG TABLET 80 MG		3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG		3	
betaxolol oral tablet 10 mg, 20 mg	(Betaxolol HCl)	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	(Zebeta)	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	(Ziac)	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG		2	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	1	
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG		2	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG		3	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG		3	
CORZIDE ORAL TABLET 40-5 MG, 80-5 MG		3	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG		2	ST
HEMANGEOL ORAL SOLUTION 4.28 MG/ML		2	
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG		3	
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG		2	
labetalol intravenous solution 5 mg/ml	(Labetalol HCl)	1	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
labetalol oral tablet 100 mg, 200 mg, 300 mg	(Trandate)	1	
LEVATOL ORAL TABLET 20 MG		2	
LOPRESSOR HCT ORAL TABLET 50-25 MG		3	
LOPRESSOR INTRAVENOUS SOLUTION 5 MG/5 ML		3	
LOPRESSOR ORAL TABLET 100 MG, 50 MG		3	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	(Lopressor HCT)	1	
metoprolol tartrate intravenous solution 5 mg/5 ml	(Metoprolol Tartrate)	1	
metoprolol tartrate intravenous syringe 5 mg/5 ml	(Metoprolol Tartrate)	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	(Lopressor)	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	(Corgard)	1	
nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg	(Corzide)	1	
pindolol oral tablet 10 mg, 5 mg	(Pindolol)	1	
propranolol intravenous solution 1 mg/ml	(Propranolol HCl)	1	PA BvD
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	(Propranolol HCl)	1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	(Propranolol HCl)	1	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	(Propranolol/Hydrochlorothiazid)	1	
SECTRAL ORAL CAPSULE 200 MG, 400 MG		3	

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Drug Name	Drug Tier	Requirements/Limits
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg (Betapace AF)	1	
sotalol 120 mg tablet 120 mg (Betapace AF)	1	
sotalol af oral tablet 120 mg (Betapace AF)	1	
SOTALOL INTRAVENOUS SOLUTION 150 MG/10 ML (15 MG/ML)	2	PA BvD
sotalol oral tablet 160 mg, 240 mg, 80 mg (Betapace AF)	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	2	
TENORETIC 100 ORAL TABLET 100-25 MG	3	
TENORETIC 50 ORAL TABLET 50-25 MG	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg (Timolol Maleate)	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	3	
TRANDATE ORAL TABLET 100 MG, 200 MG, 300 MG	3	
ZEBETA ORAL TABLET 10 MG, 5 MG	3	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG	3	
Calcium-Channel Blocking Agents		
CALAN ORAL TABLET 120 MG, 80 MG	3	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	3	

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Drug Name		Drug Tier	Requirements/Limits
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG		3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG		2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG		3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG		3	
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cardizem CD)	1	
diltiazem 24hr er 180 mg cap 180 mg	(Cardizem CD)	1	
diltiazem 24hr er 360 mg cap 360 mg	(Cardizem CD)	1	
diltiazem hcl intravenous recon soln 100 mg	(Diltiazem HCl)	1	PA BvD
diltiazem hcl intravenous solution 5 mg/ml	(Diltiazem HCl)	1	PA BvD
diltiazem hcl oral capsule, extended release 180 mg, 360 mg	(Cardizem CD)	1	
diltiazem hcl oral capsule, extended release 420 mg	(Tiazac)	1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	(Diltiazem HCl)	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg	(Cardizem CD)	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	(Cardizem)	1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Cardizem LA)	1	
dilt-xr oral capsule,ext release degradable 120 mg, 180 mg, 240 mg	(Diltiazem HCl)	1	

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Drug Name		Drug Tier	Requirements/Limits
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Cardizem LA)	1	
taztia xt oral capsule, extended release 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	(Tiazac)	1	
TIAZAC ORAL CAPSULE, EXTENDED RELEASE 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG		3	
verapamil intravenous solution 2.5 mg/ml	(Verapamil HCl)	1	PA BvD
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	(Verelan Pm)	1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	(Verelan)	1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	(Calan SR)	1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	(Calan SR)	1	
VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR 120 MG, 180 MG, 240 MG, 360 MG		3	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 100 MG, 200 MG, 300 MG		3	
Cardiovascular Agents, Miscellaneous			
ADRENACLICK INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML		3	
ADRENALIN INJECTION SOLUTION 1 MG/ML, 1 MG/ML (1 ML)		3	
CORLANOR ORAL TABLET 5 MG, 7.5 MG		2	PA
DEMSER ORAL CAPSULE 250 MG		2	

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Drug Name		Drug Tier	Requirements/Limits
digitek oral tablet 125 mcg, 250 mcg	(Lanoxin)	1	PA; QL (30 per 30 days); AGE (Max 64 Years)
digoxin 0.25 mg/ml syringe 250 mcg/ml	(Digoxin)	1	PA; AGE (Max 64 Years)
digoxin injection solution 250 mcg/ml	(Digoxin)	1	PA; AGE (Max 64 Years)
DIGOXIN ORAL SOLUTION 50 MCG/ML		2	PA; QL (300 per 30 days); AGE (Max 64 Years)
digoxin oral tablet 125 mcg, 250 mcg	(Lanoxin)	1	PA; QL (30 per 30 days); AGE (Max 64 Years)
ephedrine sulfate injection solution 50 mg/ml	(Ephedrine Sulfate)	1	
epinephrine hcl (pf) intravenous solution 1 mg/ml (1 ml)	(Epinephrine HCl/PF)	1	
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml	(Adrenaclick)	1	
epinephrine injection solution 1 mg/ml (1 ml)	(Epinephrine)	1	
epinephrine injection syringe 0.1 mg/ml	(Epinephrine)	1	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML		2	
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML		2	
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML		2	PA
hydralazine injection solution 20 mg/ml	(Hydralazine HCl)	1	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	(Hydralazine HCl)	1	
LANOXIN INJECTION SOLUTION 250 MCG/ML		3	PA; AGE (Max 64 Years)
LANOXIN ORAL TABLET 125 MCG, 250 MCG		3	PA; QL (30 per 30 days); AGE (Max 64 Years)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG		2	PA; QL (30 per 30 days); AGE (Max 64 Years)
LANOXIN PEDIATRIC INJECTION SOLUTION 100 MCG/ML		2	PA; AGE (Max 64 Years)
papaverine injection solution 30 mg/ml	(Papaverine HCl)	1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG		2	PA
reserpine oral tablet 0.1 mg, 0.25 mg	(Reserpine)	1	PA; AGE (Max 64 Years)
VECAMYL ORAL TABLET 2.5 MG		2	
Dihydropyridines			
ADALAT CC ORAL TABLET EXTENDED RELEASE 30 MG, 60 MG, 90 MG		3	
afeditab cr oral tablet extended release 30 mg, 60 mg	(Adalat CC)	1	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	(Lotrel)	1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	1	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	(Exforge HCT)	1	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG		2	
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 20 MG/200 ML		3	
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 40 MG/200 ML		2	

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Drug Name		Drug Tier	Requirements/Limits
CARDENE IV INTRAVENOUS SOLUTION 25 MG/10 ML		3	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG		3	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG		3	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	(Felodipine)	1	
isradipine oral capsule 2.5 mg, 5 mg	(Isradipine)	1	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 2.5-10 MG, 5-10 MG, 5-20 MG, 5-40 MG		3	
nicardipine intravenous solution 25 mg/10 ml	(Nicardipine HCl)	1	
nicardipine oral capsule 20 mg, 30 mg	(Nicardipine HCl)	1	
nifedical xl oral tablet extended release 24hr 30 mg, 60 mg	(Procardia XL)	1	
nifedipine er 30 mg tablet f/c 30 mg	(Adalat CC)	1	
nifedipine er 60 mg tablet f/c 60 mg	(Adalat CC)	1	
nifedipine oral capsule 10 mg, 20 mg	(Procardia)	1	PA; AGE (Max 64 Years)
nifedipine oral tablet extended release 24hr 30 mg, 60 mg	(Adalat CC)	1	
nifedipine oral tablet extended release 24hr 90 mg	(Procardia XL)	1	
nimodipine oral capsule 30 mg	(Nimodipine)	1	
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	(Sular)	1	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG		3	
NYMALIZE ORAL SOLUTION 60 MG/20 ML		2	
PROCARDIA ORAL CAPSULE 10 MG		3	PA; AGE (Max 64 Years)

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Drug Name		Drug Tier	Requirements/Limits
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG		3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG		3	
Diuretics			
ALDACTAZIDE ORAL TABLET 25-25 MG		3	
ALDACTAZIDE ORAL TABLET 50-50 MG		2	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG		3	
amiloride oral tablet 5 mg	(Amiloride HCl)	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	(Amiloride/Hydrochlorothiazide)	1	
bumetanide injection solution 0.25 mg/ml	(Bumetanide)	1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	(Bumetanide)	1	
chlorothiazide oral tablet 250 mg, 500 mg	(Chlorothiazide)	1	
chlorothiazide sodium intravenous recon soln 500 mg	(Sodium Diuril)	1	PA BvD
chlorthalidone oral tablet 25 mg, 50 mg	(Chlorthalidone)	1	
DEMADEX ORAL TABLET 10 MG, 20 MG, 5 MG		3	
DIURIL IV INTRAVENOUS RECON SOLN 500 MG		3	PA BvD
DIURIL ORAL SUSPENSION 250 MG/5 ML		2	
DYAZIDE ORAL CAPSULE 37.5-25 MG		3	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG		2	
EDECRIN ORAL TABLET 25 MG		2	
ethacrynic acid oral tablet 25 mg	(Edecrin)	1	
furosemide injection solution 10 mg/ml	(Furosemide)	1	

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Drug Name		Drug Tier	Requirements/Limits
furosemide injection syringe 10 mg/ml	(Furosemide)	1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	(Furosemide)	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	1	
hydrochlorothiazide oral capsule 12.5 mg	(Microzide)	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	(Hydrochlorothiazide)	1	
indapamide oral tablet 1.25 mg, 2.5 mg	(Indapamide)	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG		3	
MAXZIDE ORAL TABLET 75-50 MG		3	
MAXZIDE-25MG ORAL TABLET 37.5-25 MG		3	
methyclothiazide oral tablet 5 mg	(Methyclothiazide)	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	(Zaroxolyn)	1	
MICROZIDE ORAL CAPSULE 12.5 MG		3	
SAMSCA ORAL TABLET 15 MG		2	QL (30 per 30 days)
SAMSCA ORAL TABLET 30 MG		2	QL (60 per 30 days)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	(Aldactazide)	1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	(Demadex)	1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg, 50-25 mg	(Dyazide)	1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	(Maxzide-25 Mg)	1	
Dyslipidemics			
ADVICOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-20 MG, 1,000-40 MG, 500-20 MG, 750-20 MG		2	ST

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Drug Name		Drug Tier	Requirements/Limits
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG		2	ST
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	(Caduet)	1	
ANTARA ORAL CAPSULE 30 MG, 90 MG		2	ST
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	1	
CADUET 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		3	
cholestyramine light oral powder in packet 4 gram	(Questran)	1	
cholestyramine packet outer 4 gram	(Questran)	1	
COLESTID GRANULES PACKET 5 GRAM		3	ST
COLESTID ORAL GRANULES 5 GRAM		3	ST
COLESTID ORAL TABLET 1 GRAM		3	ST
colestipol hcl granules packet 5 gram	(Colestid)	1	
colestipol oral granules 5 gram	(Colestid)	1	
colestipol oral tablet 1 gram	(Colestid)	1	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		3	ST
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	(Lofibra)	1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	1	
fenofibrate oral capsule 150 mg, 50 mg	(Lipofen)	1	
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg	(Fenoglide)	1	

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Drug Name		Drug Tier	Requirements/Limits
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	(Trilipix)	1	
fenofibric acid oral tablet 105 mg, 35 mg	(Fibricor)	1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG		3	ST
FIBRICOR ORAL TABLET 105 MG, 35 MG		3	ST
fluvastatin oral capsule 20 mg, 40 mg	(Lescol)	1	
fluvastatin oral tablet extended release 24 hr 80 mg	(Lescol XL)	1	
gemfibrozil oral tablet 600 mg	(Lopid)	1	
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG		2	PA; QL (30 per 30 days)
JUXTAPID ORAL CAPSULE 20 MG		2	PA; QL (90 per 30 days)
JUXTAPID ORAL CAPSULE 5 MG		2	PA; QL (45 per 30 days)
KYNAMRO SUBCUTANEOUS SYRINGE 200 MG/ML		2	PA; QL (4 per 28 days)
LESCOL ORAL CAPSULE 20 MG, 40 MG		3	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG		3	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG		3	ST
LIPOFEN ORAL CAPSULE 150 MG, 50 MG		3	ST
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG		2	ST; QL (30 per 30 days)
LOFIBRA ORAL CAPSULE 134 MG, 200 MG, 67 MG		3	ST
LOFIBRA ORAL TABLET 160 MG, 54 MG		3	ST
LOPID ORAL TABLET 600 MG		3	ST

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Drug Name		Drug Tier	Requirements/Limits
lovastatin oral tablet 10 mg, 20 mg, 40 mg	(Lovastatin)	1	
LOVAZA ORAL CAPSULE 1 GRAM		3	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	(Niaspan)	1	
niacor oral tablet 500 mg	(Niacin)	1	ST
NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 500 MG, 750 MG		3	ST
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	1	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML		2	PA; QL (2 per 28 days)
PRALUENT SYRINGE SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/ML		2	PA; QL (2 per 28 days)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG		3	ST
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Pravachol)	1	
prevalite oral powder 4 gram	(Cholestyramine/Aspartame)	1	ST
prevalite packet outer 4 gram	(Cholestyramine/Aspartame)	1	ST
QUESTRAN ORAL POWDER IN PACKET 4 GRAM		3	ST
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		2	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		2	PA; QL (3 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		2	PA; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Crestor)	1	
SIMCOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-20 MG, 1,000-40 MG, 500-20 MG, 500-40 MG, 750-20 MG	2	ST
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Zocor)	1	
simvastatin oral tablet 80 mg (Zocor)	1	PA; QL (30 per 30 days)
TRICOR ORAL TABLET 145 MG, 48 MG	3	ST
TRIGLIDE ORAL TABLET 160 MG	2	ST
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 135 MG, 45 MG	3	ST
VASCEPA ORAL CAPSULE 1 GRAM	2	
VYTORIN 10-10 ORAL TABLET 10-10 MG	2	ST
VYTORIN 10-20 ORAL TABLET 10-20 MG	2	ST
VYTORIN 10-40 ORAL TABLET 10-40 MG	2	ST
VYTORIN 10-80 ORAL TABLET 10-80 MG	2	PA; ST
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	2	
WELCHOL ORAL TABLET 625 MG	2	
ZETIA ORAL TABLET 10 MG	2	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	ST; QL (30 per 30 days)
ZOCOR ORAL TABLET 80 MG	3	PA; ST; QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
Renin-Angiotensin-Aldosterone System Inhibitors			
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	1	
INSPRA ORAL TABLET 25 MG, 50 MG		3	
TEKAMLO ORAL TABLET 150-10 MG, 150-5 MG, 300-10 MG, 300-5 MG		2	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG		2	
TEKTURNA ORAL TABLET 150 MG, 300 MG		2	
Vasodilators			
BIDIL ORAL TABLET 20-37.5 MG		2	
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE 40 MG		2	
ISOCHRON ORAL TABLET EXTENDED RELEASE 40 MG		3	
ISORDIL ORAL TABLET 40 MG		2	
ISORDIL TITRADOSE ORAL TABLET 5 MG		3	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	(Isordil Titradose)	1	
isosorbide dinitrate oral tablet extended release 40 mg	(Isochron)	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	(Isosorbide Mononitrate)	1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	(Imdur)	1	
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr	(Nitro-Dur)	1	QL (30 per 30 days)
minitran transdermal patch 24 hour 0.4 mg/hr	(Nitro-Dur)	1	QL (60 per 30 days)
minoxidil oral tablet 10 mg, 2.5 mg	(Minoxidil)	1	

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Drug Name		Drug Tier	Requirements/Limits
NITRO-BID TRANSDERMAL OINTMENT 2 %		2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR		3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		2	
nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)	(Nitroglycerin)	1	PA BvD
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr	(Nitro-Dur)	1	QL (30 per 30 days)
nitroglycerin transdermal patch 24 hour 0.4 mg/hr	(Nitro-Dur)	1	QL (60 per 30 days)
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	(Nitrolingual)	1	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY		3	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY		3	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG		2	
PRESTALIA ORAL TABLET 14-10 MG, 7-5 MG		2	QL (30 per 30 days)
PRESTALIA ORAL TABLET 3.5-2.5 MG		2	QL (120 per 30 days)
PROGLYCEM ORAL SUSPENSION 50 MG/ML		2	
Central Nervous System Agents			
Central Nervous System Agents			
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 30 MG		3	QL (60 per 30 days)
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG		3	

