



MoDOT/MSHP Medical and Life Insurance Plan

2018 Formulary

List of Covered Drugs

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

This formulary was updated on 07/01/2018. For more recent information or other questions, please contact MedImpact Customer Service at (844) 513-6006, 24 hours/day, 7 days/week. TTY users should call 711. Or visit <http://www.modot.org/newsandinfo/Prescription.htm>.

MoDOT/MSHP Medical and Life Insurance Plan is a Health plan with a Medicare contract

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means MoDOT/MSHP Medical and Life Insurance Plan. When it refers to “plan” or “our plan,” it means MoDOT/MSHP Medical and Life Insurance Plan.

This document includes list of the drugs (formulary) for our plan which is current as of July 1, 2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on August 1, 2018, and from time to time during the year.

This information may be available in a different format, including large print. Please call MoDOT Customer Service at (877) 863-9406 if you need this information in another format.

What is the MoDOT/MSHP Medical and Life Insurance Plan Formulary?

A formulary is a list of covered drugs selected by MoDOT/MSHP Medical and Life Insurance Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. MoDOT/MSHP Medical and Life Insurance Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a MoDOT/MSHP Medical and Life Insurance Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier], we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug

Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of July 1, 2018. To get updated information about the drugs covered by MoDOT/MSHP Medical and Life Insurance Plan, please contact us. Our contact information appears on the front and back cover pages.

If we make any mid-year non-maintenance formulary changes, we will mail you an errata sheet showing those changes. Non-maintenance formulary changes are when we:

- Remove a Part D drug from our formulary,
- Move covered Part D drugs to a less preferred tier status, or
- Add utilization management requirements.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." . If you know what your drug is used for, look for the category name in the list that begins on page 11. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page I-1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

MoDOT/MSHP Medical and Life Insurance Plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** MoDOT/MSHP Medical and Life Insurance Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from MoDOT/MSHP Medical and Life Insurance Plan before you fill your prescriptions. If you don't get approval, MoDOT/MSHP Medical and Life Insurance Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, MoDOT/MSHP Medical and Life Insurance Plan limits the amount of the drug that MoDOT/MSHP Medical and Life Insurance Plan will cover. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, MoDOT/MSHP Medical and Life Insurance Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, MoDOT/MSHP Medical and Life Insurance Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MoDOT/MSHP Medical and Life Insurance Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask MoDOT/MSHP Medical and Life Insurance Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the exception to these restrictions or limits. See the section, "How do I request an exception to the MoDOT/MSHP Medical and Life Insurance Plan's formulary?" below for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that MoDOT/MSHP Medical and Life Insurance Plan does not cover your drug, you have two options:

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

How do I request an exception to the MoDOT/MSHP Medical and Life Insurance Plan's Formulary?

You can ask MoDOT/MSHP Medical and Life Insurance Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, MoDOT/MSHP Medical and Life Insurance Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, MoDOT/MSHP Medical and Life Insurance Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary *tiering* or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a

network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with up to a 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Members with levels-of-care changes may contact MedImpact Customer Service (844) 513-6006 (or have their doctor or prescriber contact us) to request transitional supplies of medication during their transitions of care. MoDOT/MSHP Medical and Life Insurance Plan will not supply a transition fill for any drugs that are not Part D-approved drugs.

For more information

For more detailed information about your MoDOT/MSHP Medical and Life Insurance Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about MoDOT/MSHP Medical and Life Insurance Plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

MoDOT/MSHP Medical and Life Insurance Plan's Formulary

The formulary below provides coverage information about the drugs covered by MoDOT/MSHP Medical and Life Insurance Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

The information in the Requirements/Limits column tells you if MoDOT/MSHP Medical and Life Insurance Plan has any special requirements for coverage of your drug.

Formulary Key

The first column of the drug list contains the drug name:

Brand name drugs are Capitalized (e.g., LOPRESSOR)

Generic drugs are listed in lower-case italics (e.g., *metoprolol tartrate*)

The second column shows the drug coverage tier. Each tier is described below.

Tier 1 = Generics. These drugs offer the most cost savings.

Tier 2 = Brand Name drugs with no generic equivalent. These drugs offer the most cost savings among brand-name drugs.

Tier 3 = Brand Name drugs with a generic equivalent. These drugs cost more because less expensive alternatives may exist.

The Requirements/Limits section of the drug list tells you if MoDOT/MSHP Medical and Life Insurance Plan has restrictions, special requirements, or limitations for coverage of the drug.

A drug may display one or more of the following abbreviations:

Symbol	Definition
PA	Prior Authorization. There may be restrictions on this medication. See “ <i>Are there any restrictions on my coverage?</i> ”.
PA BvD	Prior Authorization (PA) is required for Part B versus Part D Determinations (BvD). This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from MoDOT/MSHP Medical and Life Insurance Plan to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, MoDOT/MSHP Medical and Life Insurance Plan may not cover this drug.
PA NSO	Prior Authorization (PA) is required for New Starts Only (NSO). If this medication is new for you, you (or your physician) are required to get prior authorization from MoDOT/MSHP Medical and Life Insurance Plan before you fill your prescription for this drug. Without prior approval, MoDOT/MSHP Medical and Life Insurance Plan may not cover this drug.
QL	Quantity Limit Restriction. There may be restrictions on this medication. See “ <i>Are there any restrictions on my coverage?</i> ”.
ST	Step Therapy Restriction. There may be restrictions on this medication. See “ <i>Are there any restrictions on my coverage?</i> ”.
LA	Limited Access Drug. Due to limited manufacturers, this medication may be only available through limited pharmacies. See the <i>Pharmacy Directory</i> or call MedImpact Customer Service (844) 513-6006.
NM	Non-Mail Order. Drugs marked “NM” cannot be filled by mail order, though are available at retail/local pharmacies.

The right-hand column of the Requirements/Limits section includes information about dosage forms (such as tablet, capsule, or spray) or dosage strengths.

- If no information is displayed in this column, it means that all dosage forms and strengths are covered on the same drug tier.
- If information is displayed, it means that only those dosage forms/s
- Strengths are covered on that tier.

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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)
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i> (Trezix)	1	QL (300 per 30 days)
<i>acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg</i> (Panlor(acetam-caff- dihydrocod))	1	QL (300 per 30 days)
<i>acetaminophen-codeine oral solution 120- 12 mg/5 ml</i>	1	QL (2700 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-30</i> (Tylenol-Codeine #3) <i>mg</i>	1	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60</i> (Tylenol-Codeine #4) <i>mg</i>	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)
ALLZITAL ORAL TABLET 25-325 MG	2	QL (360 per 30 days)
ARYMO ER ORAL TABLET,ORAL ONLY,EXTND RELEASE 15 MG, 30 MG	2	QL (90 per 30 days)
ARYMO ER ORAL TABLET,ORAL ONLY,EXTND RELEASE 60 MG	2	QL (60 per 30 days)
<i>ascomp with codeine oral capsule 30-50- 325-40 mg</i>	1	QL (180 per 30 days)
<i>aspirin-caffeine-dihydrocodein oral capsule 356.4-30-16 mg</i>	1	QL (360 per 30 days)
<i>astramorph-pf 10 mg/10 ml vial 5's, sdv, plf,llf 1 mg/ml</i>	1	PA BvD
<i>astramorph-pf 5 mg/10 ml vial 5's, plf, llf, suv 0.5 mg/ml</i>	1	PA BvD
<i>astramorph-pf injection solution 0.5 mg/ml, 1 mg/ml</i>	1	PA BvD
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 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
BUPAP ORAL TABLET 50-300 MG	3	
BUPRENEX INJECTION SOLUTION 0.3 MG/ML	2	
<i>buprenorphine hcl injection solution 0.3 mg/ml</i> (Buprenex)	1	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	1	PA; QL (4 per 28 days)
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	1	QL (180 per 30 days)
<i>butalbital-acetaminop-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	QL (180 per 30 days)
<i>butalbital-acetaminophen oral tablet 50-300 mg</i> (Bupap)	1	QL (180 per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	1	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	1	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Capacet)	1	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	1	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> (Fiorinal)	1	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	1	
<i>butorphanol tartrate nasal spray, non-aerosol 10 mg/ml</i>	1	QL (5 per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR	3	PA; QL (4 per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	2	PA; QL (4 per 28 days)
<i>capacet oral capsule 50-325-40 mg</i>	1	QL (180 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
CAPITAL WITH CODEINE ORAL SUSPENSION 120-12 MG/5 ML	2	QL (2700 per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	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)
DEMEROL (PF) INJECTION SOLUTION 100 MG/ML, 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 SDV,L/F,OUTER 50 MG/ML	2	PA; AGE (Max 64 Years)
DEMEROL INJECTION SOLUTION 100 MG/ML	2	
DEMEROL INJECTION SOLUTION 50 MG/ML	2	PA; AGE (Max 64 Years)
DEMEROL ORAL TABLET 100 MG	3	QL (180 per 30 days)
DILAUDID (PF) INJECTION SOLUTION 2 MG/ML, 4 MG/ML	3	
DILAUDID INJECTION SYRINGE 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)
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

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
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)
<i>endocet oral tablet 10-325 mg</i>	1	QL (240 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	1	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	1	QL (300 per 30 days)
ESGIC ORAL CAPSULE 50-325-40 MG	3	QL (180 per 30 days)
ESGIC ORAL TABLET 50-325-40 MG	3	QL (180 per 30 days)
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)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq)	1	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/1hr, 12 mcg/1hr, 25 mcg/1hr, 50 mcg/1hr, 75 mcg/1hr</i> (Duragesic)	1	QL (10 per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	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)
<i>fioricet oral capsule 50-300-40 mg</i>	3	
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	3	QL (180 per 30 days)
FIORINAL ORAL CAPSULE 50-325-40 MG	3	QL (180 per 30 days)
FIORINAL-CODEINE #3 ORAL CAPSULE 30-50-325-40 MG	3	QL (180 per 30 days)
HYCET ORAL SOLUTION 7.5-325 MG/15 ML	3	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral solution 2.5-167 mg/5 ml, 5-163 mg/7.5ml(7.5ml)</i>	1	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i> (Hycet)	1	QL (2700 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
<i>hydrocodone-acetaminophen oral tablet 10-300 mg</i> (Vicodin HP)	1	QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i> (Lorcet HD)	1	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i> (Verdrocet)	1	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i> (Vicodin)	1	QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i> (Lorcet (hydrocodone))	1	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg</i> (Vicodin ES)	1	QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i> (Lorcet Plus)	1	QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i> (Ibudone)	1	QL (150 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml)</i>	1	
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	1	
<i>hydromorphone hcl 10 mg/ml vial plf, sdv 10 mg/ml</i>	1	
<i>hydromorphone injection solution 1 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml</i> (Dilaudid)	1	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	1	QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	1	QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i> (Exalgo ER)	1	PA; QL (30 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i> (Exalgo ER)	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)