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Drug Name	Drug Tier	Requirements/Limits
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG	3	QL (30 per 30 days)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG	3	QL (60 per 30 days)
ADZENYS XR-ODT ORAL TABLET,DISINTIG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	2	QL (30 per 30 days)
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	2	PA; QL (60 per 30 days)
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	ST; QL (30 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	2	PA; QL (28 per 28 days)
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	2	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	2	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	2	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	2	PA
caffeine citrated oral solution 60 mg/3 ml (20 mg/ml) (Cafcit)	1	
caffeine-sodium benzoate injection solution 250 mg/ml (125 mg/ml caffeine) (Caffeine/Sodium Benzoate)	1	
clonidine hcl oral tablet extended release 12 hr 0.1 mg (Kapvay)	1	
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	3	QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG		3	QL (60 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML		3	PA
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML		2	PA
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR		2	ST; QL (30 per 30 days)
DESOXYN ORAL TABLET 5 MG		3	PA; QL (150 per 30 days)
DEXEDRINE ORAL TABLET 10 MG, 5 MG		3	QL (180 per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG, 5 MG		3	QL (120 per 30 days)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Focalin XR)	1	QL (30 per 30 days)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	(Focalin)	1	QL (60 per 30 days)
dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg	(Dexedrine)	1	QL (120 per 30 days)
dextroamphetamine oral solution 5 mg/5 ml	(Procentra)	1	QL (1800 per 30 days)
dextroamphetamine oral tablet 10 mg, 5 mg	(Dexedrine)	1	QL (180 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	1	QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	1	QL (60 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	1	QL (60 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
EVEKEO ORAL TABLET 10 MG, 5 MG		2	ST; QL (180 per 30 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG		2	PA
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG		3	QL (60 per 30 days)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG		3	ST; QL (30 per 30 days)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 25 MG, 35 MG		2	ST; QL (30 per 30 days)
GILENYA ORAL CAPSULE 0.5 MG		2	PA; QL (28 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	(Copaxone)	1	PA
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv)	1	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG		3	QL (30 per 30 days)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR 0.1 MG		3	
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML		2	PA
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	(Lithium Carbonate)	1	
lithium carbonate oral tablet 300 mg	(Lithobid)	1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	(Lithobid)	1	
lithium citrate oral solution 8 meq/5 ml	(Lithium Citrate)	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG		3	
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 40 MG, 50 MG, 60 MG		3	QL (30 per 30 days)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 30 MG		3	QL (60 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
metadate er oral tablet extended release 20 mg	(Methylphenidate HCl)	3	QL (90 per 30 days)
methamphetamine oral tablet 5 mg	(Desoxyn)	1	PA; QL (150 per 30 days)
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML		3	QL (900 per 30 days)
METHYLIN ORAL TABLET,CHEWABLE 10 MG		3	ST; QL (180 per 30 days)
METHYLIN ORAL TABLET,CHEWABLE 2.5 MG, 5 MG		3	ST; QL (90 per 30 days)
methylphenidate cd 20 mg cap 20 mg	(Metadate Cd)	1	QL (30 per 30 days)
methylphenidate cd 40 mg cap 40 mg	(Metadate Cd)	1	QL (30 per 30 days)
methylphenidate oral capsule, er biphasic 30-70 10 mg, 50 mg, 60 mg	(Metadate Cd)	1	QL (30 per 30 days)
methylphenidate oral capsule, er biphasic 30-70 30 mg	(Metadate Cd)	1	QL (60 per 30 days)
methylphenidate oral capsule,er biphasic 50-50 20 mg, 40 mg	(Metadate Cd)	1	QL (30 per 30 days)
methylphenidate oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	1	QL (900 per 30 days)
methylphenidate oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	1	QL (90 per 30 days)
methylphenidate oral tablet extended release 10 mg, 20 mg	(Methylphenidate HCl)	1	QL (90 per 30 days)
methylphenidate oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	(Concerta)	1	QL (30 per 30 days)
methylphenidate oral tablet extended release 24hr 36 mg	(Concerta)	1	QL (60 per 30 days)
methylphenidate oral tablet,chewable 10 mg	(Methylin)	1	QL (180 per 30 days)
methylphenidate oral tablet,chewable 2.5 mg, 5 mg	(Methylin)	1	QL (90 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG		2	QL (60 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML		2	PA

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Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA
PROCENTRA ORAL SOLUTION 5 MG/5 ML	3	QL (1800 per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24 HR 20 MG, 30 MG, 40 MG	2	ST; QL (30 per 30 days)
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	2	ST
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA
RILUTEK ORAL TABLET 50 MG	3	
riluzole oral tablet 50 mg (Rilutek)	1	
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 60 MG	2	ST; QL (30 per 30 days)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 20 MG, 40 MG	3	QL (30 per 30 days)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 30 MG	3	QL (60 per 30 days)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (90 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	PA; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	PA; QL (60 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG		2	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG		2	PA; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46), 240 MG		2	PA; QL (60 per 30 days)
tetrabenazine oral tablet 12.5 mg, 25 mg	(Xenazine)	1	QL (112 per 28 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG		2	QL (30 per 30 days)
XENAZINE ORAL TABLET 12.5 MG, 25 MG		3	QL (112 per 28 days)
zenzedi oral tablet 10 mg, 5 mg	(Dexedrine)	1	QL (180 per 30 days)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG		2	QL (180 per 30 days)
Contraceptives			
Contraceptives			
altavera (28) oral tablet 0.15-0.03 mg	(Amethyst)	1	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	(Ortho-Novum)	1	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	(Ortho-Novum)	1	
amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	(Seasonique)	1	QL (91 per 84 days)
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Seasonique)	1	QL (91 per 84 days)
AMETHYST ORAL TABLET 90-20 MCG		3	
apri oral tablet 0.15-0.03 mg	(Desogen)	1	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	(Ortho-Novum)	1	

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Drug Name		Drug Tier	Requirements/Limits
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Seasonique)	1	
aubra oral tablet 0.1-20 mg-mcg	(Amethyst)	1	
aviane oral tablet 0.1-20 mg-mcg	(Amethyst)	1	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Mircette)	1	
balziva (28) oral tablet 0.4-35 mg-mcg	(Ortho-Novum)	1	
bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Mircette)	1	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24)		2	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(Loestrin Fe)	1	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Loestrin Fe)	1	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Loestrin Fe)	1	
brevicon (28) oral tablet 0.5-35 mg-mcg	(Ortho-Novum)	1	
briellyn oral tablet 0.4-35 mg-mcg	(Ortho-Novum)	1	
camila oral tablet 0.35 mg	(Ortho Micronor)	1	
camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	(Seasonique)	1	QL (91 per 84 days)
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Seasonique)	1	QL (91 per 84 days)
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	(Desogen)	1	
chateal oral tablet 0.15-0.03 mg	(Amethyst)	1	
cryselle (28) oral tablet 0.3-30 mg-mcg	(Norgestrel-Ethinyl Estradiol)	1	
cyclafem 1/35 (28) oral tablet 1-35 mg-mcg	(Ortho-Novum)	1	
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	(Ortho-Novum)	1	
CYCLESSA (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		3	
cyred oral tablet 0.15-0.03 mg	(Desogen)	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(Ortho-Novum)	1	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	(Ortho-Novum)	1	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Seasonique)	1	QL (91 per 84 days)
deblitane oral tablet 0.35 mg	(Ortho Micronor)	1	
delyla (28) oral tablet 0.1-20 mg-mcg	(Amethyst)	1	
DEMULEN 1/50 (21) ORAL TABLET 1-50 MG-MCG		3	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Mircette)	1	
DESOGEN ORAL TABLET 0.15-0.03 MG		3	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	(Desogen)	1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	(Yaz)	1	
elinest oral tablet 0.3-30 mg-mcg	(Norgestrel-Ethinyl Estradiol)	1	
ELLA ORAL TABLET 30 MG		2	QL (4 per 365 days)
emoquette oral tablet 0.15-0.03 mg	(Desogen)	1	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Amethyst)	1	
enskyce oral tablet 0.15-0.03 mg	(Desogen)	1	
errin oral tablet 0.35 mg	(Ortho Micronor)	1	
estarylla oral tablet 0.25-35 mg-mcg	(Ortho Tri-Cyclen Lo)	1	
ESTROSTEP FE-28 ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)		3	
falmina (28) oral tablet 0.1-20 mg-mcg	(Amethyst)	1	
FEMCON FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)		3	
GENERESS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)		3	

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Drug Name		Drug Tier	Requirements/Limits
gianvi (28) oral tablet 3-0.02 mg	(Yaz)	1	
gildagia oral tablet 0.4-35 mg-mcg	(Ortho-Novum)	1	
gildess 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(Loestrin)	1	
gildess 1/20 (21) oral tablet 1-20 mg-mcg	(Loestrin)	1	
gildess 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(Loestrin Fe)	1	
gildess fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Loestrin Fe)	1	
gildess fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Loestrin Fe)	1	
heather oral tablet 0.35 mg	(Ortho Micronor)	1	
introvale oral tablets,dose pack,3 month 0.15-30 mg-mcg	(Levonorgestrel-Ethin Estradiol)	1	QL (91 per 84 days)
jencycla oral tablet 0.35 mg	(Ortho Micronor)	1	
jolessa oral tablets,dose pack,3 month 0.15-30 mg-mcg	(Levonorgestrel-Ethin Estradiol)	1	QL (91 per 84 days)
jolivette oral tablet 0.35 mg	(Ortho Micronor)	1	
juleber oral tablet 0.15-0.03 mg	(Desogen)	1	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(Loestrin)	1	
junel 1/20 (21) oral tablet 1-20 mg-mcg	(Loestrin)	1	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Loestrin Fe)	1	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Loestrin Fe)	1	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	(Loestrin Fe)	1	
kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	(Generess Fe)	1	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Mircette)	1	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	(Demulen 1-50-21)	1	
kimidess (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Mircette)	1	
kurvelo oral tablet 0.15-0.03 mg	(Amethyst)	1	

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Drug Name		Drug Tier	Requirements/Limits
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	(Seasonique)	1	QL (91 per 84 days)
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(Loestrin)	1	
larin 1/20 (21) oral tablet 1-20 mg-mcg	(Loestrin)	1	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(Loestrin Fe)	1	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Loestrin Fe)	1	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Loestrin Fe)	1	
layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	(Generess Fe)	3	
leena 28 oral tablet 0.5/1/0.5-35 mg-mcg	(Ortho-Novum)	1	
lessina oral tablet 0.1-20 mg-mcg	(Amethyst)	1	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Amethyst)	1	
levonor-eth estrad 0.15-0.03 outer 0.15-0.03 mg	(Amethyst)	1	QL (91 per 84 days)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg	(Amethyst)	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15-30 mg-mcg	(Amethyst)	1	QL (91 per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Amethyst)	1	QL (91 per 84 days)
levora-28 oral tablet 0.15-0.03 mg	(Amethyst)	1	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		2	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG		3	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG		3	

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Drug Name		Drug Tier	Requirements/Limits
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)		3	
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)		3	
lomedia 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(Loestrin Fe)	1	
loryna (28) oral tablet 3-0.02 mg	(Yaz)	1	
LOSEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)		3	QL (91 per 84 days)
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(Norgestrel-Ethinyl Estradiol)	1	
lutera (28) oral tablet 0.1-20 mg-mcg	(Amethyst)	1	
lyza oral tablet 0.35 mg	(Ortho Micronor)	1	
marlissa oral tablet 0.15-0.03 mg	(Amethyst)	1	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(Loestrin)	1	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	(Loestrin)	1	
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)		1	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Loestrin Fe)	1	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Loestrin Fe)	1	
MINASTRIN 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)		2	
MIRCETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5		3	
MODICON (28) ORAL TABLET 0.5-35 MG-MCG		3	
mono-linyah oral tablet 0.25-35 mg-mcg	(Ortho Tri-Cyclen Lo)	1	

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Drug Name		Drug Tier	Requirements/Limits
mononessa (28) oral tablet 0.25-35 mg-mcg	(Ortho Tri-Cyclen Lo)	1	
myzilra oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Amethyst)	1	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG		2	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	(Ortho-Novum)	1	
necon 1/35 (28) oral tablet 1-35 mg-mcg	(Ortho-Novum)	1	
necon 1/50 (28) oral tablet 1-50 mg-mcg	(Norinyl 1+50)	1	
necon 10/11 (28) oral tablet 0.5-35/1-35 mg-mcg/mg-mcg	(Ortho-Novum)	1	
necon 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	(Ortho-Novum)	1	
nikki (28) oral tablet 3-0.02 mg	(Yaz)	1	
nora-be oral tablet 0.35 mg	(Ortho Micronor)	1	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	(Generess Fe)	1	
norethindrone (contraceptive) oral tablet 0.35 mg	(Ortho Micronor)	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Loestrin)	1	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)	(Loestrin Fe)	1	
norg-ee 0.18-0.215-0.25/0.035 3x28 day regimen 0.18/0.215/0.25 mg-35 mcg (28)	(Ortho Tri-Cyclen Lo)	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg	(Ortho Tri-Cyclen Lo)	1	
norinyl 1+35 (28) oral tablet 1-35 mg-mcg	(Ortho-Novum)	1	
NORINYL 1+50 (28) ORAL TABLET 1-50 MG-MCG		3	
norlyroc oral tablet 0.35 mg	(Ortho Micronor)	1	
NOR-QD ORAL TABLET 0.35 MG		3	

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Drug Name		Drug Tier	Requirements/Limits
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	(Ortho-Novum)	1	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	(Ortho-Novum)	1	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(Ortho-Novum)	1	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	(Ortho-Novum)	1	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR		2	QL (1 per 28 days)
ocella oral tablet 3-0.03 mg	(Yaz)	1	
ogestrel (28) oral tablet 0.5-50 mg-mcg	(Norgestrel-Ethinyl Estradiol)	1	
orsythia oral tablet 0.1-20 mg-mcg	(Amethyst)	1	
ORTHO MICRONOR ORAL TABLET 0.35 MG		3	
ORTHO TRI-CYCLEN (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)		3	
ORTHO TRI-CYCLEN LO (28) ORAL TABLET 0.18/0.215/0.25 MG-25 MCG		3	
ORTHO-CYCLEN (28) ORAL TABLET 0.25-35 MG-MCG		3	
ORTHO-NOVUM 1/35 (28) ORAL TABLET 1-35 MG-MCG		3	
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		3	
OVCON-35 (28) ORAL TABLET 0.4-35 MG-MCG		3	
philith oral tablet 0.4-35 mg-mcg	(Ortho-Novum)	1	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Mircette)	1	
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg	(Ortho-Novum)	1	
PLAN B ONE-STEP ORAL TABLET 1.5 MG		3	QL (6 per 365 days)

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Drug Name		Drug Tier	Requirements/Limits
portia oral tablet 0.15-0.03 mg	(Amethyst)	1	
previfem oral tablet 0.25-35 mg-mcg	(Ortho Tri-Cyclen Lo)	1	
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG		2	QL (91 per 84 days)
quasense oral tablets,dose pack,3 month 0.15-30 mg-mcg	(Levonorgestrel-Ethin Estradiol)	1	QL (91 per 84 days)
reclipsen (28) oral tablet 0.15-0.03 mg	(Desogen)	1	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21/7)		2	
SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)		3	QL (91 per 84 days)
setlakin oral tablets,dose pack,3 month 0.15-30 mg-mcg	(Levonorgestrel-Ethin Estradiol)	1	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(Ortho Micronor)	1	
sprintec (28) oral tablet 0.25-35 mg-mcg	(Ortho Tri-Cyclen Lo)	1	
sronyx oral tablet 0.1-20 mg-mcg	(Amethyst)	1	
syeda oral tablet 3-0.03 mg	(Yaz)	1	
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Loestrin Fe)	1	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Loestrin Fe)	1	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Ortho Tri-Cyclen Lo)	1	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Loestrin Fe)	1	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Ortho Tri-Cyclen Lo)	1	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	(Ortho Tri-Cyclen Lo)	1	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	(Ortho Tri-Cyclen Lo)	1	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	(Ortho Tri-Cyclen Lo)	1	

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Drug Name		Drug Tier	Requirements/Limits
trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Ortho Tri-Cyclen Lo)	1	
trinessa lo oral tablet 0.18/0.215/0.25 mg-25 mcg	(Ortho Tri-Cyclen Lo)	1	
TRI-NORINYL (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG		3	
tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Ortho Tri-Cyclen Lo)	1	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Ortho Tri-Cyclen Lo)	1	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Amethyst)	1	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	(Desogen)	1	
vestura (28) oral tablet 3-0.02 mg	(Yaz)	1	
vienva oral tablet 0.1-20 mg-mcg	(Amethyst)	1	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Mircette)	1	
vyfemla (28) oral tablet 0.4-35 mg-mcg	(Ortho-Novum)	1	
wera (28) oral tablet 0.5-35 mg-mcg	(Ortho-Novum)	1	
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	(Generess Fe)	1	
xulane transdermal patch weekly 150-35 mcg/24 hr	(Norelgestromin/Ethin. Estradiol)	1	QL (3 per 28 days)
YASMIN (28) ORAL TABLET 3-0.03 MG		3	
YAZ (28) ORAL TABLET 3-0.02 MG		3	
zarah oral tablet 3-0.03 mg	(Yaz)	1	
zenchent (28) oral tablet 0.4-35 mg-mcg	(Ortho-Novum)	1	
zenchent fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	(Generess Fe)	1	
zovia 1/35e (28) oral tablet 1-35 mg-mcg	(Demulen 1-50-21)	1	
zovia 1/50e (28) oral tablet 1-50 mg-mcg	(Demulen 1-50-21)	1	
Dental And Oral Agents			
Dental And Oral Agents			
cevimeline oral capsule 30 mg	(Evoxac)	1	