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
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	1	QL (28 per 30 days)
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML	2	PA BvD
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)
<i>levorphanol tartrate oral tablet 2 mg</i>	1	QL (150 per 30 days)
<i>lorcet (hydrocodone) oral tablet 5-325 mg</i>	1	QL (360 per 30 days)
<i>lorcet hd oral tablet 10-325 mg</i>	1	QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	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)
<i>marten-tab oral tablet 50-325 mg</i>	1	
<i>mepredine (pf) injection solution 100 mg/ml, 50 mg/ml</i> (Demerol (PF))	1	PA; AGE (Max 64 Years)
<i>mepredine (pf) injection solution 25 mg/ml</i>	1	PA; AGE (Max 64 Years)
<i>mepredine injection cartridge 10 mg/ml</i>	1	
<i>mepredine oral solution 50 mg/5 ml</i>	1	QL (900 per 30 days)
<i>mepredine oral tablet 100 mg</i> (Demerol)	1	QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>meperidine oral tablet 50 mg</i>	1	QL (180 per 30 days)
<i>methadone injection solution 10 mg/ml</i>	1	
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	1	QL (1080 per 30 days)
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	QL (1800 per 30 days)
<i>methadone oral tablet 10 mg</i> (Dolophine)	1	QL (360 per 30 days)
<i>methadone oral tablet 5 mg</i> (Dolophine)	1	QL (180 per 30 days)
<i>methadone oral tablet, soluble 40 mg</i> (Diskets)	3	QL (90 per 30 days)
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	QL (1080 per 30 days)
<i>methadose oral tablet, soluble 40 mg</i>	1	QL (90 per 30 days)
MORPHABOND ER ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 100 MG, 60 MG	2	QL (60 per 30 days)
MORPHABOND ER ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 15 MG	2	QL (180 per 30 days)
MORPHABOND ER ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 30 MG	2	QL (120 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i> (Astramorph-PF)	1	PA BvD
<i>morphine (pf) intravenous patient control. analgesia soln 150 mg/30 ml, 30 mg/30 ml</i>	1	PA BvD
<i>morphine 2 mg/ml syringe plf, sub 2 mg/ml</i>	1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	QL (180 per 30 days)
<i>morphine injection solution 10 mg/ml</i>	1	
<i>morphine injection solution 5 mg/ml, 8 mg/ml</i>	1	PA BvD
<i>morphine injection syringe 5 mg/ml</i>	1	PA BvD
<i>morphine intravenous cartridge 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	QL (30 per 30 days)
<i>morphine oral capsule, extend.release pellets 10 mg, 20 mg, 30 mg, 50 mg</i> (Kadian)	1	QL (60 per 30 days)
<i>morphine oral capsule, extend.release pellets 100 mg, 60 mg, 80 mg</i> (Kadian)	1	QL (30 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	1	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	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)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	1	QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg</i> (MS Contin)	1	QL (180 per 30 days)
<i>morphine oral tablet extended release 30 mg</i> (MS Contin)	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)
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	1	
NORCO ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	3	QL (360 per 30 days)
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)

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Drug Name	Drug Tier	Requirements/Limits
OXAYDO ORAL TABLET, ORAL ONLY 5 MG	2	QL (180 per 30 days)
OXAYDO ORAL TABLET, ORAL ONLY 7.5 MG	2	QL (120 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	1	QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	1	QL (120 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	1	QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg</i>	1	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	1	QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>oxycodone oral tablet 5 mg</i> (Roxicodone)	1	QL (180 per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i> (OxyContin)	1	QL (60 per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 80 mg</i> (OxyContin)	1	QL (120 per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	QL (1800 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	1	QL (240 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	1	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	1	QL (300 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	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)
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)
<i>oxymorphone oral tablet 10 mg</i> (Opana)	1	QL (120 per 30 days)
<i>oxymorphone oral tablet 5 mg</i> (Opana)	1	QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	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)
<i>phrenilin forte (with caffeine) oral capsule 50-300-40 mg</i>	1	
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)
<i>reprexain oral tablet 10-200 mg, 2.5-200 mg, 5-200 mg</i>	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)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	2	
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 356.4-30-16 MG	3	QL (360 per 30 days)
TALWIN INJECTION SOLUTION 30 MG/ML	2	
<i>tencon oral tablet 50-325 mg</i>	1	QL (180 per 30 days)
<i>tramadol hcl er 300 mg tablet 300 mg</i>	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>tramadol oral capsule,er biphas 24 hr</i> (ConZip) 17-83 300 mg	1	QL (30 per 30 days)
<i>tramadol oral capsule,er biphas 24 hr</i> (ConZip) 25-75 100 mg, 200 mg	1	QL (30 per 30 days)
<i>tramadol oral tablet 50 mg</i> (Ultram)	1	QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	1	QL (90 per 30 days)
<i>tramadol oral tablet extended release 24 hr 200 mg</i>	1	QL (30 per 30 days)
<i>tramadol oral tablet, er multiphas 24 hr 100 mg</i>	1	QL (90 per 30 days)
<i>tramadol oral tablet, er multiphas 24 hr 200 mg, 300 mg, 300 mg (matrix delivery)</i>	1	QL (30 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	1	QL (240 per 30 days)
TREXID ORAL CAPSULE 320.5-30-16 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)
ULTRAM ORAL TABLET 50 MG	3	QL (240 per 30 days)
VANATOL LQ ORAL SOLUTION 50-325-40 MG/15 ML	2	
<i>vicodin es oral tablet 7.5-300 mg</i>	1	QL (390 per 30 days)
<i>vicodin hp oral tablet 10-300 mg</i>	1	QL (390 per 30 days)
<i>vicodin oral tablet 5-300 mg</i>	1	QL (390 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)
XTAMPZA ER ORAL CAPSULE,SPRINKLE,ER 12HR TMPRR 13.5 MG, 18 MG, 9 MG	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER ORAL CAPSULE,SPRINKLE,ER 12HR TMPRR 27 MG	2	QL (120 per 30 days)
XTAMPZA ER ORAL CAPSULE,SPRINKLE,ER 12HR TMPRR 36 MG	2	QL (240 per 30 days)
<i>xylon 10 oral tablet 10-200 mg</i>	1	QL (150 per 30 days)
ZAMICET ORAL SOLUTION 10-325 MG/15 ML	3	QL (2700 per 30 days)
<i>zebutal oral capsule 50-325-40 mg</i>	1	QL (180 per 30 days)
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)
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	
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	3	QL (60 per 30 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	1	QL (60 per 30 days)
DAYPRO ORAL TABLET 600 MG	3	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Voltaren-XR)	1	
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic 50-200 mg- mcg</i> (Arthrotec 50)	1	
<i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic 75-200 mg- mcg</i> (Arthrotec 75)	1	
<i>diflunisal oral tablet 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
DUEXIS ORAL TABLET 800-26.6 MG	2	QL (90 per 30 days)
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	3	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg</i> (Lodine)	1	
<i>etodolac oral tablet 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
FELDENE ORAL CAPSULE 10 MG, 20 MG	3	
<i>fenopropfen oral tablet 600 mg</i> (ProFeno)	1	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Child Ibuprofen)	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML	2	
INDOCIN RECTAL SUPPOSITORY 50 MG	2	QL (120 per 30 days)
<i>indomethacin oral capsule 25 mg</i>	1	QL (240 per 30 days)
<i>indomethacin oral capsule 50 mg</i>	1	QL (120 per 30 days)
<i>indomethacin oral capsule, extended release 75 mg</i>	1	QL (60 per 30 days)
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	
<i>ketorolac injection cartridge 15 mg/ml</i>	1	QL (40 per 30 days)
<i>ketorolac injection cartridge 30 mg/ml</i>	1	QL (20 per 30 days)
<i>ketorolac injection solution 15 mg/ml</i>	1	QL (40 per 30 days)
<i>ketorolac injection solution 30 mg/ml (1 ml)</i>	1	QL (20 per 30 days)
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	1	QL (20 per 30 days)
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1	QL (20 per 30 days)
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	1	QL (20 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 per 30 days)
LODINE ORAL TABLET 400 MG	3	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	1	
MOBIC ORAL TABLET 15 MG, 7.5 MG	3	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	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	
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	3	
NAPROSYN ORAL TABLET 500 MG	3	
<i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)	1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i> (EC-Naprosyn)	1	
<i>naproxen sodium oral tablet 275 mg</i>	1	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i> (Naprelan CR)	1	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	1	
PONSTEL ORAL CAPSULE 250 MG	3	
PROFENO ORAL TABLET 600 MG	3	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
TIVORBEX ORAL CAPSULE 20 MG, 40 MG	2	QL (90 per 30 days)
<i>tolmetin oral capsule 400 mg</i>	1	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 375-20 MG, 500-20 MG	2	
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	3	
VOLTAREN-XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	
ZIPSOR ORAL CAPSULE 25 MG	2	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG	2	
Anesthetics		
Local Anesthetics		
<i>glydo mucous membrane jelly in applicator 2 %</i>	1	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 %	1	
<i>lidocaine (pf) injection solution 10 mg/ml (Xylocaine-MPF) (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>	1	
<i>lidocaine (pf) injection syringe 200 mg/20 ml (1 %)</i>	1	
<i>lidocaine hcl injection solution 10 mg/ml (Xylocaine) (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine hcl injection syringe 50 mg/5 ml (1 %)</i>	1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl(pf) in 0.9% nacl injection syringe 10 mg/ml (1 %) (1 ml), 100 mg/10 ml (1 %)</i>	1	
<i>lidocaine topical adhesive (Lidoderm) patch,medicated 5 %</i>	1	PA
<i>lidocaine topical ointment 5 %</i>	1	PA BvD
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	
LIDODERM TOPICAL ADHESIVE PATCH, MEDICATED 5 %	3	PA
PLIAGLIS TOPICAL CREAM 7-7 %	3	
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING 70-70 MG	2	
XYLOCAINE INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %), 5 MG/ML (0.5 %)	3	
XYLOCAINE-MPF 2% VIAL 25'S, SDV, LATEX-FREE 20 MG/ML (2 %)	3	
XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %)	3	
XYLOCAINE-MPF INJECTION SOLUTION 15 MG/ML (1.5 %)	2	
<i>xylocaine-mpf injection solution 20 mg/ml (2 %)</i>	3	
<i>xylocaine-mpf injection solution 5 mg/ml (0.5 %)</i>	2	
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>	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)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	PA; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	PA; QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet (Zyban) extended release 12 hr 150 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>disulfiram oral tablet 250 mg, 500 mg</i> (Antabuse)	1	
EVZIO INJECTION AUTO-INJECTOR 0.4 MG/0.4 ML, 2 MG/0.4 ML	2	QL (1.6 per 30 days)
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naltrexone oral tablet 50 mg</i>	1	
NARCAN NASAL SPRAY, NON-AEROSOL 2 MG/ACTUATION, 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 0.7-0.18 MG, 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 12 HR 150 MG	3	
Antianxiety Agents		
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	2	QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	1	QL (150 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg</i> (Xanax XR)	1	QL (120 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 3 mg</i> (Xanax XR)	1	QL (90 per 30 days)
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	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)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	1	QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (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	
<i>diazepam injection solution 5 mg/ml</i>	1	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	1	QL (10 per 28 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	QL (120 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	1	
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>estazolam oral tablet 1 mg</i>	1	PA NSO; QL (60 per 30 days); AGE (Max 64 Years)
<i>estazolam oral tablet 2 mg</i>	1	PA NSO; QL (30 per 30 days); AGE (Max 64 Years)
<i>flurazepam oral capsule 15 mg</i>	1	PA NSO; QL (60 per 30 days); AGE (Max 64 Years)
<i>flurazepam oral capsule 30 mg</i>	1	PA NSO; QL (30 per 30 days); AGE (Max 64 Years)
HALCION ORAL TABLET 0.25 MG	3	PA NSO; QL (60 per 30 days); AGE (Max 64 Years)
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)
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	1	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	1	QL (2 per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	1	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	1	QL (150 per 30 days)
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
<i>midazolam (pf) injection cartridge 2 mg/2 ml (1 mg/ml), 5 mg/ml</i>	1	QL (2 per 30 days)
<i>midazolam (pf) injection solution 1 mg/ml, 5 mg/ml</i>	1	QL (2 per 30 days)
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml</i>	1	QL (2 per 30 days)
<i>midazolam in 0.9 % sod chlorid intravenous solution 1 mg/ml</i>	1	QL (2 per 30 days)
<i>midazolam in 0.9 % sod chlorid intravenous syringe 2 mg/2 ml (1 mg/ml)</i>	1	QL (2 per 30 days)
<i>midazolam in dextrose 5 % (pf) intravenous syringe 50 mg/50 ml (1 mg/ml)</i>	1	QL (2 per 30 days)
<i>midazolam in dextrose 5 % intravenous solution 1 mg/ml</i>	1	QL (2 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>midazolam injection solution 1 mg/ml, 5 mg/ml</i>	1	QL (2 per 30 days)
<i>midazolam oral syrup 2 mg/ml</i>	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)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	QL (120 per 30 days)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG	3	PA NSO; QL (30 per 30 days); AGE (Max 64 Years)
RESTORIL ORAL CAPSULE 7.5 MG	3	PA NSO; QL (120 per 30 days); AGE (Max 64 Years)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i> (Restoril)	1	PA NSO; QL (30 per 30 days); AGE (Max 64 Years)
<i>temazepam oral capsule 7.5 mg</i> (Restoril)	1	PA NSO; QL (120 per 30 days); AGE (Max 64 Years)
TRANXENE T-TAB ORAL TABLET 7.5 MG	3	QL (360 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	1	PA NSO; QL (120 per 30 days); AGE (Max 64 Years)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	1	PA NSO; 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		
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	2	PA BvD
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	1	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	1	PA BvD
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	PA BvD
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i>	1	PA BvD
<i>neomycin oral tablet 500 mg</i>	1	
<i>streptomycin intramuscular recon soln 1 gram</i>	1	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	3	PA BvD
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	2	PA; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	1	PA BvD
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	PA BvD
Antibacterials, Miscellaneous		
<i>baciim intramuscular recon soln 50,000 unit</i>	1	
<i>bacitracin intramuscular recon soln 50,000 unit</i> (BACiiM)	1	
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1	PA BvD
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 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 PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	3	
CLEOCIN PHOS 150 MG/ML VIAL 900 MG/6 ML	3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i> (Cleocin in 5 % dextrose)	1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Cleocin Pediatric)	1	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	1	PA BvD
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	1	PA BvD
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i> (Cleocin)	1	PA BvD
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (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	3	PA BvD
DALVANCE INTRAVENOUS SOLUTION 500 MG	2	PA BvD
<i>daptomycin intravenous recon soln 500 mg</i> (Cubicin)	1	PA BvD
FLAGYL ER ORAL TABLET EXTENDED RELEASE 750 MG	2	
FLAGYL ORAL CAPSULE 375 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
FLAGYL ORAL TABLET 250 MG, 500 MG	3	
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	3	QL (2400 per 30 days)
HIPREX ORAL TABLET 1 GRAM	3	
LINCOCIN INJECTION SOLUTION 300 MG/ML	3	
<i>lincomycin injection solution 300 mg/ml</i> (Lincocin)	1	PA BvD
<i>linezolid 600 mg/300 ml-0.9% nacl 600 mg/300 ml</i>	1	PA BvD
<i>linezolid in dextrose 5% intravenous parenteral solution 600 mg/300 ml</i> (Zyvox)	1	PA BvD
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	1	
<i>linezolid oral tablet 600 mg</i> (Zyvox)	1	
MACROBID ORAL CAPSULE 100 MG	3	QL (60 per 30 days)
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG	3	QL (120 per 30 days)
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	1	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	1	PA BvD
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i> (Flagyl)	1	
MONUROL ORAL PACKET 3 GRAM	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> (Macrodantin)	1	QL (120 per 30 days)
<i>nitrofurantoin monohydrate-cryst oral capsule 100 mg</i> (Macrobid)	1	QL (60 per 30 days)
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	1	QL (2400 per 30 days)
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	2	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	2	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	2	
SIVEXTRO ORAL TABLET 200 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	2	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	2	PA BvD
<i>trimethoprim oral tablet 100 mg</i>	1	
TRIMPEX ORAL SOLUTION 50 MG/5 ML	2	
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	3	
<i>vancomycin in 0.9% sodium chl intravenous solution 1 gram/150 ml, 1.25 gram/150 ml, 1.5 gram/150 ml, 1.75 gram/500 ml, 2 gram/250 ml, 2 gram/500 ml, 750 mg/150 ml</i>	1	PA BvD
<i>vancomycin in dextrose 5% intravenous piggyback 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	PA BvD
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	PA BvD
<i>vancomycin oral capsule 125 mg, 250 mg (Vancocin)</i>	1	
VIBATIV INTRAVENOUS RECON SOLN 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	
<i>ceftaclor oral capsule 250 mg, 500 mg</i>	1	
<i>ceftaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>ceftaclor oral tablet extended release 12 hr 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml</i>	1	PA BvD
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/100 ml</i>	1	PA BvD
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	1	PA BvD
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefditoren pivoxil oral tablet 200 mg</i>	1	
<i>cefditoren pivoxil oral tablet 400 mg</i> (Spectracef)	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Suprax)	1	
CEFOTAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	3	
<i>cefotaxime injection recon soln 1 gram, 500 mg</i>	1	
<i>cefotaxime injection recon soln 10 gram, 2 gram</i> (Claforan)	1	
<i>cefotetan injection recon soln 1 gram, 2 gram</i> (Cefotan)	1	
<i>cefotetan intravenous recon soln 10 gram</i>	1	
<i>cefotetan-dextr 1 g duplex bag 1 gram/50 ml</i>	1	
<i>cefotetan-dextr 2 g duplex bag 2 gram/50 ml</i>	1	
<i>cefoxitin 2 gm piggyback bag 2 gram/50 ml</i>	1	PA BvD
<i>cefoxitin intravenous recon soln 1 gram, 10 gram</i>	1	PA BvD
<i>cefoxitin intravenous recon soln 2 gram</i>	1	PA BvD
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime injection recon soln 1 gram</i> (Fortaz)	2	
<i>ceftazidime injection recon soln 2 gram, 6 gram</i> (TAZICEF)	1	
<i>ceftibuten oral capsule 400 mg</i>	1	
<i>ceftibuten oral suspension for reconstitution 180 mg/5 ml</i>	1	
CEFTIN ORAL SUSPENSION FOR RECONSTITUTION 125 MG/5 ML, 250 MG/5 ML	2	
<i>ceftriaxone 1 gm piggyback l/g, single use 1 gram/50 ml</i>	1	
<i>ceftriaxone 2 gm piggyback llf, single use 2 gram/50 ml</i>	1	PA BvD
<i>ceftriaxone injection recon soln 1 gram</i>	1	
<i>ceftriaxone injection recon soln 10 gram</i>	1	
<i>ceftriaxone injection recon soln 2 gram</i>	1	PA BvD
<i>ceftriaxone injection recon soln 250 mg, 500 mg</i>	1	PA BvD
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	PA BvD
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	1	PA BvD
<i>cefuroxime-dextrose (iso-osm) intravenous piggyback 1.5 gram/50 ml</i>	1	PA BvD
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i> (Keflex)	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
CLAFORAN INJECTION RECON SOLN 10 GRAM, 2 GRAM	3	
CLAFORAN INTRAVENOUS RECON SOLN 1 GRAM	3	
CLAFORAN INTRAVENOUS RECON SOLN 2 GRAM	2	
DAXBIA ORAL CAPSULE 333 MG	2	
FORTAZ INJECTION RECON SOLN 500 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
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
SUPRAX ORAL CAPSULE 400 MG	2	
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	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	2	PA BvD
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	2	
ZINACEF INJECTION RECON SOLN 750 MG	3	PA BvD
ZINACEF INTRAVENOUS RECON SOLN 1.5 GRAM	3	PA BvD
ZINACEF INTRAVENOUS RECON SOLN 7.5 GRAM	3	
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	1	
<i>azithromycin oral packet 1 gram</i> (Zithromax)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	1	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i> (Zithromax)	1	
BIAXIN ORAL SUSPENSION FOR RECONSTITUTION 250 MG/5 ML	3	
BIAXIN ORAL TABLET 250 MG, 500 MG	3	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL TABLET 200 MG	2	ST; QL (20 per 10 days)
<i>e.e.s. 400 oral tablet 400 mg</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	2	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	2	
<i>ery-tab oral tablet, delayed release (drlec) 250 mg, 500 mg</i>	2	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG	2	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	
ERYTHROCIN INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	2	PA BvD
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin oral capsule, delayed release(drlec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	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	
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 INJECTION RECON SOLN 1 GRAM	3	
AZACTAM INJECTION RECON SOLN 2 GRAM	2	PA BvD
AZACTAM-ISO-OSMOT 2 GM/50 ML 24'S, SINGLE USE 2 GRAM/50 ML	2	PA BvD
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	2	PA
DORIBAX INTRAVENOUS RECON SOLN 250 MG, 500 MG	3	PA BvD
<i>doripenem intravenous recon soln 250 mg, 500 mg</i>	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	1	PA BvD
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	1	PA BvD
INVANZ INJECTION RECON SOLN 1 GRAM	2	PA BvD
<i>meropenem intravenous recon soln 1 gram, 500 mg</i> (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	
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM	2	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	PA BvD
<i>ampicillin-sulbactam injection recon soln (Unasyn) 15 gram, 3 gram</i>	1	PA BvD
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	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	3	
<i>nafcillin 2 gm vial sterile, latex-free 2 gram</i>	1	PA BvD
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	1	PA BvD
<i>nafcillin injection recon soln 1 gram, 10 gram</i>	1	PA BvD
<i>nafcillin intravenous recon soln 2 gram</i>	1	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
<i>oxacillin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>oxacillin injection recon soln 10 gram, 2 gram</i>	1	
<i>oxacillin intravenous recon soln 1 gram</i>	1	
<i>penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml</i>	1	PA BvD
<i>penicillin g pot in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml</i>	1	
<i>penicillin g potassium injection recon soln (Pfizerpen-G) 20 million unit</i>	1	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	1	
<i>penicillin g sodium injection recon soln 5 million unit</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>pfizerpen-g injection recon soln 20 million unit</i>	1	
<i>piperacillin-tazobactam intravenous (Zosyn) recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	PA BvD
UNASYN INJECTION RECON SOLN 1.5 GRAM, 15 GRAM, 3 GRAM	3	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
Quinolones		
AVELOX IN NAACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	2	PA BvD
AVELOX ORAL TABLET 400 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
BAXDELA INTRAVENOUS RECON SOLN 300 MG	2	
BAXDELA ORAL TABLET 450 MG	2	
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	
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg</i> (Cipro XR)	1	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml</i> (Cipro in D5W)	1	PA BvD
<i>ciprofloxacin lactate intravenous solution 200 mg/20 ml, 400 mg/40 ml</i>	1	PA BvD
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	1	
LEVAQUIN ORAL TABLET 250 MG, 500 MG, 750 MG	3	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml</i>	1	PA BvD
<i>levofloxacin in d5w intravenous piggyback 750 mg/150 ml</i>	1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> (Levaquin)	1	
<i>moxifloxacin oral tablet 400 mg</i> (Avelox)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin-sod.ace,sul-water intravenous piggyback 400 mg/250 ml</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
Sulfonamides		
BACTRIM DS ORAL TABLET 800-160 MG	3	
BACTRIM ORAL TABLET 400-80 MG	3	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	1	PA BvD
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 120 MG	2	ST
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 50 MG	3	ST
<i>doxy-100 intravenous recon soln 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i> (Acticlate)	1	
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	1	
<i>doxycycline hyclate oral tablet, delayed release (drlec) 100 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (drlec) 150 mg</i> (Soloxide)	1	
<i>doxycycline hyclate oral tablet, delayed release (drlec) 200 mg, 50 mg</i> (Doryx)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral capsule</i> (Mondoxyne NL) 100 mg, 50 mg, 75 mg	1	
<i>doxycycline monohydrate oral capsule</i> 150 mg	1	
<i>doxycycline monohydrate oral capsule,ir</i> (Oracea) - delay rel,biphase 40 mg	1	
<i>doxycycline monohydrate oral suspension</i> (Vibramycin) for reconstitution 25 mg/5 ml	1	
<i>doxycycline monohydrate oral tablet</i> 100 mg (Avidoxy)	1	
<i>doxycycline monohydrate oral tablet</i> 150 mg, 50 mg, 75 mg	1	
MINOCIN ORAL CAPSULE 100 MG, 50 MG, 75 MG	3	
<i>minocycline oral capsule</i> 100 mg, 50 mg, 75 mg (Minocin)	1	
<i>minocycline oral tablet</i> 100 mg, 50 mg, 75 mg	1	
<i>minocycline oral tablet extended release</i> (Solodyn) 24 hr 115 mg, 65 mg	1	
<i>minocycline oral tablet extended release</i> (CoreMino) 24 hr 135 mg, 45 mg, 90 mg	1	
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, 55 MG, 80 MG	2	ST
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 115 MG, 65 MG	3	ST
<i>soloxide oral tablet,delayed release (drlec)</i> 150 mg	1	
TARGADOX ORAL TABLET 50 MG	2	ST
<i>tetracycline oral capsule</i> 250 mg, 500 mg	1	
<i>tigecycline intravenous recon soln</i> 50 mg (Tygacil)	1	PA BvD
TYGACIL INTRAVENOUS RECON SOLN 50 MG	3	PA BvD
VIBRAMYCIN ORAL CAPSULE 100 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
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
<i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	PA BvD
<i>adrucil intravenous solution 2.5 gram/50 ml, 500 mg/10 ml</i>	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
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	2	PA NSO; QL (3 per 28 days)
ALKERAN INTRAVENOUS RECON SOLN 50 MG	3	PA BvD
ALUNBRIG ORAL TABLET 180 MG, 90 MG	2	PA NSO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	2	PA NSO; QL (180 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	2	PA NSO; QL (30 per 30 days)
<i>anastrozole oral tablet 1 mg</i> (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
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	1	PA NSO
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	2	PA NSO
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	2	PA NSO
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	2	PA NSO
BESPONSА INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	2	PA NSO
<i>bexarotene oral capsule 75 mg</i> (Targretin)	1	PA NSO; QL (420 per 30 days)
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	1	
BICNU INTRAVENOUS RECON SOLN 100 MG	2	PA BvD
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	1	PA BvD
BLINCYTO INTRAVENOUS KIT 35 MCG	2	PA NSO; QL (140 per 365 days)
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	1	PA NSO
BOSULIF ORAL TABLET 100 MG	2	PA NSO; QL (120 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	2	PA NSO; QL (30 per 30 days)
<i>busulfan intravenous solution 60 mg/10 ml</i> (Busulfex)	1	PA BvD
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)
CALQUENCE ORAL CAPSULE 100 MG	2	PA NSO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>carboplatin intravenous solution 10 mg/ml</i>	1	PA BvD
CASODEX ORAL TABLET 50 MG	3	
<i>cisplatin intravenous solution 1 mg/ml</i>	1	PA BvD
<i>cladribine intravenous solution 10 mg/10 ml</i>	1	PA BvD
<i>clofarabine intravenous solution 20 mg/20 ml (Clolar)</i>	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	3	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
<i>cytarabine (pf) injection recon soln 1 gram, 100 mg</i>	1	PA BvD
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	PA BvD
<i>cytarabine injection solution 20 mg/ml</i>	1	PA BvD
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	1	PA BvD
DACOGEN INTRAVENOUS RECON SOLN 50 MG	3	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
<i>dactinomycin intravenous recon soln 0.5 mg</i> (Cosmegen)	1	PA BvD
DARZALEX 400 MG/20 ML VIAL 20 MG/ML	2	PA NSO
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	2	PA NSO; LA
<i>daunorubicin intravenous recon soln 20 mg</i>	1	PA BvD
<i>daunorubicin intravenous solution 5 mg/ml</i>	1	PA BvD
<i>decitabine intravenous recon soln 50 mg</i> (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	
<i>docetaxel intravenous solution 140 mg/7 ml (20 mg/ml), 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml</i>	1	PA BvD
<i>docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i> (Taxotere)	1	PA BvD
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML	3	PA BvD
<i>doxorubicin intravenous recon soln 10 mg, 50 mg</i>	1	PA BvD
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> (Adriamycin)	1	PA BvD
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (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