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Drug Name		Drug Tier	Requirements/Limits
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Peridex)	1	
denta 5000 plus dental cream 1.1 %	(Sodium Fluoride)	1	
dentagel dental gel 1.1 %	(Phos-Flur)	1	
EVOXAC ORAL CAPSULE 30 MG		3	
fluoridex daily defense dental gel 1.1 %	(Phos-Flur)	1	
oralone dental paste 0.1 %	(Triamcinolone Acetonide)	3	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %		3	
periogard mucous membrane mouthwash 0.12 %	(Peridex)	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen)	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %		2	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %		2	
PREVIDENT DENTAL SOLUTION 0.2 %		3	
SALAGEN ORAL TABLET 5 MG, 7.5 MG		3	
sf 5000 plus dental cream 1.1 %	(Sodium Fluoride)	1	
sodium fluoride dental solution 0.2 %	(Prevident)	1	
triamcinolone acetonide dental paste 0.1 %	(Triamcinolone Acetonide)	1	
Dermatological Agents			
Dermatological Agents, Other			
8-MOP ORAL CAPSULE 10 MG		2	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG		3	
ABSORICA ORAL CAPSULE 25 MG, 35 MG		2	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	(Soriatane)	1	PA
acyclovir topical ointment 5 %	(Zovirax)	1	QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
ACZONE TOPICAL GEL 5 %		2	
ACZONE TOPICAL GEL WITH PUMP 7.5 %		2	
ALCOHOL PADS TOPICAL PADS, MEDICATED		1	
ALCOHOL PREP PADS		1	
ALDARA TOPICAL CREAM IN PACKET 5 %		3	
ammonium lactate topical cream 12 %	(Ammonium Lactate)	1	
ammonium lactate topical lotion 12 %	(Ammonium Lactate)	1	
amnesteem oral capsule 10 mg, 20 mg, 40 mg	(Isotretinoin)	1	
ANACAINE TOPICAL OINTMENT 10 %		2	
AZELEX TOPICAL CREAM 20 %		2	
calcipotriene scalp solution 0.005 %	(Calcipotriene)	1	
calcipotriene topical cream 0.005 %	(Dovonex)	1	
calcipotriene topical ointment 0.005 %	(Calcipotriene)	1	
calcipotriene-betamethasone topical ointment 0.005-0.064 %	(Taclonex)	1	
calcitrene topical ointment 0.005 %	(Calcipotriene)	1	
calcitriol topical ointment 3 mcg/gram	(Vectical)	1	
CARAC TOPICAL CREAM 0.5 %		3	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(Isotretinoin)	1	
CONDYLOX TOPICAL GEL 0.5 %		2	
CONDYLOX TOPICAL SOLUTION 0.5 %		3	
COSENTYX (150 MG/ML) 300 MG DOSE-2 PENS 150 MG/ML		2	PA
COSENTYX (150 MG/ML) 300 MG DOSE-2 SYRINGES 150 MG/ML		2	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML		2	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML		2	PA

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Drug Name		Drug Tier	Requirements/Limits
DENAVIR TOPICAL CREAM 1 %		2	
diclofenac sodium topical gel 3 %	(Solaraze)	1	
DOVONEX TOPICAL CREAM 0.005 %		3	
doxepin topical cream 5 %	(Zonalon)	1	
DRITHOCREME HP TOPICAL CREAM 1 %		2	
EFUDEX TOPICAL CREAM 5 %		3	
ENSTILAR TOPICAL FOAM 0.005-0.064 %		3	
FINACEA TOPICAL FOAM 15 %		2	
FINACEA TOPICAL GEL 15 %		2	
FLUOROPLEX TOPICAL CREAM 1 %		2	
fluorouracil topical cream 0.5 %, 5 %	(Carac)	1	
fluorouracil topical solution 2 %, 5 %	(Fluorouracil)	1	
imiquimod topical cream in packet 5 %	(Aldara)	1	QL (24 per 30 days)
LEVULAN TOPICAL SOLUTION 20 %		2	
methoxsalen rapid oral capsule 10 mg	(Oxsoralen-Ultra)	1	
MIRVASO TOPICAL GEL 0.33 %		2	
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(Isotretinoin)	1	
OXSORALEN ULTRA ORAL CAPSULE 10 MG		3	
PANRETIN TOPICAL GEL 0.1 %		2	
PICATO TOPICAL GEL 0.015 %		2	QL (3 per 56 days)
PICATO TOPICAL GEL 0.05 %		2	QL (2 per 56 days)
podocon topical liquid 25 %	(Podophyllum Resin)	1	
podofilox topical solution 0.5 %	(Condylox)	1	
potassium hydroxide topical solution 5 %	(Potassium Hydroxide)	1	
PRUDOXIN TOPICAL CREAM 5 %		3	
PYROGALLIC ACID TOPICAL OINTMENT 25-2 %		2	
REGRANEX TOPICAL GEL 0.01 %		2	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	
SOLARAZE TOPICAL GEL 3 %	3	
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	3	
SORILUX TOPICAL FOAM 0.005 %	2	
SULFAMYLON TOPICAL CREAM 85 MG/G	2	
SULFAMYLON TOPICAL PACKET 50 GRAM	2	
TACLONEX TOPICAL OINTMENT 0.005-0.064 %	3	PA
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	2	ST
TALTZ 80 MG/ML AUTOINJECTOR P/F,LATEX-FREE,OUTER 80 MG/ML	2	
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	2	
TOLAK TOPICAL CREAM 4 %	2	
UVADEX INJECTION SOLUTION 20 MCG/ML	2	
VALCHLOR TOPICAL GEL 0.016 %	2	
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	3	
VEREGEN TOPICAL OINTMENT 15 %	2	
XERAC AC TOPICAL SOLUTION 6.25 %	2	
XERESE TOPICAL CREAM 5-1 %	2	QL (5 per 5 days)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg (Isotretinoin)	3	

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Drug Name	Drug Tier	Requirements/Limits
ZONALON TOPICAL CREAM 5 %	3	
ZOVIRAX TOPICAL CREAM 5 %	2	QL (15 per 30 days)
ZOVIRAX TOPICAL OINTMENT 5 %	3	QL (30 per 30 days)
ZYCLARA 3.75% CREAM PUMP 3.75 %	2	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	2	QL (15 per 28 days)
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	2	
Dermatological Antibacterials		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	2	
ALTABAX TOPICAL OINTMENT 1 %	2	
BACTROBAN NASAL NASAL OINTMENT 2 %	2	
BACTROBAN TOPICAL CREAM 2 %	3	
BACTROBAN TOPICAL OINTMENT 2 %	3	
BENZACLIN GEL 50G PUMP PUMP DISPENSER 1-5 %	2	
BENZACLIN TOPICAL GEL 1-5 %	2	
BENZAMYCIN TOPICAL GEL 3-5 %	3	
CENTANY TOPICAL OINTMENT 2 %	3	
CLEOCIN T TOPICAL GEL 1 %	3	
CLEOCIN T TOPICAL LOTION 1 %	3	
CLEOCIN T TOPICAL SOLUTION 1 %	3	
CLEOCIN T TOPICAL SWAB 1 %	3	
CLINDACIN ETZ 1% PLEDGET PLEDGETS, OUTER 1 %	3	
CLINDACIN PAC TOPICAL KIT 1 %	3	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
CLINDAGEL TOPICAL GEL 1 %		2	
clindamycin phosphate topical foam 1 %	(Evoclin)	1	
clindamycin phosphate topical gel 1 %	(Cleocin T)	1	
clindamycin phosphate topical lotion 1 %	(Cleocin T)	1	
clindamycin phosphate topical solution 1 %	(Cleocin T)	1	
clindamycin phosphate topical swab 1 %	(Cleocin T)	1	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	(Duac)	1	
clindamycin-tretinoin topical gel 1.2-0.025 %	(Ziana)	1	
CORTISPORIN TOPICAL CREAM 3.5-10,000-0.5 MG/G-UNIT/G-%		2	
CORTISPORIN TOPICAL OINTMENT 1 %		2	
DUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %		3	
ery pads topical swab 2 %	(Erythromycin Base/Ethanol)	1	
ERYGEL TOPICAL GEL 2 %		3	
erythromycin with ethanol topical gel 2 %	(Erygel)	1	
erythromycin with ethanol topical solution 2 %	(Erythromycin Base/Ethanol)	1	
erythromycin with ethanol topical swab 2 %	(Erythromycin Base/Ethanol)	1	
erythromycin-benzoyl peroxide topical gel 3-5 %	(Benzamycin)	1	
EVOCLIN TOPICAL FOAM 1 %		3	
gentamicin topical cream 0.1 %	(Gentamicin Sulfate)	1	
gentamicin topical ointment 0.1 %	(Gentamicin Sulfate)	1	
KLARON TOPICAL SUSPENSION 10 %		3	
METROCREAM TOPICAL CREAM 0.75 %		3	
METROGEL TOPICAL GEL 1 %		3	

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Drug Name		Drug Tier	Requirements/Limits
METROLOTION TOPICAL LOTION 0.75 %		3	
metronidazole topical cream 0.75 %	(Metrocream)	1	
metronidazole topical gel 0.75 %, 1 %	(Metrogel)	1	
metronidazole topical lotion 0.75 %	(Metrolotion)	1	
mupirocin calcium topical cream 2 %	(Bactroban)	1	
mupirocin topical ointment 2 %		1	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	(Neosporin G.U. Irrigant)	1	
NEOSPORIN GU IRRIGANT IRRIGATION SOLUTION 40 MG-200,000 UNIT/ML		3	
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %		2	
neuac topical gel 1.2 %(1 % base) -5 %	(Duac)	1	
NORITATE TOPICAL CREAM 1 %		2	
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %		2	
rosadan topical cream 0.75 %	(Metrocream)	1	
ROSADAN TOPICAL GEL 0.75 %		3	
selenium sulfide topical lotion 2.5 %	(Selenium Sulfide)	1	
SILVADENE TOPICAL CREAM 1 %		3	
silver nitrate applicators topical stick 75-25 %	(Silver Nitrate Applicator)	1	
silver nitrate topical ointment 10 %	(Silver Nitrate)	1	
silver nitrate topical solution 0.5 %, 10 %, 25 %, 50 %	(Silver Nitrate)	1	
silver sulfadiazine topical cream 1 %	(Silvadene)	1	
ssd topical cream 1 %	(Silvadene)	1	
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	1	
TERSI FOAM TOPICAL FOAM 2.25 %		2	
VELTIN TOPICAL GEL 1.2-0.025 %		2	PA
ZIANA TOPICAL GEL 1.2-0.025 %		2	PA

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Drug Name		Drug Tier	Requirements/Limits
Dermatological Anti-Inflammatory Agents			
ala-cort topical cream 1 %	(Anusol-HC)	1	
ala-scalp topical lotion 2 %	(Scalacort)	1	
alclometasone topical cream 0.05 %	(Alclometasone Dipropionate)	1	
alclometasone topical ointment 0.05 %	(Alclometasone Dipropionate)	1	
amcinonide topical cream 0.1 %	(Amcinonide)	1	
amcinonide topical lotion 0.1 %	(Amcinonide)	1	
amcinonide topical ointment 0.1 %	(Amcinonide)	1	
ANUSOL-HC RECTAL CREAM 2.5 %		3	
APEXICON E TOPICAL CREAM 0.05 %		2	
betamethasone dipropionate topical cream 0.05 %	(Betamethasone Dipropionate)	1	
betamethasone dipropionate topical lotion 0.05 %	(Betamethasone Dipropionate)	1	
betamethasone dipropionate topical ointment 0.05 %	(Betamethasone Dipropionate)	1	
betamethasone valerate topical cream 0.1 %	(Betamethasone Valerate)	1	
betamethasone valerate topical foam 0.12 %	(Luxiq)	1	
betamethasone valerate topical lotion 0.1 %	(Betamethasone Valerate)	1	
betamethasone valerate topical ointment 0.1 %	(Betamethasone Valerate)	1	
betamethasone, augmented topical cream 0.05 %	(Diprolene AF)	1	
betamethasone, augmented topical gel 0.05 %	(Betamethasone Dipropionate)	1	
betamethasone, augmented topical lotion 0.05 %	(Diprolene)	1	

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Drug Name		Drug Tier	Requirements/Limits
betamethasone, augmented topical ointment 0.05 %	(Diprolene)	1	
CAPEX TOPICAL SHAMPOO 0.01 %		2	ST
clobetasol 0.05% cream 0.05 %	(Temovate)	1	
clobetasol scalp solution 0.05 %	(Clobetasol Propionate)	1	
clobetasol topical foam 0.05 %	(Olux)	1	
clobetasol topical gel 0.05 %	(Clobetasol Propionate)	1	
clobetasol topical lotion 0.05 %	(Clobex)	1	
clobetasol topical ointment 0.05 %	(Temovate)	1	
clobetasol topical shampoo 0.05 %	(Clobex)	1	
clobetasol topical spray,non-aerosol 0.05 %	(Clobex)	1	
clobetasol-emollient topical cream 0.05 %	(Temovate)	1	
CLOBEX TOPICAL LOTION 0.05 %		3	
CLOBEX TOPICAL SHAMPOO 0.05 %		3	
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 %		3	
clocortolone pivalate topical cream 0.1 %	(Cloderm)	1	
CLODAN TOPICAL SHAMPOO 0.05 %		3	
CLODERM TOPICAL CREAM 0.1 %		3	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2		2	ST
CORDRAN TOPICAL CREAM 0.05 %		2	ST
CORDRAN TOPICAL LOTION 0.05 %		2	ST
CORDRAN TOPICAL OINTMENT 0.05 %		2	ST
cormax scalp solution 0.05 %	(Clobetasol Propionate)	1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)		2	

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Drug Name		Drug Tier	Requirements/Limits
CUTIVATE TOPICAL CREAM 0.05 %		3	
CUTIVATE TOPICAL LOTION 0.05 %		3	
DERMA-SMOOTHE/FS SCALP OIL SCALP OIL 0.01 %		3	
DERMATOP TOPICAL CREAM 0.1 %		3	
DERMATOP TOPICAL OINTMENT 0.1 %		3	
DESONATE TOPICAL GEL 0.05 %		2	ST
desonide topical cream 0.05 %	(Desowen)	1	
desonide topical lotion 0.05 %	(Desowen)	1	
desonide topical ointment 0.05 %	(Desonide)	1	
DESOWEN TOPICAL CREAM 0.05 %		3	
DESOWEN TOPICAL LOTION 0.05 %		3	
desoximetasone topical cream 0.05 %, 0.25 %	(Topicort)	1	
desoximetasone topical gel 0.05 %	(Topicort)	1	
desoximetasone topical ointment 0.05 %, 0.25 %	(Topicort)	1	
diflorasone topical cream 0.05 %	(Psorcon)	1	
diflorasone topical ointment 0.05 %	(Diflorasone Diacetate)	1	
DIPROLENE AF TOPICAL CREAM 0.05 %		3	
DIPROLENE TOPICAL LOTION 0.05 %		3	
DIPROLENE TOPICAL OINTMENT 0.05 %		3	
ELIDEL TOPICAL CREAM 1 %		2	ST
ELOCON TOPICAL CREAM 0.1 %		3	
ELOCON TOPICAL OINTMENT 0.1 %		3	

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Drug Name		Drug Tier	Requirements/Limits
ELOCON TOPICAL SOLUTION 0.1 %		3	
fluocinolone topical cream 0.01 %, 0.025 %	(Synalar)	1	
fluocinolone topical oil 0.01 %	(Fluocinolone Acetonide)	1	
fluocinolone topical ointment 0.025 %	(Synalar)	1	
fluocinolone topical solution 0.01 %	(Synalar)	1	
fluocinonide 0.05% cream 0.05 %	(Vanos)	1	
fluocinonide topical cream 0.1 %	(Vanos)	1	
fluocinonide topical gel 0.05 %	(Fluocinonide)	1	
fluocinonide topical ointment 0.05 %	(Fluocinonide)	1	
fluocinonide topical solution 0.05 %	(Fluocinonide)	1	
fluocinonide-e topical cream 0.05 %	(Vanos)	1	
flurandrenolide topical cream 0.05 %	(Cordran)	1	
fluticasone topical cream 0.05 %	(Cutivate)	1	
fluticasone topical lotion 0.05 %	(Cutivate)	1	
fluticasone topical ointment 0.005 %	(Fluticasone Propionate)	1	
halobetasol propionate topical cream 0.05 %	(Ultravate)	1	
halobetasol propionate topical ointment 0.05 %	(Ultravate)	1	
HALOG TOPICAL CREAM 0.1 %		2	ST
HALOG TOPICAL OINTMENT 0.1 %		2	ST
hydrocortisone buty 0.1% cream 0.1 %	(Locoid)	1	
hydrocortisone butyrate topical ointment 0.1 %	(Locoid)	1	
hydrocortisone butyrate topical solution 0.1 %	(Locoid)	1	
hydrocortisone butyr-emollient topical cream 0.1 %	(Locoid)	1	
hydrocortisone topical cream 1 %, 2.5 %	(Anusol-HC)	1	
hydrocortisone topical lotion 2.5 %	(Scalacort)	1	