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Drug Name	Drug Tier	Requirements/Limits
ELLECE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	3	PA BvD
EMCYT ORAL CAPSULE 140 MG	2	
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	2	PA NSO
<i>epirubicin intravenous recon soln 50 mg</i>	1	PA BvD
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i> (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)
ERLEADA ORAL TABLET 60 MG	2	PA NSO; QL (120 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
<i>etoposide intravenous solution 20 mg/ml</i> (Toposar)	1	
EVOMELA INTRAVENOUS RECON SOLN 50 MG	3	PA BvD
<i>exemestane oral tablet 25 mg</i> (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
<i>floxuridine injection recon soln 0.5 gram</i>	1	PA BvD
<i>fludarabine intravenous recon soln 50 mg</i>	1	PA BvD
<i>fludarabine intravenous solution 50 mg/2 ml</i>	1	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml</i>	1	PA BvD
<i>fluorouracil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i> (Adrucil)	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>flutamide oral capsule 125 mg</i>	1	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	2	PA NSO
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	2	PA NSO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i> (Gemzar)	1	PA BvD
<i>gemcitabine intravenous recon soln 2 gram</i>	1	PA BvD
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	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 150 MG, 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	
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	1	
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

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Drug Name	Drug Tier	Requirements/Limits
<i>idarubicin intravenous solution 1 mg/ml</i> (Idamycin PFS)	1	PA BvD
IDHIFA ORAL TABLET 100 MG, 50 MG	2	PA NSO; QL (30 per 30 days)
IFEX INTRAVENOUS RECON SOLN 1 GRAM, 3 GRAM	3	PA BvD
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i> (Ifex)	1	PA BvD
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	1	PA BvD
<i>imatinib oral tablet 100 mg</i> (Gleevec)	1	PA NSO; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	1	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	2	PA NSO
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	2	PA NSO
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML, 50 MG/ML (10 ML)	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)
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i> (Camptosar)	1	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	1	
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	2	PA NSO
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	2	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
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 25 MG/ML	2	PA NSO
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	2	PA NSO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	2	PA NSO; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	2	PA NSO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	2	PA NSO; QL (63 per 28 days)
KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG	2	PA NSO
LARTRUVO INTRAVENOUS SOLUTION 10 MG/ML, 10 MG/ML (19 ML)	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 X 2), 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
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	2	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	2	PA NSO; QL (100 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
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)
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)
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	PA NSO; QL (120 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	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	PA NSO; AGE (Max 64 Years)
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)
<i>melphalan hcl intravenous recon soln 50 mg</i> (Alkeran)	1	PA BvD
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	PA BvD
<i>methotrexate sodium (pf) injection solution 25 mg/ml, 25 mg/ml (10 ml)</i>	1	PA BvD
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	PA BvD
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	PA BvD
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	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
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i> (Mutamycin)	1	PA BvD
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	1	
MUSTARGEN INJECTION RECON SOLN 10 MG	2	PA BvD
<i>mutamycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	1	PA BvD
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	2	PA NSO
NERLYNX ORAL TABLET 40 MG	2	PA NSO; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	2	PA NSO; QL (120 per 30 days)
NILANDRON ORAL TABLET 150 MG	3	
<i>nilutamide oral tablet 150 mg</i> (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
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	2	PA BvD
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	2	PA NSO
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	1	PA BvD
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	PA BvD
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	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)

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Drug Name	Drug Tier	Requirements/Limits
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	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	2	PA NSO
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	2	PA NSO
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML, 10 MG/ML (10 ML)	2	PA NSO
<i>romidepsin intravenous recon soln 10 mg/2 ml</i> (Istodax)	1	PA NSO
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	2	PA NSO; QL (120 per 30 days)
RYDAPT ORAL CAPSULE 25 MG	2	PA NSO; QL (224 per 28 days)
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)

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Drug Name	Drug Tier	Requirements/Limits
TAGRISSE ORAL TABLET 40 MG, 80 MG	2	PA NSO; LA; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	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)
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)
TASIGNA ORAL CAPSULE 50 MG	2	PA NSO; QL (120 per 30 days)
TAXOTERE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 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)
<i>thiotepa injection recon soln 15 mg</i> (Tepadina)	1	
<i>toposar intravenous solution 20 mg/ml</i>	1	PA BvD
<i>topotecan intravenous recon soln 4 mg</i> (Hycamtin)	1	PA BvD
<i>topotecan intravenous solution 4 mg/4 ml</i> (1 mg/ml)	1	PA BvD
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	2	PA BvD; QL (4 per 28 days)
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	2	PA BvD
TRELSTAR 11.25 MG VIAL INNER, SDV 11.25 MG	2	PA NSO; QL (1 per 84 days)
TRELSTAR 22.5 MG VIAL INNER,SDV 22.5 MG	2	PA NSO; QL (1 per 168 days)
TRELSTAR 3.75 MG VIAL INNER, SDV 3.75 MG	2	PA NSO
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML	2	PA NSO; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SYRINGE 22.5 MG/2 ML	2	PA NSO; QL (1 per 168 days)

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Drug Name	Drug Tier	Requirements/Limits
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML	2	PA NSO
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	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
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	2	
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	2	QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	2	QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	2	QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	2	QL (42 per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA NSO; QL (56 per 28 days)
VIDAZA INJECTION RECON SOLN 100 MG	3	PA NSO
<i>vinblastine intravenous recon soln 10 mg</i>	1	PA BvD
<i>vinblastine intravenous solution 1 mg/ml</i>	1	PA BvD
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	PA BvD
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> (Vincasar PFS)	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)	1	PA BvD
VOTRIENT ORAL TABLET 200 MG	2	PA NSO; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	2	PA BvD
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	PA NSO; QL (60 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	2	PA BvD
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
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
ZEJULA ORAL CAPSULE 100 MG	2	PA NSO; QL (90 per 30 days)
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, 500 MG	2	PA NSO; QL (120 per 30 days)
Anticholinergic Agents		
Antimuscarinics/Antispasmodics		
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> (Librax (with clidinium))	1	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	3	
<i>propantheline oral tablet 15 mg</i>	1	
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	2	
BANZEL ORAL SUSPENSION 40 MG/ML	2	
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)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	1	
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	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	

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Drug Name	Drug Tier	Requirements/Limits
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	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL 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	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	1	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> (Depakote)	1	
<i>epitol oral tablet 200 mg</i>	1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	2	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	1	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	1	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	1	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	1	
FELBATOL ORAL SUSPENSION 600 MG/5 ML	3	
FELBATOL ORAL TABLET 400 MG, 600 MG	3	
<i>fosphenytoin injection solution 100 mg per 2 ml, 500 mg per 10 ml</i> (Cerebyx)	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	

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Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	1	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	1	
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	2	QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	2	QL (60 per 30 days)
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	

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Drug Name	Drug Tier	Requirements/Limits
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	3	
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)	3	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	3	
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	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	1	

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Drug Name		Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i>	(Lamictal ODT Starter (Green))	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	(Lamictal XR)	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	(Lamictal)	1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	(Lamictal ODT)	1	
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i>	(Lamictal Starter (Blue) Kit)	1	
<i>lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)</i>	(Lamictal Starter (Orange) Kit)	1	
<i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)</i>	(Lamictal Starter (Green) Kit)	1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>		1	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	(Keppra)	1	PA BvD
<i>levetiracetam oral solution 100 mg/ml</i>	(Keppra)	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	(Keppra)	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	(Keppra XR)	1	
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	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	(Trileptal)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	2	
PEGANONE ORAL TABLET 250 MG	2	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	QL (1500 per 30 days)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	QL (90 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	1	QL (200 per 30 days)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	1	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	1	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	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)
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG	3	
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	3	
SABRIL ORAL POWDER IN PACKET 500 MG	3	
SABRIL ORAL TABLET 500 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> (Gabitril)	1	
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	3	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	1	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR)	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/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	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i> (Depacon)	1	PA BvD
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> (Depakene)	1	
<i>valproic acid oral capsule 250 mg</i> (Depakene)	1	
<i>vigabatrin oral powder in packet 500 mg</i> (Sabril)	1	
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)

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	1	
<i>zonisamide oral capsule 50 mg</i>	1	
Antidementia Agents		
Antidementia Agents		
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	3	QL (30 per 30 days)
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	1	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (30 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)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> (Razadyne ER)	1	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	1	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> (Razadyne)	1	QL (60 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	1	QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	1	QL (360 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	1	QL (60 per 30 days)
<i>memantine oral tablets, dose pack 5-10 mg</i> (Namenda Titration Pak)	1	QL (49 per 28 days)
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)

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Drug Name	Drug Tier	Requirements/Limits
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG, 7 MG	3	QL (30 per 30 days)
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	2	QL (56 per 365 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14- 10 MG, 21-10 MG, 28-10 MG, 7-10 MG	2	QL (30 per 30 days)
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)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour (Exelon) 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>	1	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	3	
ALENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	2	ST
BRISDELLE ORAL CAPSULE 7.5 MG	3	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release (Wellbutrin SR) 12 hr 100 mg, 150 mg, 200 mg</i>	1	
<i>bupropion hcl oral tablet extended release (Wellbutrin XL) 24 hr 150 mg, 300 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	3	QL (30 per 30 days)
<i>citalopram oral solution 10 mg/5 ml</i>	1	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	1	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	1	
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)
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	1	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	2	ST; QL (30 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	1	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 60 mg</i> (Cymbalta)	1	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 30 mg</i> (Cymbalta)	1	QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 40 mg</i>	1	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)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	1	

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Drug Name	Drug Tier	Requirements/Limits
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
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	1	
<i>fluoxetine oral capsule, delayed release(drlec) 90 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i> (Sarafem)	1	
FLUOXETINE ORAL TABLET 60 MG	2	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	2	ST
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> (Tofranil)	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
IRENKA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	3	ST; QL (30 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	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	1	
MARPLAN ORAL TABLET 10 MG	2	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	1	
NARDIL ORAL TABLET 15 MG	3	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> (Symbyax)	1	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	3	
PARNATE ORAL TABLET 10 MG	3	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	1	
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i> (Brisdelle)	1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 37.5 MG	3	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	
PAXIL ORAL SUSPENSION 10 MG/5 ML	2	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	3	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	2	ST
<i>phenelzine oral tablet 15 mg</i> (Nardil)	1	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	3	ST; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>protriptyline oral tablet 10 mg, 5 mg</i>	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	
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG	3	
SARAFEM ORAL TABLET 10 MG, 20 MG	2	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG	2	
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	
<i>tranlycypromine oral tablet 10 mg</i> (Parnate)	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i> (Surmontil)	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	2	ST
<i>venlafaxine oral capsule,extended release</i> (Effexor XR) <i>24hr 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet extended release</i> <i>24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	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

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Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG	3	
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		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (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)
ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML- 20 MCG/0.2 ML, 20 MCG/0.2 ML	2	ST; QL (6 per 28 days)
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i> (Nesina)	2	QL (30 per 30 days)
<i>alogliptin-metformin oral tablet 12.5- 1,000 mg, 12.5-500 mg</i> (Kazano)	2	QL (60 per 30 days)
<i>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</i> (Oseni)	2	QL (30 per 30 days)
AVANDAMET ORAL TABLET 2- 1,000 MG	2	QL (60 per 30 days)
AVANDIA ORAL TABLET 2 MG, 4 MG	2	QL (60 per 30 days)
BYDUREON BCISE SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85 ML	2	ST; QL (3.4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	2	ST; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON 2 MG	2	ST; QL (4 per 28 days)
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	QL (30 per 30 days)
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)
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	2	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT 1 MG	2	
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)