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Drug Name		Drug Tier	Requirements/Limits
hydrocortisone topical ointment 1 %, 2.5 %	(Hydrocortisone)	1	
hydrocortisone valerate topical cream 0.2 %	(Hydrocortisone Valerate)	1	
hydrocortisone valerate topical ointment 0.2 %	(Hydrocortisone Valerate)	1	
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM		3	ST
LOCOID TOPICAL CREAM 0.1 %		3	
LOCOID TOPICAL LOTION 0.1 %		2	ST
LOCOID TOPICAL OINTMENT 0.1 %		3	
LOCOID TOPICAL SOLUTION 0.1 %		3	
LUXIQ TOPICAL FOAM 0.12 %		3	
mometasone topical cream 0.1 %	(Elocon)	1	
mometasone topical ointment 0.1 %	(Elocon)	1	
mometasone topical solution 0.1 %	(Elocon)	1	
OLUX TOPICAL FOAM 0.05 %		3	
PANDEL TOPICAL CREAM 0.1 %		2	ST
PRAMOSONE TOPICAL LOTION 2.5-1 %		2	
prednicarbate topical cream 0.1 %	(Dermatop)	1	
prednicarbate topical ointment 0.1 %	(Dermatop)	1	
PROCTOCORT RECTAL CREAM 1 %		3	
PROCTOFOAM HC RECTAL FOAM 1-1 %		2	
procto-med hc rectal cream 2.5 %	(Hydrocortisone)	1	
procto-pak rectal cream 1 %	(Anusol-HC)	1	
proctosol hc rectal cream 2.5 %	(Hydrocortisone)	1	
proctozone-hc rectal cream 2.5 %	(Hydrocortisone)	1	
PROTOPIC TOPICAL OINTMENT 0.03 %, 0.1 %		3	ST
PSORCON TOPICAL CREAM 0.05 %		3	

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Drug Name		Drug Tier	Requirements/Limits
SCALACORT TOPICAL LOTION 2 %		3	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %		2	
SYNALAR 0.025% CREAM 0.025 %		3	
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %		3	
SYNALAR TOPICAL OINTMENT 0.025 %		3	
SYNALAR TOPICAL SOLUTION 0.01 %		3	
tacrolimus topical ointment 0.03 %, 0.1 %	(Protopic)	1	ST
TEMOVATE TOPICAL CREAM 0.05 %		3	
TEMOVATE TOPICAL OINTMENT 0.05 %		3	
TEXACORT TOPICAL SOLUTION 2.5 %		2	ST
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %		3	
TOPICORT TOPICAL GEL 0.05 %		3	
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %		3	
TOPICORT TOPICAL SPRAY,NON-AEROSOL 0.25 %		2	ST
triamcinolone acetonide topical aerosol 0.147 mg/gram	(Kenalog)	1	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	(Triamcinolone Acetonide)	1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	(Triamcinolone Acetonide)	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	(Triamcinolone Acetonide)	1	
trianex topical ointment 0.05 %	(Triamcinolone Acetonide)	3	

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Drug Name		Drug Tier	Requirements/Limits
triderm topical cream 0.1 %	(Triamcinolone Acetonide)	1	
u-cort topical cream 1-10 %	(Hydrocortisone Acetate/Urea)	1	
ULTRAVATE TOPICAL CREAM 0.05 %		3	
ULTRAVATE TOPICAL LOTION 0.05 %		2	
ULTRAVATE TOPICAL OINTMENT 0.05 %		3	
VANOS TOPICAL CREAM 0.1 %		3	
VERDESO TOPICAL FOAM 0.05 %		2	ST
Dermatological Retinoids			
adapalene topical cream 0.1 %	(Differin)	1	PA
adapalene topical gel 0.1 %, 0.3 %	(Differin)	1	PA
adapalene topical lotion 0.1 %	(Differin)	1	PA
ATRALIN TOPICAL GEL 0.05 %		3	PA
avita topical cream 0.025 %	(Retin-A)	1	PA
avita topical gel 0.025 %	(Retin-A)	1	PA
DIFFERIN 0.3% GEL PUMP 0.3 %		3	PA
DIFFERIN TOPICAL CREAM 0.1 %		3	PA
DIFFERIN TOPICAL GEL 0.1 %, 0.3 %		3	PA
DIFFERIN TOPICAL LOTION 0.1 %		3	PA
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %		2	PA
EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 %		2	PA
FABIOR TOPICAL FOAM 0.1 %		2	PA
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 %		2	PA
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %		3	PA
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %		3	PA

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Drug Name		Drug Tier	Requirements/Limits
RETIN-A TOPICAL GEL 0.01 %, 0.025 %		3	PA
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %		2	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %		2	PA
tretinoin gel micro 0.04% tube 0.04 %	(Retin-A Micro)	1	PA
tretinoin gel micro 0.1% tube 0.1 %	(Retin-A Micro)	1	PA
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	(Retin-A Micro)	1	PA
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	(Retin-A)	1	PA
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	(Retin-A)	1	PA
TRETIN-X CREAM KIT TOPICAL COMBO PACK 0.025 %		2	PA
TRETIN-X TOPICAL CREAM 0.0375 %, 0.075 %		2	PA
Scabicides And Pediculicides			
ELIMITE TOPICAL CREAM 5 %		3	
EURAX TOPICAL CREAM 10 %		2	
EURAX TOPICAL LOTION 10 %		2	
lindane topical lotion 1 %	(Lindane)	1	
lindane topical shampoo 1 %	(Lindane)	1	
malathion topical lotion 0.5 %	(Ovide)	1	
NATROBA TOPICAL SUSPENSION 0.9 %		3	
OVIDE TOPICAL LOTION 0.5 %		3	
permethrin topical cream 5 %	(Elimite)	1	
SKLICE TOPICAL LOTION 0.5 %		2	
SOOLANTRA TOPICAL CREAM 1 %		2	
spinosad topical suspension 0.9 %	(Natroba)	1	

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Drug Name	Drug Tier	Requirements/Limits
Devices		
Devices		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	
BD INSULIN SYR 0.3 ML 31GX5/16 0.3 ML 31 GAUGE X 5/16	2	
BD INSULIN SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16	2	
BD INSULIN SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	2	
BD ULTRA-FINE PEN NDL 8MMX31G SHORT 31 GAUGE X 5/16"	2	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	
GAUZE PADS, STERILE 2"X2" 2 X 2 "	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	2	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	
VGO 40 DISPOSABLE DEVICE	2	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	2	PA
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	2	PA
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	2	PA
CHENODAL ORAL TABLET 250 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	2	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	2	PA
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	2	PA BvD
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	2	PA
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	2	PA
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	2	PA
KUVAN ORAL TABLET,SOLUBLE 100 MG	2	PA
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	2	PA
MYOZYME INTRAVENOUS RECON SOLN 50 MG	2	PA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	2	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	2	
ORFADIN ORAL SUSPENSION 4 MG/ML	2	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-25,000- 43,750 UNIT, 16,800-40,000- 70,000 UNIT, 21,000-37,000 -61,000 UNIT, 4,200-10,000- 17,500 UNIT	2	

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Drug Name	Drug Tier	Requirements/Limits
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 8,000-28,750- 30,250 UNIT	2	
PULMOZYME INHALATION SOLUTION 1 MG/ML	2	PA
STRENSIQ SUBCUTANEOUS SOLUTION 100 MG/ML, 40 MG/ML	2	PA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	2	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	2	PA
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	2	
XIAFLEX INJECTION RECON SOLN 0.9 MG	2	QL (2 per 28 days)
ZAVESCA ORAL CAPSULE 100 MG	2	PA; QL (90 per 30 days)
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 -55,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-68,000 -109,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000- 16,000 UNIT, 40,000-136,000- 218,000 UNIT	2	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5,000-17,000 -27,000 UNIT	3	

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Drug Name		Drug Tier	Requirements/Limits
Eye, Ear, Nose, Throat Agents			
Eye, Ear, Nose, Throat Agents, Miscellaneous			
ADRENALIN NASAL SOLUTION 1 MG/ML		2	
AKTEN (PF) OPHTHALMIC GEL 3.5 %		2	
alcaine ophthalmic drops 0.5 %	(Proparacaine HCl)	1	
ALOMIDE OPHTHALMIC DROPS 0.1 %		2	
altacaine ophthalmic drops 0.5 %	(Tetracaine HCl)	1	
apraclonidine ophthalmic drops 0.5 %	(Iopidine)	1	
atropine ophthalmic drops 1 %	(Isopto Atropine)	1	
atropine ophthalmic ointment 1 %	(Atropine Sulfate)	1	
ATROVENT NASAL SPRAY,NON-AEROSOL 0.03 %		3	QL (30 per 28 days)
ATROVENT NASAL SPRAY,NON-AEROSOL 0.06 %		3	QL (15 per 10 days)
azelastine nasal aerosol,spray 137 mcg (0.1 %)	(Astepro)	1	QL (30 per 25 days)
azelastine ophthalmic drops 0.05 %	(Azelastine HCl)	1	
BEPREVE OPHTHALMIC DROPS 1.5 %		2	
carteolol ophthalmic drops 1 %	(Carteolol HCl)	1	
cromolyn ophthalmic drops 4 %	(Cromolyn Sodium)	1	
CYCLOGYL OPHTHALMIC DROPS 0.5 %, 1 %, 2 %		3	
cyclopentolate ophthalmic drops 0.5 %, 1 %, 2 %	(Cyclogyl)	1	
CYSTARAN OPHTHALMIC DROPS 0.44 %		2	PA
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY		2	ST; QL (23 per 30 days)
ELESTAT OPHTHALMIC DROPS 0.05 %		3	

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Drug Name		Drug Tier	Requirements/Limits
EMADINE OPHTHALMIC DROPS 0.05 %		2	
epinastine ophthalmic drops 0.05 %	(Elestat)	1	
GELFILM OPHTHALMIC FILM		2	
homatropaire ophthalmic drops 5 %	(Isopto Homatropine)	1	
homatropine hbr ophthalmic drops 5 %	(Isopto Homatropine)	1	
IOPIDINE OPHTHALMIC DROPPERETTE 1 %		2	
IOPIDINE OPHTHALMIC DROPS 0.5 %		3	
ipratropium bromide nasal spray,non-aerosol 0.03 %	(Atrovent)	1	QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 0.06 %	(Atrovent)	1	QL (15 per 10 days)
ISOPTO ATROPINE OPHTHALMIC DROPS 1 %		3	
LACRISERT OPHTHALMIC INSERT 5 MG		2	
LASTACAFT OPHTHALMIC DROPS 0.25 %		2	
MYDRIACYL OPHTHALMIC DROPS 1 %		3	
naphazoline ophthalmic drops 0.1 %	(Naphazoline HCl)	1	
olopatadine nasal spray,non-aerosol 0.6 %	(Patanase)	1	QL (30.5 per 30 days)
olopatadine ophthalmic drops 0.1 %	(Patanol)	1	
PATADAY OPHTHALMIC DROPS 0.2 %		2	
PATANASE NASAL SPRAY,NON-AEROSOL 0.6 %		3	QL (30.5 per 30 days)
PATANOL OPHTHALMIC DROPS 0.1 %		3	
PAZEO OPHTHALMIC DROPS 0.7 %		2	
phenylephrine hcl ophthalmic drops 10 %, 2.5 %	(Mydfrin)	1	

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Drug Name		Drug Tier	Requirements/Limits
proparacaine ophthalmic drops 0.5 %	(Proparacaine HCl)	1	
tetracaine hcl ophthalmic drops 0.5 %	(Tetracaine HCl)	1	
TETRAVISC FORTE OPHTHALMIC DROPPERETTE,HYPERVISCOUS 0.5 %		3	
tropicamide ophthalmic drops 0.5 %, 1 %	(Mydriacyl)	1	
TYZINE NASAL DROPS 0.05 %, 0.1 %		2	
TYZINE NASAL SPRAY,NON-AEROSOL 0.1 %		2	
Eye, Ear, Nose, Throat Anti-Infectives Agents			
acetasol hc otic drops 1-2 %	(Vosol HC)	1	
acetic acid otic solution 2 %	(Acetic Acid)	1	
AZASITE OPHTHALMIC DROPS 1 %		2	
bacitracin ophthalmic ointment 500 unit/gram	(Bacitracin)	1	
bacitracin-polymyxin b ophthalmic ointment 500-10,000 unit/gram	(Bacitracin/Polymyxin B Sulfate)	1	
BESIVANCE OPHTHALMIC DROPS,SUSPENSION 0.6 %		2	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 %		2	
bleph-10 ophthalmic drops 10 %	(Sulfacetamide Sodium)	1	
BLEPHAMIDE OPHTHALMIC DROPS,SUSPENSION 10-0.2 %		2	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %		2	
CETRAXAL OTIC DROPPERETTE 0.2 %		3	
CILOXAN OPHTHALMIC DROPS 0.3 %		3	
CILOXAN OPHTHALMIC OINTMENT 0.3 %		2	

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Drug Name		Drug Tier	Requirements/Limits
CIPRO HC OTIC DROPS,SUSPENSION 0.2-1 %		2	
CIPRODEX OTIC DROPS,SUSPENSION 0.3-0.1 %		2	
ciprofloxacin hcl ophthalmic drops 0.3 %	(Ciloxan)	1	
ciprofloxacin hcl otic dropperette 0.2 %	(Cetraxal)	1	
COLY-MYCIN S OTIC DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML		2	
CORTISPORIN-TC OTIC DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML		2	
erythromycin ophthalmic ointment 5 mg/gram (0.5 %)	(Ilotycin)	1	
GARAMYCIN OPHTHALMIC DROPS 0.3 %		3	
gatifloxacin ophthalmic drops 0.5 %	(Zymaxid)	1	
gentak ophthalmic ointment 0.3 % (3 mg/gram)	(Garamycin)	1	
gentamicin ophthalmic drops 0.3 %	(Garamycin)	1	
gentamicin ophthalmic ointment 0.3 % (3 mg/gram)	(Garamycin)	1	
hydrocortisone-acetic acid otic drops 1-2 %	(Vosol HC)	1	
ILOTYCIN OPHTHALMIC OINTMENT 5 MG/GRAM (0.5 %)		3	
levofloxacin ophthalmic drops 0.5 %	(Levofloxacin)	1	
MAXITROL OPHTHALMIC DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %		3	
MAXITROL OPHTHALMIC OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %		3	
MOXEZA OPHTHALMIC DROPS, VISCOUS 0.5 %		2	
NATACYN OPHTHALMIC DROPS,SUSPENSION 5 %		2	

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Drug Name		Drug Tier	Requirements/Limits
neomycin-bacitracin-poly-hc ophthalmic ointment 3.5-400-10,000 mg-unit/g-1%	(Neomycin Su/Baci Zn/Poly/HC)	1	
neomycin-bacitracin-polymyxin ophthalmic ointment 3.5-400-10,000 mg-unit-unit/g	(Neomycin Su/Bacitra/Polymyxin)	1	
neomycin-polymyxin b-dexameth ophthalmic drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	1	
neomycin-polymyxin b-dexameth ophthalmic ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	1	
neomycin-polymyxin-gramicidin ophthalmic drops 1.75 mg-10,000 unit-0.025mg/ml	(Neosporin)	1	
neomycin-polymyxin-hc ophthalmic drops,suspension 3.5-10,000-10 mg-unit-mg/ml	(Neomycin/Polymyxin B Sulf/HC)	1	
neomycin-polymyxin-hc otic drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	(Neomycin/Polymyxin B Sulf/HC)	1	
neomycin-polymyxin-hc otic solution 3.5-10,000-1 mg/ml-unit/ml-%	(Neomycin/Polymyxin B Sulf/HC)	1	
neo-polycin hc ophthalmic ointment 3.5-400-10,000 mg-unit/g-1%	(Neomycin Su/Baci Zn/Poly/HC)	1	
neo-polycin ophthalmic ointment 3.5-400-10,000 mg-unit-unit/g	(Neomycin Su/Bacitra/Polymyxin)	1	
NEOSPORIN (NEO-POLYM-GRAMICID) OPHTHALMIC DROPS 1.75 MG-10,000 UNIT-0.025MG/ML		3	
OCUFLOX OPHTHALMIC DROPS 0.3 %		3	
ofloxacin ophthalmic drops 0.3 %	(Ocuflox)	1	
ofloxacin otic drops 0.3 %	(Ocuflox)	1	
polymyxin b sulf-trimethoprim ophthalmic drops 10,000 unit- 1 mg/ml	(Polytrim)	1	

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Drug Name		Drug Tier	Requirements/Limits
POLYTRIM OPHTHALMIC DROPS 10,000 UNIT- 1 MG/ML		3	
PRED-G OPHTHALMIC DROPS,SUSPENSION 0.3-1 %		2	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %		2	
sulfacetamide sodium ophthalmic drops 10 %	(Sulfacetamide Sodium)	1	
sulfacetamide sodium ophthalmic ointment 10 %	(Sulfacetamide Sodium)	1	
sulfacetamide-prednisolone ophthalmic drops 10 %-0.23 % (0.25 %)	(Sulfacetamide/Prednisolone Sp)	1	
TOBRADEX OPHTHALMIC DROPS,SUSPENSION 0.3-0.1 %		3	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %		2	
TOBRADEX ST OPHTHALMIC DROPS,SUSPENSION 0.3-0.05 %		2	
tobramycin ophthalmic drops 0.3 %	(Tobrex)	1	
tobramycin-dexamethasone ophthalmic drops,suspension 0.3-0.1 %	(Tobradex)	1	
TOBREX OPHTHALMIC DROPS 0.3 %		3	
TOBREX OPHTHALMIC OINTMENT 0.3 %		2	
trifluridine ophthalmic drops 1 %	(Viroptic)	1	
VIGAMOX OPHTHALMIC DROPS 0.5 %		2	
VIROPTIC OPHTHALMIC DROPS 1 %		3	
ZIRGAN OPHTHALMIC GEL 0.15 %		2	
ZYLET OPHTHALMIC DROPS,SUSPENSION 0.3-0.5 %		2	
ZYMAXID OPHTHALMIC DROPS 0.5 %		3	