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Drug Name	Drug Tier	Requirements/Limits
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	QL (30 per 30 days)
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)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	2	QL (60 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	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)
<i>metformin oral tablet 1,000 mg</i> (Glucophage)	1	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i> (Glucophage)	1	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i> (Glucophage)	1	QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral tablet extended release 24 hr 500 mg</i> (Glucophage XR)	1	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i> (Glucophage XR)	1	QL (90 per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i> (Fortamet)	1	QL (60 per 30 days)
<i>metformin oral tablet extended release 24hr 500 mg</i> (Fortamet)	1	QL (150 per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i> (Glyset)	1	QL (90 per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i> (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)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	2	QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/0.75 ML (2 MG/1.5 ML)	2	QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	QL (30 per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	1	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> (Actoplus MET)	1	QL (90 per 30 days)
PRANDIN ORAL TABLET 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)
QTERN ORAL TABLET 10-5 MG	2	QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (240 per 30 days)
<i>repaglinide oral tablet 1 mg, 2 mg</i> (Prandin)	1	QL (240 per 30 days)
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	1	QL (150 per 30 days)
RIOMET ORAL SOLUTION 500 MG/5 ML	2	QL (765 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	2	QL (60 per 30 days)
STARLIX ORAL TABLET 120 MG, 60 MG	3	QL (90 per 30 days)
STEGLATRO ORAL TABLET 15 MG	2	QL (30 per 30 days)
STEGLATRO ORAL TABLET 5 MG	2	QL (60 per 30 days)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	2	QL (30 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)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	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 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 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Insulins		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	QL (30 per 28 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (40 per 28 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (30)/ 8 UNIT (60), 4 UNIT (60)/ 8 UNIT (30), 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (60)/ 12 UNIT (30)	2	
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	QL (30 per 28 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (40 per 28 days)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (30 per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (40 per 28 days)
HUMALOG JUNIOR KWIKPEN U- 100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	QL (30 per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	QL (30 per 28 days)
HUMALOG MIX 50-50 INSULN U- 100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	2	QL (40 per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	QL (30 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	QL (30 per 28 days)
HUMALOG MIX 75-25(U- 100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	QL (40 per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	QL (30 per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (40 per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	QL (40 per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL (30 per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (30 per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	QL (40 per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 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)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (40 per 28 days)
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (30 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	QL (40 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	QL (40 per 28 days)
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN U- 100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	QL (30 per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 INSULIN 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)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	QL (15 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)
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	1	
<i>glimepiride oral tablet 1 mg, 2 mg</i> (Amaryl)	1	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i> (Amaryl)	1	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i> (Glucotrol)	1	QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i> (Glucotrol)	1	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL)	1	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i> (Glucotrol XL)	1	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days)
GLUCOTROL ORAL TABLET 10 MG	3	QL (120 per 30 days)
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	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> (Glucovance)	1	
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG	3	
<i>tolazamide oral tablet 250 mg</i>	1	QL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	1	QL (60 per 30 days)
<i>tolbutamide oral tablet 500 mg</i>	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
<i>amphotericin b injection recon soln 50 mg</i>	1	PA BvD
ANCOBON ORAL CAPSULE 250 MG, 500 MG	3	
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	3	
<i>casprofungin intravenous recon soln 50 mg, 70 mg</i> (Cancidas)	1	
CICLODAN TOPICAL CREAM 0.77 %	3	
CICLODAN TOPICAL SOLUTION 8 %	3	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	1	
<i>ciclopirox topical gel 0.77 %</i>	1	
<i>ciclopirox topical shampoo 1 %</i> (Loprox)	1	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	1	
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	1	
<i>clotrimazole topical solution 1 %</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i> (Lotrisone)	1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>econazole topical cream 1 %</i>	1	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	PA BvD
ERTACZO TOPICAL CREAM 2 %	2	
EXELDERM TOPICAL CREAM 1 %	2	
EXELDERM TOPICAL SOLUTION 1 %	2	
EXTINA TOPICAL FOAM 2 %	3	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	1	PA BvD
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	PA BvD
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	1	
<i>fluconazole-dext 200 mg/100 ml inner, sub 200 mg/100 ml</i>	1	PA BvD
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
GRIS-PEG (ULTRAMICROSIZED) ORAL TABLET 125 MG, 250 MG	3	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	1	PA
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	2	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>ketoconazole topical cream 2 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole topical foam 2 %</i> (Extina)	1	
<i>ketoconazole topical shampoo 2 %</i> (Nizoral)	1	
LAMISIL ORAL TABLET 250 MG	3	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	3	
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 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	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	PA BvD
<i>naftifine topical cream 1 %</i>	1	
<i>naftifine topical cream 2 %</i> (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
<i>nyamyc topical powder 100,000 unit/gram</i>	1	
<i>nyata topical powder 100,000 unit/gram</i>	1	
<i>nystatin oral powder 500 million unit</i>	1	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	
<i>nystop topical powder 100,000 unit/gram</i>	1	
ONMEL ORAL TABLET 200 MG	2	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	2	
<i>oxiconazole topical cream 1%</i> (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
<i>terbinafine hcl oral tablet 250 mg</i>	1	
VFEND IV INTRAVENOUS SOLUTION 200 MG	3	PA BvD
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	3	
VFEND ORAL TABLET 200 MG, 50 MG	3	
<i>voriconazole intravenous solution 200 mg</i> (Vfend IV)	1	PA BvD
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	1	
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	1	
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	2	
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg, 300 mg</i> (Zyloprim)	1	
ALOPRIM INTRAVENOUS RECON SOLN 500 MG	3	
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	1	
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	1	
COLCRYS ORAL TABLET 0.6 MG	3	
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	2	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MITIGARE ORAL CAPSULE 0.6 MG	3	
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
ULORIC ORAL TABLET 40 MG, 80 MG	2	ST; QL (30 per 30 days)
ZURAMPIC ORAL TABLET 200 MG	2	QL (30 per 30 days)
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
Antihistamines		
Antihistamines		
<i>arbinoxa oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i> (RyVent)	1	
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	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	
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i> (Clarinet)	1	
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Children's Allergy (diphenhyd))	1	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl intramuscular solution 50 mg/ml</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	2	
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	1	
<i>levocetirizine oral tablet 5 mg</i> (Xyzal)	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine vc oral syrup 6.25-5 mg/5 ml</i>	1	
RYVENT ORAL TABLET 6 MG	2	
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	
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	2	
GYNAZOLE-1 VAGINAL CREAM 2 %	2	
METROGEL VAGINAL VAGINAL GEL 0.75 %	3	
<i>metronidazole vaginal gel 0.75 %</i> (Metrogel Vaginal)	1	
NUVESSA VAGINAL GEL 1.3 %	2	
TERAZOL 7 VAGINAL CREAM 0.4 %	3	
<i>terconazole vaginal cream 0.4 %</i> (Terazol 7)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>terconazole vaginal cream 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
VANDAZOLE VAGINAL GEL 0.75 %	2	
Antimigraine Agents		
Antimigraine Agents		
<i>almotriptan malate oral tablet 12.5 mg</i> (Axert)	1	QL (12 per 28 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	1	QL (12 per 28 days)
AMERGE ORAL TABLET 1 MG, 2.5 MG	3	ST; 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	3	QL (40 per 28 days)
D.H.E.45 INJECTION SOLUTION 1 MG/ML	3	PA BvD; QL (3 per 28 days)
<i>dihydroergotamine injection solution 1 mg/ml</i> (D.H.E.45)	1	PA BvD; QL (30 per 28 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	1	QL (8 per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	1	QL (12 per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	2	QL (40 per 28 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i> (Cafergot)	1	QL (40 per 28 days)
FROVA ORAL TABLET 2.5 MG	3	ST; QL (18 per 28 days)
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	1	QL (18 per 28 days)
IMITREX 6 MG/0.5 ML PEN INJECT 2 STAT DOSE SYR,SDV 6 MG/0.5 ML	3	ST; QL (4 per 28 days)
IMITREX NASAL SPRAY, NON-AEROSOL 20 MG/ACTUATION, 5 MG/ACTUATION	3	ST; QL (12 per 28 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST; QL (18 per 28 days)
IMITREX STATDOSE KIT REFILL SUBCUTANEOUS CARTRIDGE 6 MG/0.5 ML	3	ST; QL (4 per 28 days)
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML	3	ST; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5 ML	3	ST; QL (4 per 28 days)
MAXALT ORAL TABLET 10 MG, 5 MG	3	ST; QL (18 per 28 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG, 5 MG	3	ST; 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)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i> (Amerge)	1	QL (18 per 28 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	2	ST; QL (16 per 28 days)
RELPAK ORAL TABLET 20 MG, 40 MG	3	ST; QL (12 per 28 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	1	QL (18 per 28 days)
<i>rizatriptan oral tablet 5 mg</i>	1	QL (18 per 28 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i> (Maxalt-MLT)	1	QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/lactuation, 5 mg/lactuation</i> (Imitrex)	1	QL (12 per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex)	1	QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Kit Refill)	1	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	1	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	1	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL (4 per 28 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i> (Treximet)	1	QL (12 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 10-60 MG	2	ST; QL (9 per 30 days)
TREXIMET ORAL TABLET 85-500 MG	3	ST; QL (12 per 28 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	2	ST; QL (8 per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	1	QL (12 per 28 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i> (Zomig ZMT)	1	QL (12 per 28 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG, 5 MG	2	ST; QL (12 per 28 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	3	ST; QL (12 per 28 days)
ZOMIG ZMT ORAL TABLET, DISINTEGRATING 2.5 MG, 5 MG	3	ST; QL (12 per 28 days)
Antimycobacterials		
Antimycobacterials		
CAPASTAT INJECTION RECON SOLN 1 GRAM	2	
<i>cycloserine oral capsule 250 mg</i>	1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>ethambutol oral tablet 100 mg</i>	1	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	1	
<i>isoniazid injection solution 100 mg/ml</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE 150 MG	3	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	2	
PRIFTIN ORAL TABLET 150 MG	2	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	1	
RIFADIN INTRAVENOUS RECON SOLN 600 MG	3	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
RIFADIN ORAL CAPSULE 150 MG, 300 MG	3	
RIFAMATE ORAL CAPSULE 300- 150 MG	2	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	1	PA BvD
<i>rifampin oral capsule 150 mg, 300 mg</i> (Rifadin)	1	
RIFATER ORAL TABLET 50-120-300 MG	2	
SIRTURO ORAL TABLET 100 MG	2	QL (188 per 168 days)
TRECTOR ORAL TABLET 250 MG	2	
Antinausea Agents		
Antinausea Agents		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235- 0.25 MG	2	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	2	PA BvD
ALOXI INTRAVENOUS SOLUTION 0.25 MG/5 ML	2	
ANZEMET ORAL TABLET 100 MG, 50 MG	2	PA BvD
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i> (Emend)	1	PA BvD
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	1	PA BvD
CESAMET ORAL CAPSULE 1 MG	2	PA; QL (180 per 30 days)
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML	2	QL (36 per 28 days)
COMPAZINE ORAL TABLET 10 MG, 5 MG	3	
COMPAZINE RECTAL SUPPOSITORY 25 MG	3	
<i>compro rectal suppository 25 mg</i>	1	
<i>dimenhydrinate injection solution 50 mg/ml</i>	1	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	1	PA
EMEND ORAL CAPSULE 125 MG, 80 MG	3	PA BvD
EMEND ORAL CAPSULE 40 MG	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2)	3	PA BvD
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	2	PA BvD
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	1	PA BvD
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	PA BvD
<i>granisetron hcl oral tablet 1 mg</i>	1	PA BvD
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	3	PA
<i>meclizine oral tablet 12.5 mg</i>	1	
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	1	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	PA BvD
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	PA BvD
<i>ondansetron hcl oral solution 4 mg/5 ml</i> (Zofran)	1	PA BvD
<i>ondansetron hcl oral tablet 24 mg</i>	1	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i> (Zofran)	1	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i> (Zofran ODT)	1	PA BvD
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	1	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i> (Aloxi)	1	
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i>	1	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	3	
PHENERGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	3	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compazine)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine injection solution 25 mg/ml, (Phenergan) 50 mg/ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, (Phenadoz) 25 mg</i>	1	
<i>promethazine rectal suppository 50 mg (Phenergan)</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	2	QL (4 per 28 days)
<i>scopolamine base transdermal patch 3 (Transderm-Scop) day 1 mg over 3 days</i>	1	QL (10 per 30 days)
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING 10 MG/0.4 ML	2	
SYNDROS ORAL SOLUTION 5 MG/ML	2	PA
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	2	
TIGAN ORAL CAPSULE 300 MG	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	3	QL (10 per 30 days)
<i>trimethobenzamide oral capsule 300 mg (Tigan)</i>	1	
VARUBI INTRAVENOUS EMULSION 166.5 MG/92.5 ML	2	
VARUBI ORAL TABLET 90 MG	2	PA BvD
ZOFRAN INTRAVENOUS SOLUTION 2 MG/ML	3	PA BvD
ZOFRAN ODT ORAL TABLET,DISINTEGRATING 4 MG, 8 MG	3	PA BvD
ZOFRAN ORAL SOLUTION 4 MG/5 ML	3	PA BvD
ZOFRAN ORAL TABLET 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	

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
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	
ALINIA ORAL TABLET 500 MG	2	
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	1	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	1	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	1	
BILTRICIDE ORAL TABLET 600 MG	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20-120 MG	2	
DARAPRIM ORAL TABLET 25 MG	2	
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	1	
IMPAVIDO ORAL CAPSULE 50 MG	2	PA; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	1	
MALARONE ORAL TABLET 250-100 MG	3	
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	3	
<i>mefloquine oral tablet 250 mg</i>	1	
MEPRON ORAL SUSPENSION 750 MG/5 ML	3	
NEBUPENT INHALATION RECON SOLN 300 MG	2	PA BvD
<i>paromomycin oral capsule 250 mg</i>	1	
PENTAM INJECTION RECON SOLN 300 MG	2	
PLAQUENIL ORAL TABLET 200 MG	3	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	1	
PRIMAQUINE ORAL TABLET 26.3 MG	2	
QUALAQUIN ORAL CAPSULE 324 MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	1	PA; QL (42 per 7 days)
STROMEKTOL ORAL TABLET 3 MG	3	
TINDAMAX ORAL TABLET 500 MG	3	
<i>tinidazole oral tablet 250 mg</i>	1	
<i>tinidazole oral tablet 500 mg</i> (Tindamax)	1	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	2	PA; QL (60 per 30 days)
AZILECT ORAL TABLET 0.5 MG, 1 MG	3	
<i>benztropine injection solution 2 mg/2 ml</i> (Cogentin)	1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	1	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	1	
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet)	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> (Sinemet CR)	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	1	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	1	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	1	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	1	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	1	
COGENTIN INJECTION SOLUTION 2 MG/2 ML	3	
COMTAN ORAL TABLET 200 MG	3	
ELDEPRYL ORAL CAPSULE 5 MG	3	
<i>entacapone oral tablet 200 mg</i> (Comtan)	1	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	2	PA; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	2	PA; QL (30 per 30 days)
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, 3.75 MG, 4.5 MG	3	
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	QL (30 per 30 days)
PARLODEL ORAL CAPSULE 5 MG	3	
PARLODEL ORAL TABLET 2.5 MG	3	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	1	
<i>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</i> (Mirapex ER)	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	1	
REQUIP ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG	3	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> (Requip)	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i> (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	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	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	
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
XADAGO ORAL TABLET 100 MG, 50 MG	2	PA; QL (30 per 30 days)
ZELAPAR ORAL TABLET, DISINTEGRATING 1.25 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
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 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	
<i>aripiprazole oral solution 1 mg/ml</i>	1	QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20</i> (Abilify) <i>mg, 30 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>aripiprazole oral tablet 2 mg</i> (Abilify)	1	QL (60 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10</i> <i>mg</i>	1	QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15</i> <i>mg</i>	1	QL (60 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	QL (3.9 per 28 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)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	2	QL (3.2 per 28 days)
<i>chlorpromazine injection solution 25</i> <i>mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100</i> <i>mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet 100 mg</i> (Clozaril)	1	QL (270 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clozapine oral tablet 200 mg</i>	1	QL (135 per 30 days)
<i>clozapine oral tablet 25 mg</i> (Clozaril)	1	QL (90 per 30 days)
<i>clozapine oral tablet 50 mg</i>	1	QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i> (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)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
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	ST; QL (60 per 30 days)
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	3	
HALDOL INJECTION SOLUTION 5 MG/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate)	1	
<i>haloperidol lactate injection solution 5 mg/ml</i> (Haldol)	1	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	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)
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)

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Drug Name	Drug Tier	Requirements/Limits
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; QL (30 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>molindone oral tablet 10 mg</i>	1	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	1	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	1	QL (120 per 30 days)
NUPLAZID ORAL TABLET 17 MG	2	PA NSO; QL (60 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	1	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	1	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	1	QL (30 per 30 days)
ORAP ORAL TABLET 1 MG, 2 MG	3	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> (Invega)	1	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	1	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i> (Orap)	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	1	QL (90 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	1	QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i> (Seroquel XR)	1	QL (30 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)

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Drug Name	Drug Tier	Requirements/Limits
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 0.5 MG, 1 MG, 2 MG	3	ST; QL (60 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 3 MG, 4 MG	3	ST; QL (120 per 30 days)
RISPERDAL ORAL SOLUTION 1 MG/ML	3	ST; QL (480 per 30 days)
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	ST; QL (60 per 30 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	1	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	1	QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 1 mg, 2 mg</i>	1	QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 0.5 mg</i> (Risperdal M-TAB)	1	QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 3 mg, 4 mg</i>	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)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	3	ST; QL (90 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 400 MG, 50 MG	3	ST; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	3	ST; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	2	QL (540 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (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	ST; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	2	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	2	QL (1 per 28 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	3	ST; QL (30 per 30 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	1	
<i>abacavir oral tablet 300 mg</i> (Ziagen)	1	
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	1	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	1	
APTIVUS ORAL CAPSULE 250 MG	2	
APTIVUS ORAL SOLUTION 100 MG/ML	2	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i> (Reyataz)	1	
ATRIPLA ORAL TABLET 600-200-300 MG	2	
BIKTARVY ORAL TABLET 50-200-25 MG	2	
CIMDUO ORAL TABLET 300-300 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>didanosine oral capsule, delayed release (drlec) 125 mg, 200 mg, 250 mg, 400 mg</i> (Videx EC)	1	
EDURANT ORAL TABLET 25 MG	2	
<i>efavirenz oral capsule 200 mg, 50 mg</i> (Sustiva)	1	
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	1	
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	
EPZICOM ORAL TABLET 600-300 MG	3	
EVOTAZ ORAL TABLET 300-150 MG	2	
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	1	
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 HD ORAL TABLET 600 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	
ISENTRESS ORAL TABLET 400 MG	2	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	
JULUCA ORAL TABLET 50-25 MG	2	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	2	
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	1	
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	1	
LEXIVA ORAL SUSPENSION 50 MG/ML	2	
LEXIVA ORAL TABLET 700 MG	3	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	1	
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	1	
<i>nevirapine oral tablet 200 mg</i> (Viramune)	1	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i> (Viramune XR)	1	
NORVIR ORAL CAPSULE 100 MG	2	
NORVIR ORAL POWDER IN PACKET 100 MG	2	
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, 600 MG, 75 MG, 800 MG	2	
RESCRIPTOR ORAL TABLET 200 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
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	3	
REYATAZ ORAL POWDER IN PACKET 50 MG	2	
<i>ritonavir oral tablet 100 mg</i> (Norvir)	1	
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	2	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> (Zerit)	1	
<i>stavudine oral recon soln 1 mg/ml</i> (Zerit)	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	2	
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	3	
SUSTIVA ORAL TABLET 600 MG	3	
SYMFI LO ORAL TABLET 400-300-300 MG	2	
SYMFI ORAL TABLET 600-300-300 MG	2	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	1	
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	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	2	

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Drug Name	Drug Tier	Requirements/Limits
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	2	
VEMLIDY ORAL TABLET 25 MG	2	QL (30 per 30 days)
VIDEX 2 GM PEDIATRIC SOLN 10 MG/ML (FINAL)	2	
VIDEX 4 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	2	
VIREAD ORAL TABLET 300 MG	3	
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	3	
ZIAGEN ORAL TABLET 300 MG	3	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	1	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	1	
<i>zidovudine oral tablet 300 mg</i>	1	
Antivirals, Miscellaneous		
FLUMADINE ORAL TABLET 100 MG	3	
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	1	PA BvD
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	1	QL (84 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	1	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	1	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	1	QL (540 per 180 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	2	PA; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	2	PA; QL (672 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	2	PA; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	2	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	1	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	2	PA
TAMIFLU ORAL CAPSULE 30 MG	3	QL (84 per 180 days)
TAMIFLU ORAL CAPSULE 45 MG	3	QL (48 per 180 days)
TAMIFLU ORAL CAPSULE 75 MG	3	QL (42 per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	3	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)
MAVYRET ORAL TABLET 100-40 MG	2	PA; QL (84 per 28 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)
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)

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Drug Name	Drug Tier	Requirements/Limits
VIEKIRA XR ORAL TABLET, IR - ER, BIPHASIC 24HR 8.33 MG-50 MG- 33.33 MG-200 MG	2	PA; QL (84 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	2	PA; QL (28 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	2	PA; QL (30 per 30 days)
Interferons		
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 CONVENIENCE PACK SUBCUTANEOUS KIT 180 MCG/0.5 ML	2	PA
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	2	PA
PEGINTRON SUBCUTANEOUS KIT 50 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		
<i>acyclovir oral capsule 200 mg</i> (Zovirax)	1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i> (Zovirax)	1	
<i>acyclovir sodium intravenous recon soln 500 mg</i>	1	PA BvD
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	1	PA

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Drug Name	Drug Tier	Requirements/Limits
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	PA
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	3	PA
<i>cidofovir intravenous solution 75 mg/ml</i>	1	PA BvD
COPEGUS ORAL TABLET 200 MG	3	
CYTOVENE INTRAVENOUS RECON SOLN 500 MG	3	PA BvD
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	1	PA
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>ganciclovir sodium intravenous recon soln</i> (Cytovene) <i>500 mg</i>	1	PA BvD
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	1	PA BvD
HEPSERA ORAL TABLET 10 MG	3	PA
MODERIBA 400-400 MG DOSEPACK 400 MG (7)- 400 MG (7)	3	
MODERIBA DOSE PACK ORAL TABLETS,DOSE PACK 200 MG (7)- 400 MG (7), 400-400 MG (28)-MG (28), 600 MG (7)- 400 MG (7), 600-600 MG (28)-MG (28)	3	
MODERIBA ORAL TABLET 200 MG	3	
REBETOL ORAL SOLUTION 40 MG/ML	2	
<i>ribasphere oral capsule 200 mg</i>	1	
<i>ribasphere oral tablet 200 mg</i>	1	
<i>ribasphere oral tablet 400 mg, 600 mg</i>	3	
<i>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)</i>	3	
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	1	PA BvD
<i>ribavirin oral capsule 200 mg</i> (Ribasphere)	1	
<i>ribavirin oral tablet 200 mg</i> (Moderiba)	1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	1	
VALCYTE ORAL RECON SOLN 50 MG/ML	3	
VALCYTE ORAL TABLET 450 MG	3	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	1	
VALTREX ORAL TABLET 1 GRAM, 500 MG	3	
VIRAZOLE INHALATION RECON SOLN 6 GRAM	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)
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)
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	2	QL (43 per 42 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	
ELIQUIS ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	1	
<i>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</i> (Lovenox)	1	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	1	QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	1	QL (15 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	1	QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (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)
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)
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 4,000 unit/500 ml (8 unit/ml), 5,000 unit/1,000 ml, 5,000 unit/500 ml (10 unit/ml)</i>	1	PA BvD
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	PA BvD
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml)</i>	1	PA BvD
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	PA BvD
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	PA BvD
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	PA BvD
<i>heparin 25,000 unit/250 ml (100 unit/ml)-0.45% nacl bag llf, inner, single- use 25,000 unit/250 ml</i>	1	PA BvD
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	1	PA BvD
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	PA BvD
IPRIVASK SUBCUTANEOUS RECON SOLN 15 MG	2	QL (24 per 28 days)
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	3	
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	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (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)