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Drug Name		Drug Tier	Requirements/Limits
Eye, Ear, Nose, Throat Anti-Inflammatory Agents			
ACULAR LS OPHTHALMIC DROPS 0.4 %		3	
ACULAR OPHTHALMIC DROPS 0.5 %		3	
ACUVAIL (PF) OPHTHALMIC DROPPERETTE 0.45 %		2	
ALOCRIL OPHTHALMIC DROPS 2 %		2	
ALREX OPHTHALMIC DROPS,SUSPENSION 0.2 %		2	
BECONASE AQ NASAL SPRAY,NON-AEROSOL 42 MCG (0.042 %)		2	ST; QL (50 per 28 days)
bromfenac ophthalmic drops 0.09 %	(Bromfenac Sodium)	1	
budesonide nasal spray,non-aerosol 32 mcg/actuation	(Rhinocort Aqua)	1	QL (17.2 per 30 days)
DERMOTIC OIL OTIC DROPS 0.01 %		3	
dexamethasone sodium phosphate ophthalmic drops 0.1 %	(Dexamethasone Sod Phosphate)	1	
diclofenac sodium ophthalmic drops 0.1 %	(Diclofenac Sodium)	1	
DUREZOL OPHTHALMIC DROPS 0.05 %		2	
FLAREX OPHTHALMIC DROPS,SUSPENSION 0.1 %		2	
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	(Flunisolide)	1	QL (50 per 25 days)
fluocinolone acetonide oil otic drops 0.01 %	(Dermotic)	1	
fluorometholone ophthalmic drops,suspension 0.1 %	(FML)	1	
flurbiprofen sodium ophthalmic drops 0.03 %	(Ocufen)	1	

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Drug Name		Drug Tier	Requirements/Limits
fluticasone nasal spray,suspension 50 mcg/actuation	(Fluticasone Propionate)	1	
FML FORTE OPHTHALMIC DROPS,SUSPENSION 0.25 %		2	
FML LIQUIFILM OPHTHALMIC DROPS,SUSPENSION 0.1 %		3	
FML S.O.P. OPHTHALMIC OINTMENT 0.1 %		2	
ILEVRO OPHTHALMIC DROPS,SUSPENSION 0.3 %		2	
ketorolac ophthalmic drops 0.4 %, 0.5 %	(Acular LS)	1	
LOTEMAX OPHTHALMIC DROPS,GEL 0.5 %		2	
LOTEMAX OPHTHALMIC DROPS,SUSPENSION 0.5 %		2	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %		2	
MAXIDEX OPHTHALMIC DROPS,SUSPENSION 0.1 %		2	
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Nasonex)	1	QL (34 per 30 days)
NASONEX NASAL SPRAY,NON-AEROSOL 50 MCG/ACTUATION		3	QL (34 per 28 days)
NEVANAC OPHTHALMIC DROPS,SUSPENSION 0.1 %		2	
OCUFEN OPHTHALMIC DROPS 0.03 %		3	
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG		2	ST; QL (13 per 30 days)
OMNIPRED OPHTHALMIC DROPS,SUSPENSION 1 %		3	
PRED FORTE OPHTHALMIC DROPS,SUSPENSION 1 %		3	
PRED MILD OPHTHALMIC DROPS,SUSPENSION 0.12 %		2	

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Drug Name		Drug Tier	Requirements/Limits
prednisolone acetate ophthalmic drops,suspension 1 %	(Pred Forte)	1	
prednisolone sodium phosphate ophthalmic drops 1 %	(Prednisolone Sod Phosphate)	1	
PROLENSA OPHTHALMIC DROPS 0.07 %		2	
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION		2	ST; QL (9.8 per 28 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION		2	ST; QL (8.7 per 28 days)
RESTASIS OPHTHALMIC DROPPERETTE 0.05 %		2	QL (60 per 30 days)
RHINOCORT AQUA NASAL SPRAY,NON-AEROSOL 32 MCG/ACTUATION		3	ST; QL (17.2 per 30 days)
triamcinolone acetonide nasal aerosol,spray 55 mcg	(Triamcinolone Acetonide)	1	QL (16.5 per 30 days)
VERAMYST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION		2	ST; QL (10 per 30 days)
VEXOL OPHTHALMIC DROPS,SUSPENSION 1 %		2	
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION		2	ST; QL (6.1 per 30 days)
Gastrointestinal Agents			
Antiulcer Agents And Acid Suppressants			
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG		3	ST
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG		2	ST
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	(Prevpac)	1	

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Drug Name		Drug Tier	Requirements/Limits
CARAFATE ORAL SUSPENSION 100 MG/ML		2	
CARAFATE ORAL TABLET 1 GRAM		3	
cimetidine hcl oral solution 300 mg/5 ml	(Cimetidine HCl)	1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	(Cimetidine)	1	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG		3	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG		2	ST
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	(Nexium)	1	
esomeprazole sodium intravenous recon soln 20 mg, 40 mg	(Nexium I.V.)	1	PA BvD
famotidine (pf) intravenous solution 20 mg/2 ml	(Famotidine)	1	PA BvD
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml	(Famotidine In Nacl,Iso-Osm/PF)	1	PA BvD
famotidine 40 mg/4 ml vial 25's,outer 10 mg/ml	(Famotidine)	1	PA BvD
famotidine oral suspension 40 mg/5 ml (8 mg/ml)	(Pepcid)	1	
famotidine oral tablet 20 mg, 40 mg	(Pepcid)	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	(Prevacid)	1	
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	1	
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG		3	PA BvD
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 40 MG		3	ST

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Drug Name		Drug Tier	Requirements/Limits
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG		2	ST
nizatidine oral capsule 150 mg, 300 mg	(Nizatidine)	1	
nizatidine oral solution 150 mg/10 ml	(Nizatidine)	1	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)		2	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	(Prilosec)	1	
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram	(Zegerid)	1	
omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg	(Zegerid)	1	
pantoprazole intravenous recon soln 40 mg	(Protonix IV)	1	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	1	
PEPCID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)		3	
PEPCID ORAL TABLET 20 MG, 40 MG		3	
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG, 30 MG		3	ST
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG, 30 MG		2	ST
PREVPAC ORAL COMBO PACK 500-500-30 MG		3	
PRILOSEC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10 MG		3	ST
PRILOSEC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 40 MG		3	

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Drug Name		Drug Tier	Requirements/Limits
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG		2	
PROTONIX INTRAVENOUS RECON SOLN 40 MG		3	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG		2	ST
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG, 40 MG		3	ST
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(Aciphex)	1	
ranitidine hcl 50 mg/2 ml vial sdv 50 mg/2 ml (25 mg/ml)	(Zantac)	1	
ranitidine hcl injection solution 25 mg/ml	(Zantac)	1	
ranitidine hcl oral capsule 150 mg, 300 mg	(Ranitidine HCl)	1	
ranitidine hcl oral syrup 15 mg/ml	(Ranitidine HCl)	1	
ranitidine hcl oral tablet 150 mg, 300 mg	(Zantac)	1	
sucralfate oral tablet 1 gram	(Carafate)	1	
ZANTAC 50 MG/2 ML VIAL SDV, LATEX-FREE 50 MG/2 ML (25 MG/ML)		3	
ZANTAC INJECTION SOLUTION 25 MG/ML		3	
ZANTAC ORAL TABLET 150 MG, 300 MG		3	
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM, 40-1.1 MG-GRAM		3	
ZEGERID ORAL PACKET 20-1,680 MG, 40-1,680 MG		2	
Gastrointestinal Agents, Other			
ACTIGALL ORAL CAPSULE 300 MG		3	

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Drug Name		Drug Tier	Requirements/Limits
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG		2	PA; QL (60 per 30 days)
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML		2	
BENTYL ORAL CAPSULE 10 MG		3	
BENTYL ORAL TABLET 20 MG		3	
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM		3	
BUPHENYL ORAL TABLET 500 MG		2	
CANTIL ORAL TABLET 25 MG		2	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG		2	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG		2	
constulose oral solution 10 gram/15 ml	(Lactulose)	1	
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)		2	
dicyclomine intramuscular solution 10 mg/ml	(Dicyclomine HCl)	1	
dicyclomine oral capsule 10 mg	(Bentyl)	1	
dicyclomine oral solution 10 mg/5 ml	(Dicyclomine HCl)	1	
dicyclomine oral tablet 20 mg	(Bentyl)	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	(Diphenoxylate HCl/Atropine)	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	1	
enulose oral solution 10 gram/15 ml	(Lactulose)	1	
FULYZAQ ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG		2	PA; QL (60 per 30 days)
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML		3	
GATTEX 5 MG 30-VIAL KIT 5 MG		2	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG		2	PA

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Drug Name		Drug Tier	Requirements/Limits
generlac oral solution 10 gram/15 ml	(Lactulose)	1	
glycopyrrolate injection solution 0.2 mg/ml	(Robinul)	1	
glycopyrrolate oral tablet 1 mg, 2 mg	(Robinul)	1	
KAYEXALATE ORAL POWDER		3	
kionex 15 gm/60 ml suspension 15 gram/60 ml	(Sodium Polystyrene Sulfonate)	1	
kionex oral powder	(Sodium Polystyrene Sulfonate)	1	
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM		2	
lactulose oral solution 10 gram/15 ml	(Lactulose)	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG		2	PA; QL (30 per 30 days)
LOMOTIL ORAL TABLET 2.5-0.025 MG		3	
loperamide oral capsule 2 mg	(Loperamide HCl)	1	
methscopolamine oral tablet 2.5 mg, 5 mg	(Methscopolamine Bromide)	1	
metoclopramide hcl injection solution 5 mg/ml	(Metoclopramide HCl)	1	
metoclopramide hcl oral solution 5 mg/5 ml	(Metoclopramide HCl)	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	
metoclopramide hcl oral tablet,disintegrating 10 mg, 5 mg	(Metozolv Odt)	1	
METOZOLV ODT ORAL TABLET,DISINTEGRATING 5 MG		3	
MOTOFEN ORAL TABLET 1-0.025 MG		2	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		2	QL (30 per 30 days)
NUTRESTORE ORAL POWDER IN PACKET 5 GRAM		2	

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Drug Name		Drug Tier	Requirements/Limits
OCALIVA ORAL TABLET 10 MG, 5 MG		2	PA; QL (30 per 30 days)
PYLERA ORAL CAPSULE 140-125-125 MG		2	
RAVICTI ORAL LIQUID 1.1 GRAM/ML		2	PA
REGLAN ORAL TABLET 10 MG, 5 MG		3	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML		2	PA; QL (28 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML		2	PA; QL (28 per 28 days)
ROBINUL FORTE ORAL TABLET 2 MG		3	
ROBINUL INJECTION SOLUTION 0.2 MG/ML		3	
ROBINUL ORAL TABLET 1 MG		3	
sodium phenylbutyrate oral powder 0.94 gram/gram	(Buphenyl)	1	
sodium polystyrene (sorb free) oral suspension 15 gram/60 ml	(Sodium Polystyrene Sulfonate)	1	
sodium polystyrene sulfonate rectal enema 30 gram/120 ml	(Sodium Polystyrene Sulfonate)	1	
sps 15 gm/60 ml suspension 15 gram/60 ml	(Sodium Polystyrene Sulfonate)	1	
URSO 250 ORAL TABLET 250 MG		3	
URSO FORTE ORAL TABLET 500 MG		3	
ursodiol oral capsule 300 mg	(Actigall)	1	
ursodiol oral tablet 250 mg, 500 mg	(Urso)	1	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM		2	QL (30 per 30 days)
VIBERZI ORAL TABLET 100 MG, 75 MG		2	PA; QL (60 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
Laxatives			
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM		3	
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	(Golytely)	1	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	(Golytely)	1	
gavilyte-h and bisacodyl oral kit 5-210 mg-gram	(Peg-Prep)	1	
gavilyte-n oral recon soln 420 gram	(Nulytely with Flavor Packs)	1	
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM		2	
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM		3	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM		2	
NULYTELY WITH FLAVOR PACKS ORAL RECON SOLN 420 GRAM		3	
OSMOPREP ORAL TABLET 1.5 GRAM		2	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram, 240-22.72-6.72 -5.84 gram	(Golytely)	1	
peg-electrolyte soln oral recon soln 420 gram	(Nulytely with Flavor Packs)	1	
PEG-PREP ORAL KIT 5-210 MG-GRAM		3	
polyethylene glycol 3350 oral powder 17 gram/dose	(Polyethylene Glycol 3350)	1	
polyethylene glycol 3350 oral powder in packet 17 gram	(Polyethylene Glycol 3350)	1	
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM		2	

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Drug Name		Drug Tier	Requirements/Limits
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM		2	
trilyte with flavor packets oral recon soln 420 gram	(Nulytely with Flavor Packs)	1	
Phosphate Binders			
AURYXIA ORAL TABLET 210 MG IRON		2	
calcium acetate oral capsule 667 mg	(Phoslo)	1	
calcium acetate oral tablet 667 mg	(Calcium Acetate)	1	
eliphos oral tablet 667 mg	(Calcium Acetate)	1	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG		2	
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG		2	
magnebind 400 oral tablet 400-200-1 mg	(Calcium Carbonate/Mag Carb/Fa)	1	
PHOSLO ORAL CAPSULE 667 MG		3	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML		2	
RENAGEL ORAL TABLET 400 MG, 800 MG		2	
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM		2	
RENVELA ORAL TABLET 800 MG		2	
VELPHORO ORAL TABLET,CHEWABLE 500 MG		2	
Genitourinary Agents			
Antispasmodics, Urinary			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	(Urecholine)	1	
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	(Enablex)	1	

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Drug Name		Drug Tier	Requirements/Limits
DETROL LA ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG, 4 MG		3	ST
DETROL ORAL TABLET 1 MG, 2 MG		3	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG		3	
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 7.5 MG		3	ST
flavoxate oral tablet 100 mg	(Flavoxate HCl)	1	
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 28 MG/0.92 GRAM (3 %)		2	ST
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)		2	ST; QL (30 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG		2	ST
oxybutynin chloride oral syrup 5 mg/5 ml	(Oxybutynin Chloride)	1	
oxybutynin chloride oral tablet 5 mg	(Oxybutynin Chloride)	1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	(Ditropan XL)	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR		2	ST; QL (8 per 28 days)
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	(Detrol LA)	1	
tolterodine oral tablet 1 mg, 2 mg	(Detrol)	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG		2	ST
trospium oral capsule,extended release 24hr 60 mg	(Trospium Chloride)	1	
trospium oral tablet 20 mg	(Trospium Chloride)	1	

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Drug Name		Drug Tier	Requirements/Limits
URECHOLINE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG		3	
VESICARE ORAL TABLET 10 MG, 5 MG		2	ST
Genitourinary Agents, Miscellaneous			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	1	
AVODART ORAL CAPSULE 0.5 MG		3	
dutasteride oral capsule 0.5 mg	(Avodart)	1	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	(Jalyn)	1	QL (30 per 30 days)
finasteride oral tablet 5 mg	(Proscar)	1	
FLOMAX ORAL CAPSULE,EXTENDED RELEASE 24HR 0.4 MG		3	
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG		3	QL (30 per 30 days)
PROSCAR ORAL TABLET 5 MG		3	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG		2	
tamsulosin oral capsule,extended release 24hr 0.4 mg	(Flomax)	1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	(Terazosin HCl)	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG		3	
Heavy Metal Antagonists			
Heavy Metal Antagonists			
BAL IN OIL INTRAMUSCULAR SOLUTION 100 MG/ML		2	
CHEMET ORAL CAPSULE 100 MG		2	
CUPRIMINE ORAL CAPSULE 250 MG		2	

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Drug Name	Drug Tier	Requirements/Limits
deferoxamine injection recon soln 2 gram, 500 mg (Desferal)	1	PA BvD
DEPEN TITRATABS ORAL TABLET 250 MG	2	
DESFERAL INJECTION RECON SOLN 2 GRAM, 500 MG	3	PA BvD
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	2	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	2	
FERRIPROX ORAL TABLET 500 MG	2	PA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	2	PA
SYPRINE ORAL CAPSULE 250 MG	2	
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
ANADROL-50 ORAL TABLET 50 MG	2	
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	2	PA; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ ACTUATION (1 %)	3	PA; QL (300 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	2	PA; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM)	3	PA; QL (300 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	2	PA; QL (150 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
ANDROID ORAL CAPSULE 10 MG		3	
androxy oral tablet 10 mg	(Fluoxymesterone)	1	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)		2	
AXIRON TRANSDERMAL SOLUTION IN METERED PUMP W/APP 30 MG/ACTUATION (1.5 ML)		2	PA; QL (180 per 28 days)
danazol oral capsule 100 mg, 200 mg, 50 mg	(Danazol)	1	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML		3	
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM /ACTUATION		3	PA; QL (120 per 30 days)
METHITEST ORAL TABLET 10 MG		2	
methyltestosterone oral capsule 10 mg	(Testred)	1	
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION		2	
OXANDRIN ORAL TABLET 10 MG, 2.5 MG		3	PA
oxandrolone oral tablet 10 mg, 2.5 mg	(Oxandrin)	1	PA
STRIANT BUCCAL MUCOADHESIVE SYSTEM ER 12 HR 30 MG		2	PA; QL (60 per 30 days)
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)		3	PA; QL (300 per 30 days)
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	1	
testosterone enanthate intramuscular oil 200 mg/ml	(Testosterone Enanthate)	1	QL (5 per 28 days)
testosterone transdermal gel 50 mg/5 gram (1 %)	(Testim)	1	PA; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
testosterone transdermal gel in metered-dose pump 1.25 gram/ actuation (1 %) (Fortesta)	1	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation (Fortesta)	1	PA; QL (120 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram) (Androgel)	1	PA; QL (300 per 30 days)
TESTRED ORAL CAPSULE 10 MG	3	
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	3	PA; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ ACTUATION (1 %)	3	PA; QL (300 per 30 days)
Estrogens And Antiestrogens		
ACTIVELLA ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	3	PA; AGE (Max 64 Years)
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	2	PA; QL (8 per 28 days); AGE (Max 64 Years)
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	2	PA; AGE (Max 64 Years)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	2	PA; QL (4 per 28 days); AGE (Max 64 Years)
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	PA; QL (4 per 28 days); AGE (Max 64 Years)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	PA; QL (8 per 28 days); AGE (Max 64 Years)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	2	

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Drug Name	Drug Tier	Requirements/Limits
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	2	
DIVIGEL 1 MG GEL PACKET OUTER 1 MG (0.1 %)	2	PA; QL (30 per 30 days); AGE (Max 64 Years)
DIVIGEL TRANSDERMAL GEL IN PACKET 0.5 MG (0.1 %)	2	PA; QL (30 per 30 days); AGE (Max 64 Years)
DUAVEE ORAL TABLET 0.45-20 MG	2	PA; AGE (Max 64 Years)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	2	PA; AGE (Max 64 Years)
ENJUVIA ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	PA; AGE (Max 64 Years)
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	PA; AGE (Max 64 Years)
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	2	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg (Estrace)	1	PA; AGE (Max 64 Years)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Vivelle-Dot)	1	PA; QL (8 per 28 days); AGE (Max 64 Years)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Climara)	1	PA; QL (4 per 28 days); AGE (Max 64 Years)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml (Delestrogen)	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg (Activella)	1	PA; AGE (Max 64 Years)
ESTRING VAGINAL RING 2 MG	2	QL (1 per 84 days)

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Drug Name	Drug Tier	Requirements/Limits
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	2	PA; QL (50 per 30 days); AGE (Max 64 Years)
estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg (Estropipate)	1	PA; AGE (Max 64 Years)
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%)	2	PA; AGE (Max 64 Years)
EVISTA ORAL TABLET 60 MG	3	
FEMHRT LOW DOSE ORAL TABLET 0.5-2.5 MG-MCG	3	PA; AGE (Max 64 Years)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	2	QL (1 per 84 days)
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg (Femhrt)	1	PA; AGE (Max 64 Years)
JEVANTIQUE LO ORAL TABLET 0.5-2.5 MG-MCG	3	
jinteli oral tablet 1-5 mg-mcg (Femhrt)	1	PA; AGE (Max 64 Years)
lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg (Activella)	1	PA; AGE (Max 64 Years)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	2	PA NSO; AGE (Max 64 Years)
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	2	PA; QL (4 per 28 days); AGE (Max 64 Years)
mimvey lo oral tablet 0.5-0.1 mg (Activella)	1	PA; AGE (Max 64 Years)
mimvey oral tablet 1-0.5 mg (Activella)	1	PA; AGE (Max 64 Years)
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	2	PA; QL (8 per 28 days); AGE (Max 64 Years)
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg (Femhrt)	1	PA; AGE (Max 64 Years)
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15)	2	PA; AGE (Max 64 Years)

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Drug Name		Drug Tier	Requirements/Limits
PREMARIN INJECTION RECON SOLN 25 MG		2	PA BvD
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG		2	PA; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		2	PA; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		2	PA; AGE (Max 64 Years)
raloxifene oral tablet 60 mg	(Evista)	1	
VAGIFEM VAGINAL TABLET 10 MCG		2	QL (18 per 28 days)
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR		3	PA; QL (8 per 28 days); AGE (Max 64 Years)
Glucocorticoids/Mineralocorticoids			
a-hydrocort injection recon soln 100 mg	(Hydrocortisone Sod Succinate)	1	
ARISTOSPAN INTRA-ARTICULAR INJECTION SUSPENSION 20 MG/ML		2	
ARISTOSPAN INTRALESIONAL INJECTION SUSPENSION 5 MG/ML		2	
betamethasone acet,sod phos injection suspension 6 mg/ml	(Celestone)	1	
CELESTONE SOLUSPAN INJECTION SUSPENSION 6 MG/ML		3	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG		3	PA BvD
cortisone oral tablet 25 mg	(Cortisone Acetate)	1	PA BvD
deltasone oral tablet 20 mg	(Prednisone)	1	

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Drug Name		Drug Tier	Requirements/Limits
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML		2	
DEPO-MEDROL INJECTION SUSPENSION 40 MG/ML, 80 MG/ML		3	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML		2	
dexamethasone oral elixir 0.5 mg/5 ml	(Dexamethasone)	1	PA BvD
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	(Dexamethasone)	1	PA BvD
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	(Dexamethasone Sod Phosphate)	1	
DEXPAK 10 DAY ORAL TABLETS,DOSE PACK 1.5 MG (35 TABS)		2	
DEXPAK 13 DAY ORAL TABLETS,DOSE PACK 1.5 MG (51 TABS)		2	
DEXPAK 6 DAY ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS)		2	
FLO-PRED ORAL SUSPENSION 15 MG/5 ML		2	PA BvD
fludrocortisone oral tablet 0.1 mg	(Fludrocortisone Acetate)	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	1	PA BvD
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML		3	
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG		3	PA BvD
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG		3	PA BvD
MEDROL ORAL TABLET 2 MG		2	PA BvD
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	(Depo-Medrol)	1	

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Drug Name		Drug Tier	Requirements/Limits
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Medrol)	1	PA BvD
methylprednisolone oral tablets,dose pack 4 mg	(Medrol)	1	PA BvD
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	(Solu-Medrol)	1	
methylprednisolone ss 1 gm vl mdv,latex-free 1,000 mg	(Solu-Medrol)	1	
MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS), 5 MG (48 TABS)		2	
MILLIPRED ORAL SOLUTION 10 MG/5 ML		2	PA BvD
MILLIPRED ORAL TABLET 5 MG		2	PA BvD
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG		3	PA BvD
PEDIAPRED ORAL SOLUTION 5 MG BASE/5 ML (6.7 MG/5 ML)		3	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	(Pediapred)	1	PA BvD
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	(Orapred Odt)	1	PA BvD
prednisone 10 mg tablet u-d,10x10,blister 10 mg	(Prednisone)	1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		2	PA BvD
prednisone oral solution 5 mg/5 ml	(Prednisone)	1	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	(Prednisone)	1	PA BvD
prednisone oral tablets,dose pack 10 mg, 5 mg	(Prednisone)	1	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG		2	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
SOLU-CORTEF (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML		2	
SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML		2	
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 500 MG/4 ML		2	
SOLU-MEDROL 1 GM VIAL 1,000 MG		2	
SOLU-MEDROL 1,000 MG VIAL 1,000 MG/8 ML		2	
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM		2	
triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml	(Triamcinolone Acetonide)	1	
VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML)		2	PA BvD
Pituitary			
DDAVP INJECTION SOLUTION 4 MCG/ML		3	
DDAVP NASAL AEROSOL,SPRAY 10 MCG/SPRAY (0.1 ML)		3	
DDAVP NASAL SOLUTION 0.1 MG/ML (REFRIGERATE)		3	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG		3	
desmopressin injection solution 4 mcg/ml	(DDAVP)	1	
desmopressin nasal solution 0.1 mg/ml (refrigerate)	(Desmopressin Acetate)	1	QL (15 per 30 days)
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	(Desmopressin Acetate)	1	QL (15 per 30 days)
desmopressin oral tablet 0.1 mg, 0.2 mg	(DDAVP)	1	
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG, 2 MG		2	PA

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Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	2	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	2	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	2	PA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	2	PA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	2	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	2	PA NSO; QL (1 per 84 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	2	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	2	PA NSO
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	2	PA

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Drug Name	Drug Tier	Requirements/Limits
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML)	2	PA
octreotide acet 50 mcg/ml syr outer,single-dose,10 50 mcg/ml (1 ml) (Octreotide Acetate)	1	PA
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml (Sandostatin)	1	PA
octreotide acetate injection solution 50 mcg/ml (Octreotide Acetate)	1	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	2	PA
SAIZEN CLICK.EASY SUBCUTANEOUS CARTRIDGE 8.8 MG/1.5 ML (FNL)	2	PA
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	2	PA
SANDOSTATIN INJECTION SOLUTION 1,000 MCG/ML, 100 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	2	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	2	QL (1 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA

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Drug Name	Drug Tier	Requirements/Limits
STIMATE NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	2	QL (1 per 360 days)
VANTAS IMPLANT KIT 50 MG (50 MCG/DAY)	2	QL (1 per 360 days)
vasopressin injection solution 20 unit/ml (Pitressin)	1	
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML	2	
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	2	PA
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	2	PA
Progestins		
AYGESTIN ORAL TABLET 5 MG	3	
CRINONE VAGINAL GEL 4 %	2	PA
DEPO-PROVERA 150 MG/ML SYRINGE TERUMO SURGUARD NDL 150 MG/ML	3	QL (1 per 84 days)
DEPO-PROVERA INTRAMUSCULAR SOLUTION 400 MG/ML	2	QL (10 per 28 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	QL (1 per 84 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	2	QL (1 per 84 days)
hydroxyprogesterone caproate intramuscular oil 250 mg/ml (Hydroxyprogesterone Caproate)	1	
MAKENA 1,250 MG/5 ML VIAL 250 MG/ML	2	QL (25 per 140 days)
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	2	QL (25 per 140 days)
medroxyprogesterone intramuscular suspension 150 mg/ml (Medroxyprogesterone Acetate)	1	QL (1 per 84 days)

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Drug Name		Drug Tier	Requirements/Limits
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	1	QL (1 per 84 days)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	
MEGACE ES ORAL SUSPENSION 625 MG/5 ML		3	PA NSO
MEGACE ORAL SUSPENSION 400 MG/10 ML (40 MG/ML)		3	PA NSO
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml	(Megace Es)	1	PA NSO
norethindrone acetate oral tablet 5 mg	(Aygestin)	1	
progesterone in oil intramuscular oil 50 mg/ml	(Progesterone)	1	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG		3	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG		3	
Thyroid And Antithyroid Agents			
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG		3	
levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg	(Levothyroxine Sodium)	1	
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	(Synthroid)	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		3	
liothyronine intravenous solution 10 mcg/ml	(Triostat)	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg (Cytomel)	1	
methimazole oral tablet 10 mg, 5 mg (Tapazole)	1	
propylthiouracil oral tablet 50 mg (Propylthiouracil)	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
TAPAZOLE ORAL TABLET 10 MG, 5 MG	3	
THYROLAR-1 ORAL TABLET 12.5-50 MCG	2	
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG	2	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG	2	
THYROLAR-2 ORAL TABLET 25-100 MCG	2	
THYROLAR-3 ORAL TABLET 37.5-150 MCG	2	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
TRIOSTAT INTRAVENOUS SOLUTION 10 MCG/ML	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
Immunological Agents		
Immunological Agents		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	2	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	2	PA
ANASCORP INTRAVENOUS RECON SOLN 120 MG	2	
ANTIVENIN LATRODECTUS MACTANS INJECTION RECON SOLN 6,000 UNIT	2	
ANTIVENIN MICRURUS FULVIUS INJECTION COMBO PACK	2	
ARAVA ORAL TABLET 10 MG, 20 MG	3	
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	2	PA
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	2	PA BvD
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	2	PA BvD
AZASAN ORAL TABLET 100 MG, 75 MG	2	PA BvD
azathioprine oral tablet 50 mg (Imuran)	1	PA BvD
azathioprine sodium injection recon soln 100 mg (Azathioprine Sodium)	1	
BIVIGAM INTRAVENOUS SOLUTION 10 %	2	PA
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM	2	PA
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG	2	PA BvD

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
CELLCEPT ORAL CAPSULE 250 MG	3	PA BvD
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	3	PA BvD
CELLCEPT ORAL TABLET 500 MG	3	PA BvD
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	2	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	2	PA
CROFAB INJECTION RECON SOLN	2	
cyclosporine intravenous solution 250 mg/5 ml (Sandimmune)	1	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg (Neoral)	1	PA BvD
cyclosporine modified oral solution 100 mg/ml (Neoral)	1	PA BvD
cyclosporine oral capsule 100 mg, 25 mg (Sandimmune)	1	PA BvD
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	2	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51), 50 MG/ML (0.98 ML)	2	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	2	PA
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	2	PA BvD
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	2	PA

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Drug Name	Drug Tier	Requirements/Limits
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	2	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	2	PA
GAMMAKED 10 GRAM/100 ML VIAL 10 GRAM/100 ML (10 %)	2	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	2	PA
GAMMAPLEX INTRAVENOUS SOLUTION 5 %	2	PA
GAMUNEX-C 20 GRAM/200 ML VIAL P/F,LTX-FR,SUV,OUTER 20 GRAM/200 ML (10 %)	2	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	2	PA
gengraf oral capsule 100 mg, 25 mg, 50 mg (Neoral)	1	PA BvD
gengraf oral solution 100 mg/ml (Neoral)	1	PA BvD
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML	2	
HIZENTRA SUBCUTANEOUS SOLUTION 4 GRAM/20 ML (20 %)	2	PA
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK)	2	PA
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	2	PA

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Drug Name	Drug Tier	Requirements/Limits
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML	2	
HYPERHEP B S/D INTRAMUSCULAR SYRINGE 220 UNIT/ML	2	
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	2	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML, 150 UNIT/ML (10 ML)	2	
HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG), 250 UNIT (50 MCG)	2	
HYPERTET S/D (PF) INTRAMUSCULAR SYRINGE 250 UNIT	2	
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 2.5 GRAM/25 ML (10 %)	2	PA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	2	PA
ILARIS (PF) SUBCUTANEOUS RECON SOLN 180 MG/1.2 ML (150 MG/ML)	2	PA
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	2	
IMURAN ORAL TABLET 50 MG	3	PA BvD
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	2	PA; QL (18.76 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
leflunomide oral tablet 10 mg, 20 mg (Arava)	1	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 250 UNIT (50 MCG)	2	
mycophenolate mofetil oral capsule 250 mg (Cellcept)	1	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml (Cellcept)	1	PA BvD
mycophenolate mofetil oral tablet 500 mg (Cellcept)	1	PA BvD
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg (Myfortic)	1	PA BvD
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG	3	PA BvD
NABI-HB INTRAMUSCULAR SOLUTION GREATR THAN 312 UNIT/ML	2	
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	PA BvD
NEORAL ORAL SOLUTION 100 MG/ML	3	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	2	PA NSO
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	2	PA BvD
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	2	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	2	PA
OTEZLA ORAL TABLET 30 MG	2	PA; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	2	PA; QL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML, 7.5 MG/0.4 ML	2	ST
PRIVIGEN INTRAVENOUS SOLUTION 10 %	2	PA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	2	PA BvD
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	3	PA BvD
RAPAMUNE ORAL SOLUTION 1 MG/ML	2	PA BvD
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	PA BvD
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 27.5 MG/0.55 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	ST
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG)	2	
RHOPHYLAC INJECTION SYRINGE 1,500 UNIT (300 MCG)/2 ML	2	
RIDAURA ORAL CAPSULE 3 MG	2	
SANDIMMUNE INTRAVENOUS SOLUTION 250 MG/5 ML	3	PA BvD
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	PA BvD
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	2	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	2	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	2	PA
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg (Rapamune)	1	PA BvD
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	PA
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg (Prograf)	1	PA BvD
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	2	PA BvD
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	2	PA; QL (15 per 28 days)
VARIZIG 125 UNIT VIAL SDV, INNER 125 UNIT	2	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	2	
WINRHO SDF INJECTION SOLUTION 1,500 UNIT/1.3 ML, 15,000 UNIT/13 ML, 2,500 UNIT/2.2 ML, 5,000 UNIT/4.4 ML	2	
XELJANZ ORAL TABLET 5 MG	2	PA; QL (60 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	2	PA NSO; QL (120 per 30 days)
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	

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Drug Name	Drug Tier	Requirements/Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	
BEXSERO (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	2	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	2	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE 20-20 MCG/0.5 ML	2	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	PA BvD; QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	PA BvD; QL (4 per 365 days)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.5 ML	2	PA BvD; QL (3 per 365 days)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	PA BvD; QL (3 per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
GARDASIL (PF) INTRAMUSCULAR SUSPENSION 20-40-40-20 MCG/0.5 ML	2	QL (1.5 per 365 days)
GARDASIL (PF) INTRAMUSCULAR SYRINGE 20-40-40-20 MCG/0.5 ML	2	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	2	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	
IPOL INJECTION SYRINGE 40-8-32 UNIT/0.5 ML	2	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	2	

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Drug Name	Drug Tier	Requirements/Limits
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	2	
MENHIBRIX (PF) INTRAMUSCULAR RECON SOLN 5-2.5 MCG/0.5 ML	2	
MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN 50 MCG	2	
MENOMUNE - A/C/Y/W-135 SUBCUTANEOUS RECON SOLN 50 MCG	2	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	
MENVEO MENA COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG /0.5 ML (FINAL)	2	
MENVEO MENCYW-135 COMPNT (PF) INTRAMUSCULAR RECON SOLN 5 MCG X 3/ 0.5 ML (FINAL)	2	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	QL (2 per 365 days)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	2	

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Drug Name	Drug Tier	Requirements/Limits
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	2	QL (2 per 365 days)
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	2	PA BvD; QL (3 per 365 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	PA BvD; QL (3 per 365 days)
RECOMBIVAX HB 5 MCG/0.5 ML VL OUTER, P/F, SDV 5 MCG/0.5 ML	2	PA BvD; QL (3 per 365 days)
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	2	
ROTATEQ VACCINE ORAL SUSPENSION 2 ML	2	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	2	
tetanus-diphtheria toxoids-td intramuscular suspension 2-2 lf unit/0.5 ml (Tetanus, Diphtheria Tox,Adult)	2	
THERACYS INTRAVESICAL SUSPENSION FOR RECONSTITUTION 81 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	2	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT -20 MCG/ML	2	PA BvD
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT -20 MCG/ML	2	PA BvD
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	2	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	2	
VAQTA 25 UNITS/0.5 ML VIAL SDV, OUTER 25 UNIT/0.5 ML	2	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	2	QL (1 per 365 days)

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Drug Name		Drug Tier	Requirements/Limits
Inflammatory Bowel Disease Agents			
Inflammatory Bowel Disease Agents			
alosetron oral tablet 0.5 mg, 1 mg	(Lotronex)	1	
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM		2	
ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG		2	
balsalazide oral capsule 750 mg	(Colazal)	1	
budesonide oral capsule,delayed,extend.release 3 mg	(Entocort EC)	1	
CANASA RECTAL SUPPOSITORY 1,000 MG		2	
COLAZAL ORAL CAPSULE 750 MG		3	
colocort rectal enema 100 mg/60 ml	(Cortenema)	1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML		3	
DELZICOL DR 400 MG CAPSULE 400 MG		2	
DELZICOL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 400 MG		2	
DIPENTUM ORAL CAPSULE 250 MG		2	
ENTOCORT EC ORAL CAPSULE,DELAYED,EXTEND.RELEASE 3 MG		3	
GIAZO ORAL TABLET 1.1 GRAM		2	
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	1	
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM		2	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG		3	

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Drug Name		Drug Tier	Requirements/Limits
mesalamine 4 gm/60 ml enema u-d,7x60ml, outer 4 gram/60 ml	(Sfrowasa)	1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	(Sfrowasa)	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG		2	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML		3	
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG		2	
UCERIS RECTAL FOAM 2 MG/ACTUATION		2	
Irrigating Solutions			
Irrigating Solutions			
acetic acid irrigation solution 0.25 %	(Acetic Acid)	1	
glycine irrigation solution 1.5 %	(Glycine Urologic Solution)	3	
LACTATED RINGERS IRRIGATION SOLUTION		2	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L		3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L		3	
RENACIDIN IRRIGATION SOLUTION 6.602-3.268 GRAM/100 ML		2	
RESECTISOL URETHRAL SOLUTION 5 %		2	
ringers irrigation solution	(Ringers Solution)	1	
sodium chloride irrigation solution 0.9 %	(Sodium Chloride Irrig Solution)	1	
sorbitol irrigation solution 3 %, 3.3 %	(Sorbitol Solution)	1	
sorbitol-mannitol urethral solution 2.7-0.54 gl/100 ml	(Mannitol/Sorbitol Solution)	1	

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Drug Name		Drug Tier	Requirements/Limits
water for irrigation, sterile irrigation solution	(Water For Irrigation,Sterile)	1	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
ACTONEL 35 MG TABLET F/C,DOSEPACK 35 MG		3	QL (4 per 28 days)
ACTONEL ORAL TABLET 150 MG		3	QL (1 per 28 days)
ACTONEL ORAL TABLET 30 MG, 5 MG		3	QL (30 per 30 days)
ACTONEL ORAL TABLET 35 MG		3	QL (4 per 28 days)
alendronate oral solution 70 mg/75 ml	(Alendronate Sodium)	1	QL (300 per 28 days)
alendronate oral tablet 10 mg, 40 mg, 5 mg	(Fosamax)	1	
alendronate oral tablet 35 mg, 70 mg	(Fosamax)	1	QL (4 per 28 days)
ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC) 35 MG		3	QL (4 per 28 days)
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG		2	QL (4 per 28 days)
BONIVA INTRAVENOUS SYRINGE 3 MG/3 ML		3	PA; QL (3 per 84 days)
BONIVA ORAL TABLET 150 MG		3	QL (1 per 28 days)
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	(Miacalcin)	1	QL (3.7 per 28 days)
calcitriol intravenous solution 1 mcg/ml	(Calcitriol)	1	PA BvD
calcitriol oral capsule 0.25 mcg, 0.5 mcg	(Rocaltrol)	1	PA BvD
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	1	PA BvD
doxercalciferol intravenous solution 4 mcg/2 ml	(Doxercalciferol)	1	PA BvD
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	(Hectorol)	1	PA BvD
etidronate disodium oral tablet 200 mg, 400 mg	(Etidronate Disodium)	1	

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Drug Name		Drug Tier	Requirements/Limits
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML		2	PA; QL (2.4 per 28 days)
FORTICAL NASAL SPRAY,NON-AEROSOL 200 UNIT/ACTUATION		3	QL (3.7 per 28 days)
FOSAMAX ORAL TABLET 70 MG		3	
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT		2	QL (4 per 28 days)
HECTOROL INTRAVENOUS SOLUTION 2 MCG/ML (1 ML), 4 MCG/2 ML		3	PA BvD
HECTOROL ORAL CAPSULE 0.5 MCG, 1 MCG, 2.5 MCG		3	PA BvD
ibandronate intravenous solution 3 mg/3 ml	(Boniva)	1	PA; QL (3 per 84 days)
ibandronate intravenous syringe 3 mg/3 ml	(Boniva)	1	PA; QL (3 per 84 days)
ibandronate oral tablet 150 mg	(Boniva)	1	QL (1 per 28 days)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML		2	PA BvD
MIACALCIN NASAL SPRAY,NON-AEROSOL 200 UNIT/ACTUATION		3	QL (3.7 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE		2	PA; QL (2 per 28 days)
pamidronate intravenous recon soln 30 mg, 90 mg	(Pamidronate Disodium)	1	PA BvD
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	(Pamidronate Disodium)	1	PA BvD
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 2 MCG/ML, 5 MCG/ML		2	PA BvD

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	(Zemplar)	1	PA BvD
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML		2	PA; QL (1 per 180 days)
RECLAST INTRAVENOUS SOLUTION 5 MG/100 ML		3	PA
risedronate oral tablet 150 mg	(Actonel)	1	QL (1 per 28 days)
risedronate oral tablet 30 mg, 5 mg	(Actonel)	1	QL (30 per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	(Actonel)	1	QL (4 per 28 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	(Atelvia)	1	QL (4 per 28 days)
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG		3	PA BvD
ROCALTROL ORAL SOLUTION 1 MCG/ML		3	PA BvD
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		2	PA
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML		2	PA BvD
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG		3	PA BvD
zoledronic acid intravenous solution 4 mg/5 ml	(Zometa)	1	PA
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	(Zoledronic Acid/Mannitol and Water)	1	PA
zoledronic acid-mannitol-water intravenous solution 5 mg/100 ml	(Reclast)	1	PA; QL (100 per 300 days)
ZOMETA INTRAVENOUS SOLUTION 4 MG/100 ML		2	PA
ZOMETA INTRAVENOUS SOLUTION 4 MG/5 ML		3	PA

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Drug Name		Drug Tier	Requirements/Limits
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
ACD SOLUTION 2.45-2.2 GRAM-730 MG/100 ML		2	PA BvD
ACD-A SOLUTION		3	
ACTHAR H.P. INJECTION GEL 80 UNIT/ML		2	PA BvD; QL (35 per 28 days)
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		2	
amifostine crystalline intravenous recon soln 500 mg	(Amifostine Crystalline)	1	PA BvD
ammonium chloride intravenous solution 5 meq/ml	(Ammonium Chloride)	1	PA BvD
amytal injection recon soln 500 mg	(Amobarbital Sodium)	2	
anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml	(Citrate Phosphate Dextros Soln)	1	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG		2	PA
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	(Buspirone HCl)	1	
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML		3	PA BvD
CARNITOR ORAL SOLUTION 100 MG/ML		2	PA BvD
CARNITOR ORAL TABLET 330 MG		3	PA BvD
CARNITOR SF 100 MG/ML ORAL SOL 100 MG/ML		2	PA BvD
CERDELGA ORAL CAPSULE 84 MG		2	PA
CETYLEV ORAL TABLET, EFFERVESCENT 2.5 GRAM, 500 MG		2	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML		2	

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Drug Name		Drug Tier	Requirements/Limits
dexrazoxane hcl intravenous recon soln 250 mg, 500 mg	(Zinecard)	1	PA BvD
droperidol injection solution 2.5 mg/ml	(Droperidol)	1	
ELMIRON ORAL CAPSULE 100 MG		2	
ENTYVIO INTRAVENOUS RECON SOLN 300 MG		2	PA
ergoloid oral tablet 1 mg	(Ergoloid Mesylates)	1	PA; AGE (Max 64 Years)
fomepizole intravenous solution 1 gram/ml	(Fomepizole)	1	PA BvD
FUSILEV INTRAVENOUS RECON SOLN 50 MG		2	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG		2	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT 1 MG		2	
GRASTEK SUBLINGUAL TABLET 2,800 BAU		2	QL (30 per 30 days)
guanidine oral tablet 125 mg	(Guanidine HCl)	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	(Vistaril)	1	PA; AGE (Max 64 Years)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)		2	
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG		2	PA BvD
KEVEYIS ORAL TABLET 50 MG		2	PA; QL (120 per 30 days)
leucovorin calcium 200 mg vial sdv, p/f, latex-free 200 mg	(Leucovorin Calcium)	1	
leucovorin calcium injection recon soln 100 mg, 350 mg	(Leucovorin Calcium)	1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	(Leucovorin Calcium)	1	
levocarnitine (with sugar) oral solution 100 mg/ml	(Levocarnitine (With Sugar))	1	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
levocarnitine intravenous solution 200 mg/ml	(Carnitor)	1	PA BvD
levocarnitine oral tablet 330 mg	(Carnitor)	1	PA BvD
levoleucovorin calcium intravenous solution 10 mg/ml	(Levoleucovorin Calcium)	1	
LITHOSTAT ORAL TABLET 250 MG		2	
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG -5 MG (30)		2	PA
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90)		2	PA; QL (1 per 84 days)
meprobamate oral tablet 200 mg, 400 mg	(Meprobamate)	1	PA NSO
mesna intravenous solution 100 mg/ml	(Mesnex)	1	PA BvD
MESNEX INTRAVENOUS SOLUTION 100 MG/ML		3	PA BvD
MESNEX ORAL TABLET 400 MG		2	
MESTINON ORAL SYRUP 60 MG/5 ML		2	
MESTINON ORAL TABLET 60 MG		3	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG		3	
METHERGINE ORAL TABLET 0.2 MG		3	
methylergonovine injection solution 0.2 mg/ml (1 ml)	(Methylergonovine Maleate)	1	
methylergonovine oral tablet 0.2 mg	(Methergine)	1	
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)		2	PA
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG		2	QL (8 per 28 days)
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY		2	

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Drug Name		Drug Tier	Requirements/Limits
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML		2	PA
physostigmine salicylate injection solution 1 mg/ml	(Physostigmine Salicylate)	1	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG		2	
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG		2	
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	1	
pyridostigmine bromide oral tablet extended release 180 mg	(Mestinon)	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)		2	QL (30 per 30 days)
REGONOL INJECTION SOLUTION 5 MG/ML		2	
REMICADE INTRAVENOUS RECON SOLN 100 MG		2	PA
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG		2	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 20 MG, 40 MG, 60 MG		2	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)		2	PA; QL (60 per 30 days)
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG		2	PA BvD
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML		2	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		2	PA NSO; QL (60 per 30 days)
THIOLA ORAL TABLET 100 MG		2	
TYBOST ORAL TABLET 150 MG		2	QL (30 per 30 days)
ULESFIA TOPICAL LOTION 5 %		2	

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Drug Name		Drug Tier	Requirements/Limits
VISTARIL ORAL CAPSULE 25 MG, 50 MG		3	PA; AGE (Max 64 Years)
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT		2	PA; QL (2 per 90 days)
XEOMIN INTRAMUSCULAR RECON SOLN 50 UNIT		2	PA
ZINECARD (AS HCL) INTRAVENOUS RECON SOLN 250 MG, 500 MG		3	PA BvD
Ophthalmic Agents			
Antiglaucoma Agents			
acetazolamide oral capsule, extended release 500 mg	(Diamox Sequels)	1	
acetazolamide oral tablet 125 mg, 250 mg	(Acetazolamide)	1	
acetazolamide sodium injection recon soln 500 mg	(Acetazolamide Sodium)	1	
ALPHAGAN P OPHTHALMIC DROPS 0.1 %		2	
ALPHAGAN P OPHTHALMIC DROPS 0.15 %		3	
AZOPT OPHTHALMIC DROPS,SUSPENSION 1 %		2	
BETAGAN OPHTHALMIC DROPS 0.5 %		3	
betaxolol ophthalmic drops 0.5 %	(Betaxolol HCl)	1	
BETIMOL OPHTHALMIC DROPS 0.25 %, 0.5 %		2	
BETOPTIC S OPHTHALMIC DROPS,SUSPENSION 0.25 %		2	
bimatoprost ophthalmic drops 0.03 %	(Bimatoprost)	1	
brimonidine ophthalmic drops 0.15 %, 0.2 %	(Alphagan P)	1	
COMBIGAN OPHTHALMIC DROPS 0.2-0.5 %		2	
COSOPT (PF) OPHTHALMIC DROPPERETTE 2-0.5 %		2	

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Drug Name		Drug Tier	Requirements/Limits
COSOPT OPHTHALMIC DROPS 22.3-6.8 MG/ML		3	
DIAMOX SEQUELS ORAL CAPSULE, EXTENDED RELEASE 500 MG		3	
dorzolamide ophthalmic drops 2 %	(Trusopt)	1	
dorzolamide-timolol ophthalmic drops 22.3-6.8 mg/ml	(Cosopt)	1	
ISOPTO CARPINE OPHTHALMIC DROPS 1 %, 2 %, 4 %		3	
ISTALOL OPHTHALMIC DROPS, ONCE DAILY 0.5 %		2	
latanoprost ophthalmic drops 0.005 %	(Xalatan)	1	
levobunolol ophthalmic drops 0.5 %	(Betagan)	1	
LUMIGAN OPHTHALMIC DROPS 0.01 %		2	ST; QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg	(Neptazane)	1	
metipranolol ophthalmic drops 0.3 %	(Metipranolol)	1	
NEPTAZANE ORAL TABLET 25 MG, 50 MG		3	
PHOSPHOLINE IODIDE OPHTHALMIC DROPS 0.125 %		2	
pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %	(Isopto Carpine)	1	
RESCULA OPHTHALMIC DROPS 0.15 %		2	ST; QL (10 per 28 days)
SIMBRINZA OPHTHALMIC DROPS,SUSPENSION 1-0.2 %		2	
timolol maleate ophthalmic drops 0.25 %, 0.5 %	(Timolol Maleate)	1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	(Timoptic-Xe)	1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC DROPPERETTE 0.25 %		2	

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Drug Name		Drug Tier	Requirements/Limits
TIMOPTIC OCUDOSE (PF) OPHTHALMIC DROPPERETTE 0.5 %		3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %		3	
TRAVATAN Z OPHTHALMIC DROPS 0.004 %		2	ST; QL (2.5 per 25 days)
travoprost (benzalkonium) ophthalmic drops 0.004 %	(Travoprost (Benzalkonium))	1	QL (2.5 per 25 days)
TRUSOPT OPHTHALMIC DROPS 2 %		3	
XALATAN OPHTHALMIC DROPS 0.005 %		3	QL (2.5 per 25 days)
ZIOPTAN (PF) OPHTHALMIC DROPPERETTE 0.0015 %		2	ST; QL (30 per 30 days)
Replacement Preparations			
Replacement Preparations			
d10 %-0.45 % sodium chloride intravenous parenteral solution	(Dextrose 10 % and 0.45 % NaCl)	1	PA BvD
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	(Dextrose 2.5 % and 0.45 % NaCl)	1	PA BvD
d5 % and 0.9 % sodium chloride intravenous parenteral solution	(Dextrose 5 % and 0.9 % NaCl)	1	PA BvD
d5 %-0.45 % sodium chloride intravenous parenteral solution	(Dextrose 5 %-0.45 % NaCl)	1	PA BvD
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	(Dextrose 10 % and 0.2 % NaCl)	1	PA BvD
dextrose 5 %-lactated ringers intravenous parenteral solution	(Dextrose 5%-Lactated Ringers)	1	PA BvD
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	(Dextrose 5 %-0.2 % NaCl)	1	PA BvD
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	(Dextrose 5 % and 0.3 % NaCl)	1	PA BvD
dextrose with sodium chloride intravenous parenteral solution 5-0.2 %	(Dextrose 5 %-0.2 % NaCl)	1	PA BvD
effer-k oral tablet, effervescent 25 meq	(Klor-Con-Ef)	1	

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Drug Name		Drug Tier	Requirements/Limits
electrolyte-48 in d5w intravenous parenteral solution	(Electrolyte-48 Solution/D5W)	1	PA BvD
HYPERLYTE CR INTRAVENOUS SOLUTION 25-20-5-5-30-30 MEQ/20 ML		2	PA BvD
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %		2	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %		2	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %		2	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION		2	PA BvD
k-effervescent oral tablet, effervescent 25 meq	(Klor-Con-Ef)	1	
klor-con 10 oral tablet extended release 10 meq	(Potassium Chloride)	3	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ		3	
klor-con m10 tablet 10 meq	(Potassium Chloride)	3	
klor-con m15 oral tablet,er particles/crystals 15 meq	(Potassium Chloride)	1	
klor-con m20 oral tablet,er particles/crystals 20 meq	(Potassium Chloride)	1	
KLOR-CON ORAL PACKET 20 MEQ		3	
klor-con sprinkle oral capsule, extended release 10 meq, 8 meq	(Potassium Chloride)	1	
KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ		3	
K-PHOS NO 2 ORAL TABLET 305-700 MG		2	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG		2	

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Drug Name	Drug Tier	Requirements/Limits
K-PHOS-NEUTRAL ORAL TABLET 250 MG	3	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ, 8 MEQ	3	
LACTATED RINGERS INTRAVENOUS PARENTERAL SOLUTION	3	PA BvD
magnesium chloride injection solution 200 mg/ml (20 %) (Magnesium Chloride)	1	
magnesium sulfate injection solution 4 meq/ml (50 %) (Magnesium Sulfate)	1	
magnesium sulfate injection syringe 4 meq/ml (Magnesium Sulfate)	1	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	2	PA BvD
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	PA BvD
NORMOSOL-R IV SOLUTION 12'S,LATEX-FREE	2	PA BvD
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	PA BvD
NUTRILYTE INTRAVENOUS SOLUTION 25-40.6-5 MEQ/20 ML	2	PA BvD
ORACIT ORAL SOLUTION 490-640 MG/5 ML	2	
phospha 250 neutral oral tablet 250 mg (K-Phos Neutral)	1	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	2	PA BvD
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	PA BvD
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
potassium acetate intravenous solution 2 meq/ml	(Potassium Acetate)	1	
potassium bicarb and chloride oral tablet, effervescent 25 meq	(Pot Chloride/Pot Bicarb/Cit Ac)	1	
potassium bicarb-citric acid oral tablet, effervescent 25 meq	(Klor-Con-Ef)	1	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	(Potassium Chloride/D5-0.45nacl)	1	PA BvD
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	(Potassium Chloride In 0.9%NaCl)	1	PA BvD
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	(Potassium Chloride In D5w)	1	PA BvD
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	(Potassium Chloride In Lr-D5)	1	PA BvD
potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 30 meq/100 ml, 40 meq/100 ml	(Potassium Chloride)	1	PA BvD
potassium chloride intravenous solution 2 meq/ml	(Potassium Chloride)	1	PA BvD
potassium chloride oral capsule, extended release 10 meq, 8 meq	(Potassium Chloride)	1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	(Potassium Chloride)	1	
potassium chloride oral packet 20 meq	(Klor-Con)	1	
potassium chloride oral tablet extended release 8 meq	(K-Tab ER)	1	
potassium chloride oral tablet,er particles/crystals 10 meq	(K-Tab ER)	1	
potassium chloride oral tablet,er particles/crystals 20 meq	(Potassium Chloride)	1	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	(Potassium Chloride-0.45% NaCl)	1	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	(Potassium Chloride/D5-0.2%NaCl)	1	PA BvD
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	(Potassium Chloride/D5-0.3%NaCl)	1	PA BvD
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	(Potassium Chloride/D5-0.9%NaCl)	1	PA BvD
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	(Urocit-K)	1	
potassium cl 10 meq/50 ml sol 10 meq/50 ml	(Potassium Chloride)	1	PA BvD
potassium cl 20 meq/50 ml sol 20 meq/50 ml	(Potassium Chloride)	1	PA BvD
potassium cl er 10 meq tablet f/c 10 meq	(K-Tab ER)	1	
ringers intravenous parenteral solution	(Ringers Solution)	1	PA BvD
SHOHL'S MODIFIED ORAL SOLUTION 500-300 MG/5 ML		2	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	(Sodium Chloride 0.45 %)	1	PA BvD
sodium chloride 0.9 % intravenous parenteral solution 0.9 %	(0.9 % Sodium Chloride)	1	PA BvD
sodium chloride 3 % intravenous parenteral solution 3 %	(Sodium Chloride 3 %)	1	PA BvD
sodium chloride 5 % intravenous parenteral solution 5 %	(Sodium Chloride 5 %)	1	PA BvD
sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml	(Sodium Chloride)	1	PA BvD
sodium lactate intravenous solution 5 meq/ml	(Sodium Lactate)	1	PA BvD
TPN ELECTROLYTES II IV SOLN 25'S,20ML/50ML FTV 18-18-5-4.5-35 MEQ/20 ML		2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	2	PA BvD
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
virt-phos 250 neutral oral tablet 250 mg (K-Phos Neutral)	1	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12 per 28 days)
AEROSPAN INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	2	QL (17.8 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL (12.2 per 25 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	2	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	2	QL (13 per 25 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES)	2	QL (1 per 25 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (7 DOSES), 220 MCG (14 DOSES)	2	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (30 DOSES)	2	QL (1 per 7 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (60 DOSES)	2	QL (1 per 14 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	QL (60 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml (Pulmicort)	1	PA BvD
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	2	QL (13 per 28 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	2	QL (12 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	2	QL (24 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	QL (21.2 per 28 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	2	QL (1 per 25 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	3	PA BvD
QVAR INHALATION AEROSOL 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL (17.4 per 25 days)
SYMBICORT 160-4.5 MCG INHALER 60 INHALATIONS 160-4.5 MCG/ACTUATION	2	QL (12 per 25 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	QL (11 per 25 days)
Antileukotrienes		
ACCOLATE ORAL TABLET 10 MG, 20 MG	3	
montelukast oral granules in packet 4 mg (Singulair)	1	
montelukast oral tablet 10 mg (Singulair)	1	
montelukast oral tablet,chewable 4 mg, 5 mg (Singulair)	1	
SINGULAIR ORAL GRANULES IN PACKET 4 MG	3	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
SINGULAIR ORAL TABLET 10 MG		3	
SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG		3	
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	1	
ZYFLO CR ORAL TABLET, ER MULTIPHASE 12 HR 600 MG		2	
ZYFLO ORAL TABLET 600 MG		2	
Bronchodilators			
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml	(Albuterol Sulfate)	1	PA BvD
albuterol sulfate oral syrup 2 mg/5 ml	(Albuterol Sulfate)	1	
albuterol sulfate oral tablet 2 mg, 4 mg	(Albuterol Sulfate)	1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	(Vospire ER)	1	
aminophylline intravenous solution 250 mg/10 ml	(Aminophylline)	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION		2	QL (60 per 30 days)
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG		2	QL (30 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION		2	QL (25.8 per 28 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML		2	PA BvD
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION		2	QL (8 per 30 days)
elixophyllin oral elixir 80 mg/15 ml	(Theophylline Anhydrous)	2	
FORADIL AEROLIZER INHALATION CAPSULE, W/INHALATION DEVICE 12 MCG		2	QL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION		2	QL (30 per 30 days)
ipratropium bromide inhalation solution 0.02 %	(Ipratropium Bromide)	1	PA BvD
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	(Ipratropium/Albuterol Sulfate)	1	PA BvD
ISUPREL INJECTION SOLUTION 0.2 MG/ML		2	
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	(Xopenex)	1	PA BvD
metaproterenol oral syrup 10 mg/5 ml	(Metaproterenol Sulfate)	1	
metaproterenol oral tablet 10 mg, 20 mg	(Metaproterenol Sulfate)	1	
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML		2	PA BvD
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION		2	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION		2	
PROVENTIL HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION		2	QL (13.4 per 25 days)
SEEBRI NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 15.6 MCG		2	QL (60 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE		2	QL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION		2	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG		2	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION		2	QL (4 per 28 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION		2	QL (4 per 28 days)
terbutaline oral tablet 2.5 mg, 5 mg	(Terbutaline Sulfate)	1	
terbutaline subcutaneous solution 1 mg/ml	(Terbutaline Sulfate)	1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG		2	
theochron oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg	(Theophylline Anhydrous)	1	
theophylline er 400 mg tablet 400 mg	(Theophylline Anhydrous)	1	
theophylline er 600 mg tablet 600 mg	(Theophylline Anhydrous)	1	
theophylline oral solution 80 mg/15 ml	(Theophylline Anhydrous)	1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	(Theophylline Anhydrous)	1	
theophylline oral tablet extended release 400 mg, 600 mg	(Theophylline Anhydrous)	1	
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION		2	QL (1 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	2	QL (60 per 30 days)
UTIBRON NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 27.5-15.6 MCG	2	QL (60 per 30 days)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	
VOSPIRE ER ORAL TABLET EXTENDED RELEASE 12 HR 4 MG, 8 MG	3	
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	2	QL (30 per 30 days)
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML	3	PA BvD
Respiratory Tract Agents, Other		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %) (Acetadote)	1	PA BvD
ARALAST NP 1,000 MG VIAL L/F,P/F,PRICE PER MG 1,000 MG	2	PA
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	2	PA
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	2	PA
cromolyn inhalation solution for nebulization 20 mg/2 ml (Cromolyn Sodium)	1	PA BvD
DALIRESP ORAL TABLET 500 MCG	2	PA; QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	2	PA; QL (270 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)		2	PA
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML		2	
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG		2	PA; QL (60 per 30 days)
KALYDECO ORAL TABLET 150 MG		2	PA; QL (60 per 30 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG		2	PA; QL (1 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG		2	PA; QL (60 per 30 days)
ORKAMBI ORAL TABLET 200-125 MG		2	PA; QL (120 per 30 days)
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG		2	PA
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML		2	
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG		2	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG		2	PA
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
AMRIX ORAL CAPSULE,EXTENDED RELEASE 24HR 15 MG, 30 MG		2	PA; AGE (Max 64 Years)
baclofen oral tablet 10 mg, 20 mg	(Baclofen)	1	
carisoprodol oral tablet 250 mg, 350 mg	(Soma)	1	PA; QL (120 per 30 days); AGE (Max 64 Years)
carisoprodol-asa-codeine oral tablet 200-325-16 mg	(Codeine/Carisoprodol /Aspirin)	1	PA; QL (240 per 30 days); AGE (Max 64 Years)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
carisoprodol-aspirin oral tablet 200-325 mg	(Carisoprodol/Aspirin)	1	PA; QL (240 per 30 days); AGE (Max 64 Years)
chlorzoxazone oral tablet 500 mg	(Parafon Forte DSC)	1	PA; AGE (Max 64 Years)
cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg	(Fexmid)	1	PA; AGE (Max 64 Years)
DANTRIUM ORAL CAPSULE 25 MG, 50 MG		3	
dantrolene oral capsule 100 mg, 25 mg, 50 mg	(Dantrium)	1	
FEXMID ORAL TABLET 7.5 MG		3	PA; AGE (Max 64 Years)
GABLOFEN 10,000 MCG/20 ML SYRG 10,000 MCG/20ML (500 MCG/ML)		2	PA BvD
GABLOFEN INTRATHECAL SOLUTION 10,000 MCG/20ML (500 MCG/ML), 40,000 MCG/20ML (2,000 MCG/ML)		2	PA BvD
GABLOFEN INTRATHECAL SYRINGE 20,000 MCG/20ML (1,000 MCG/ML), 40,000 MCG/20ML (2,000 MCG/ML), 50 MCG/ML (1 ML)		2	PA BvD
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 50 MCG/ML, 500 MCG/ML		2	PA BvD
LORZONE ORAL TABLET 375 MG, 750 MG		2	PA; AGE (Max 64 Years)
metaxall oral tablet 800 mg	(Skelaxin)	1	PA; AGE (Max 64 Years)
metaxalone oral tablet 400 mg, 800 mg	(Skelaxin)	1	PA; AGE (Max 64 Years)
methocarbamol oral tablet 500 mg, 750 mg	(Robaxin)	1	PA; AGE (Max 64 Years)
orphenadrine citrate injection solution 30 mg/ml	(Orphenadrine Citrate)	1	PA; AGE (Max 64 Years)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
orphenadrine citrate oral tablet extended release 100 mg (Orphenadrine Citrate)	1	PA; AGE (Max 64 Years)
PARAFON FORTE DSC ORAL TABLET 500 MG	3	PA; AGE (Max 64 Years)
ROBAXIN ORAL TABLET 500 MG	3	PA; AGE (Max 64 Years)
ROBAXIN-750 ORAL TABLET 750 MG	3	PA; AGE (Max 64 Years)
SKELAXIN ORAL TABLET 800 MG	3	PA; AGE (Max 64 Years)
SOMA ORAL TABLET 250 MG, 350 MG	3	PA; QL (120 per 30 days); AGE (Max 64 Years)
tizanidine oral capsule 2 mg, 4 mg, 6 mg (Zanaflex)	1	
tizanidine oral tablet 2 mg, 4 mg (Zanaflex)	1	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
ZANAFLEX ORAL TABLET 4 MG	3	
Sleep Disorder Agents		
Sleep Disorder Agents		
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	3	PA; ST; QL (30 per 30 days); AGE (Max 64 Years)
AMBIEN ORAL TABLET 10 MG, 5 MG	3	PA; ST; QL (30 per 30 days); AGE (Max 64 Years)
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg (Nuvigil)	1	PA
BUTISOL ORAL TABLET 30 MG	2	
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	2	PA; ST; QL (30 per 30 days); AGE (Max 64 Years)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg (Lunesta)	1	PA; QL (30 per 30 days); AGE (Max 64 Years)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
HETLIOZ ORAL CAPSULE 20 MG	2	PA; QL (30 per 30 days)
INTERMEZZO SUBLINGUAL TABLET 1.75 MG, 3.5 MG	3	PA; ST; QL (30 per 30 days); AGE (Max 64 Years)
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	3	PA; ST; QL (30 per 30 days); AGE (Max 64 Years)
modafinil oral tablet 100 mg, 200 mg (Provigil)	1	PA; QL (60 per 30 days)
NEMBUTAL SODIUM INJECTION SOLUTION 50 MG/ML	2	QL (2 per 30 days)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	3	PA
PROVIGIL ORAL TABLET 100 MG, 200 MG	3	PA; QL (60 per 30 days)
ROZEREM ORAL TABLET 8 MG	2	ST
SECONAL SODIUM ORAL CAPSULE 100 MG	2	QL (30 per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	2	QL (30 per 30 days)
SONATA ORAL CAPSULE 10 MG, 5 MG	3	PA; QL (60 per 30 days); AGE (Max 64 Years)
XYREM ORAL SOLUTION 500 MG/ML	2	PA
zaleplon oral capsule 10 mg, 5 mg (Sonata)	1	PA; QL (60 per 30 days); AGE (Max 64 Years)
zolpidem oral tablet 10 mg, 5 mg (Ambien)	1	PA; QL (30 per 30 days); AGE (Max 64 Years)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg (Ambien CR)	1	PA; QL (30 per 30 days); AGE (Max 64 Years)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
zolpidem sublingual tablet 1.75 mg, 3.5 mg (Intermezzo)	1	PA; QL (30 per 30 days); AGE (Max 64 Years)
ZOLPIMIST ORAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	PA; ST; QL (7.7 per 30 days); AGE (Max 64 Years)
Sympathomimetic (Adrenergic) Agents		
Sympathomimetic (Adrenergic) Agents		
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML	2	
Vasodilating Agents		
Vasodilating Agents		
ADCIRCA ORAL TABLET 20 MG	2	PA; QL (60 per 30 days)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	2	PA; QL (90 per 30 days)
alprostadil injection solution 500 mcg/ml (Alprostadil)	1	
CIALIS ORAL TABLET 2.5 MG, 5 MG	2	PA; QL (30 per 30 days)
LETAIRIS ORAL TABLET 10 MG, 5 MG	2	PA; QL (30 per 30 days)
OPSUMIT ORAL TABLET 10 MG	2	PA; QL (30 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	2	PA
PROSTIN VR PEDIATRIC INJECTION SOLUTION 500 MCG/ML	2	
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	2	PA
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5 ML	3	PA; QL (37.5 per 1 day)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML		2	PA; QL (224 per 30 days)
REVATIO ORAL TABLET 20 MG		3	PA; QL (90 per 30 days)
sildenafil intravenous solution 10 mg/12.5 ml	(Revatio)	1	PA; QL (37.5 per 1 day)
sildenafil oral tablet 20 mg	(Revatio)	1	PA; QL (90 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG		2	PA; QL (60 per 30 days)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)		2	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG		2	PA; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG		2	PA; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)		2	PA; QL (400 per 365 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML		2	PA
Vitamins And Minerals			
Vitamins And Minerals			
multivit-fluor 0.25 mg/ml drop 0.25 mg/ml	(Pedi Mvi No.82 with Fluoride)	1	
pnv prenatal plus multivit tab s/f, gluten-free 27 mg iron- 1 mg	(Pnv with Ca,No.72/Iron/Fa)	1	
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	(Pnv with Ca,No.72/Iron/Fa)	1	
sodium fluoride oral tablet 1 mg fluoride (2.2 mg)	(Pedi Mvi No.82 with Fluoride)	1	
sodium fluoride oral tablet,chewable 0.25 mg fluorid (0.55 mg)	(Sodium Fluoride)	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
TEXAVITE LQ ORAL DROPS 7-0.25 MG/ML	2	

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