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Drug Name	Drug Tier	Requirements/Limits
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)
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 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)
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	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

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Drug Name	Drug Tier	Requirements/Limits
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
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	
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	1	
<i>anagrelide oral capsule 1 mg</i>	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)
TAVALISSE ORAL TABLET 100 MG, 150 MG	2	PA; QL (60 per 30 days)
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> (Cyklokapron)	1	PA BvD
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	1	QL (30 per 30 days)
Platelet-Aggregation Inhibitors		
AGGRENEX ORAL CAPSULE, ER MULTIPHASE 12 HR 25-200 MG	3	QL (60 per 30 days)
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> (Aggrenox)	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg, 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
EFFIENT ORAL TABLET 10 MG, 5 MG	3	QL (30 per 30 days)
<i>eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml</i> (Integrilin)	1	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
PLAVIX ORAL TABLET 300 MG, 75 MG	3	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	1	QL (30 per 30 days)
<i>ticlopidine oral tablet 250 mg</i>	1	
ZONTIVITY ORAL TABLET 2.08 MG	2	
Caloric Agents		
Caloric Agents		
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	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
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

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Drug Name	Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
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
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	PA BvD
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	2	PA BvD
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	1	PA BvD
<i>dextrose 20 % in water (d20w) intravenous parenteral solution 20 %</i>	1	PA BvD
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	1	PA BvD
<i>dextrose 30 % in water (d30w) intravenous parenteral solution</i>	1	PA BvD
<i>dextrose 40 % in water (d40w) intravenous parenteral solution 40 %</i>	1	PA BvD
<i>dextrose 5 % in ringer's intravenous parenteral solution 5 %</i>	1	PA BvD
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	1	PA BvD
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	1	PA BvD
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	1	PA BvD
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	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
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
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	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
<i>smoflipid intravenous emulsion 20 %</i>	1	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
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)
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	3	QL (8 per 28 days)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> (Catapres)	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	1	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	1	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	1	QL (8 per 28 days)
<i>clorpres oral tablet 0.1-15 mg, 0.2-15 mg, 0.3-15 mg</i>	2	
DIBENZYLINE ORAL CAPSULE 10 MG	3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	
<i>methyldopate intravenous solution 250 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	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)
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyline)	1	
<i>phentolamine injection recon soln 5 mg</i>	1	
<i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	1	
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	
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	3	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	3	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (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	
EDARBI ORAL TABLET 40 MG, 80 MG	2	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	PA; QL (60 per 30 days)
<i>eprosartan oral tablet 600 mg</i>	1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	3	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	3	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	3	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	1	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> (Twynsta)	1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (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	3	
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG	3	QL (30 per 30 days)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	1	

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Drug Name	Drug Tier	Requirements/Limits
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	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	3	
<i>benazepril oral tablet 10 mg, 5 mg</i>	1	
<i>benazepril oral tablet 20 mg, 40 mg</i> (Lotensin)	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	1	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
EPANED ORAL SOLUTION 1 MG/ML	2	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 20 mg, 5 mg</i> (Prinivil)	1	
<i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg</i> (Zestril)	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (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	3	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>moexipril-hydrochlorothiazide oral tablet</i> 15-12.5 mg, 15-25 mg, 7.5-12.5 mg	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	3	
QBRELIS ORAL SOLUTION 1 MG/ML	2	ST
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	
<i>quinapril-hydrochlorothiazide oral tablet</i> (Accuretic) 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 1-240 MG, 2-180 MG, 2-240 MG, 4-240 MG	3	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg</i> (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		
<i>amiodarone intravenous solution 50 mg/ml</i>	1	PA BvD
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	2	
NORPACE ORAL CAPSULE 100 MG, 150 MG	3	
<i>pacerone oral tablet 100 mg, 400 mg</i>	3	
<i>pacerone oral tablet 200 mg</i>	1	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	1	
<i>procainamide intravenous syringe 100 mg/ml</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR)	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate injection solution 80 mg/ml</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
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	
<i>xylocaine (cardiac) (pf) intravenous solution 20 mg/ml (2%)</i>	3	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	1	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	1	

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Drug Name	Drug Tier	Requirements/Limits
BETAPACE 160 MG TABLET 160 MG	3	
BETAPACE 80 MG TABLET 80 MG	3	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	3	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet (Ziac) 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	2	
BYVALSON ORAL TABLET 5-80 MG	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	1	
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	3	
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	3	
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	
<i>labetalol intravenous solution 5 mg/ml</i>	1	PA BvD
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml), 50 mg/10 ml (5 mg/ml)</i>	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	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	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i> (Lopressor HCT)	1	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i> (Lopressor)	1	
<i>metoprolol tartrate intravenous syringe 5 mg/5 ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	1	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg</i> (Corzide)	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol intravenous solution 1 mg/ml</i>	1	PA BvD
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>sotalol 120 mg tablet 120 mg</i> (Betapace)	1	
<i>sotalol af oral tablet 120 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SOTALOL INTRAVENOUS SOLUTION 150 MG/10 ML (15 MG/ML)	2	PA BvD
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg (Betapace)</i>	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	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	3	
ZEBETA ORAL TABLET 10 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	
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	
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl intravenous recon soln 100 mg</i>	1	PA BvD
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	1	PA BvD
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg</i> (Taztia XT)	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiazac)	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cardizem CD)	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	1	
<i>diltiazem hcl oral tablet 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Cardizem LA)	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	
<i>verapamil intravenous solution 2.5 mg/ml</i>	1	PA BvD
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i> (Verelan)	1	
<i>verapamil oral tablet 120 mg, 80 mg</i> (Calan)	1	
<i>verapamil oral tablet 40 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR)	1	

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Drug Name	Drug Tier	Requirements/Limits
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	3	
ADRENALIN INJECTION SOLUTION 1 MG/ML (1 ML)	3	
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML	2	
AUVI-Q INJECTION AUTO- INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	3	ST; QL (4 per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	2	PA
DEMSEER ORAL CAPSULE 250 MG	2	
<i>digitek oral tablet 125 mcg, 250 mcg</i>	1	QL (30 per 30 days)
<i>digox oral tablet 125 mcg, 250 mcg</i>	1	QL (30 per 30 days)
<i>digoxin 0.25 mg/ml syringe 250 mcg/ml</i>	1	
<i>digoxin injection solution 250 mcg/ml</i> (Lanoxin)	1	
DIGOXIN ORAL SOLUTION 50 MCG/ML	2	
<i>digoxin oral tablet 125 mcg, 250 mcg</i> (Digitek)	1	QL (30 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	1	
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	1	GENERIC FOR ADRENACLICK
EPIPEN 2-PAK INJECTION AUTO- INJECTOR 0.3 MG/0.3 ML	3	QL (4 per 30 days)
EPIPEN INJECTION AUTO- INJECTOR 0.3 MG/0.3 ML	3	QL (4 per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	3	QL (4 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	2	PA
<i>hydralazine injection solution 20 mg/ml</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
LANOXIN INJECTION SOLUTION 250 MCG/ML	3	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	QL (30 per 30 days)
LANOXIN ORAL TABLET 187.5 MCG	2	QL (30 per 30 days)
LANOXIN ORAL TABLET 62.5 MCG	2	QL (60 per 30 days)
LANOXIN PEDIATRIC INJECTION SOLUTION 100 MCG/ML	2	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	2	PA
<i>reserpine oral tablet 0.1 mg, 0.25 mg</i>	1	
VECAMYL ORAL TABLET 2.5 MG	2	
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG	2	QL (30 per 30 days)
Dihydropyridines		
ADALAT CC ORAL TABLET EXTENDED RELEASE 30 MG, 60 MG, 90 MG	3	
<i>afeditab cr oral tablet extended release 30 mg, 60 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> (Lotrel)	1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hcthiaizid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	1	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	3	
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 20 MG/200 ML	3	
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 40 MG/200 ML	2	
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	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG, 5-40 MG	3	
<i>nicardipine intravenous solution 25 mg/10 ml</i> (Cardene IV)	1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral capsule 10 mg</i> (Procardia)	1	
<i>nifedipine oral capsule 20 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> (Adalat CC)	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular)	1	
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg</i>	1	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 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
NYMALIZE 60 MG/20 ML SOLUTION 60 MG/20 ML	2	
NYMALIZE ORAL SOLUTION 30 MG/10 ML	2	
PROCARDIA ORAL CAPSULE 10 MG	3	
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	
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	1	
<i>chlorothiazide sodium intravenous recon (Diuril IV) soln 500 mg</i>	1	PA BvD
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
DEMADEX ORAL TABLET 10 MG, 20 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	
EDECRIIN ORAL TABLET 25 MG	3	
<i>ethacrynic acid oral tablet 25 mg (Edecrin)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i> (Microzide)	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	2	PA; QL (56 per 28 days)
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	
<i>methyclothiazide oral tablet 5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	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)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)	1	
<i>toremide oral tablet 10 mg, 20 mg</i> (Demadex)	1	
<i>toremide oral tablet 100 mg, 5 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> (Dyazide)	1	
<i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	1	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	1	

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Drug Name	Drug Tier	Requirements/Limits
Dyslipidemics		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	2	
<i>amlodipine-atorvastatin oral tablet 10-10</i> (Caduet) <i>mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10</i> <i>mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	
<i>amlodipine-atorvastatin oral tablet 2.5-10</i> <i>mg, 2.5-20 mg, 2.5-40 mg</i>	1	
ANTARA ORAL CAPSULE 30 MG, 90 MG	2	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40</i> (Lipitor) <i>mg, 80 mg</i>	1	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	
<i>cholestyramine (with sugar) oral powder</i> (Questran) <i>in packet 4 gram</i>	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light packet 4 gram</i>	1	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	1	
COLESTID FLAVORED GRANULES 7.5 GRAM	3	
COLESTID ORAL PACKET 5 GRAM	3	
COLESTID ORAL TABLET 1 GRAM	3	
<i>colestipol oral packet 5 gram</i> (Colestid)	1	
<i>colestipol oral tablet 1 gram</i> (Colestid)	1	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	
<i>ezetimibe-simvastatin oral tablet 10-10</i> (Vytorin 10-10) <i>mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-20</i> (Vytorin 10-20) <i>mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-40</i> (Vytorin 10-40) <i>mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-80</i> (Vytorin 10-80) <i>mg</i>	1	PA
<i>fenofibrate micronized oral capsule 130</i> <i>mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate nanocrystallized oral tablet</i> (Tricor) 145 mg, 48 mg	1	
<i>fenofibrate oral capsule</i> 150 mg, 50 mg (Lipofen)	1	
<i>fenofibrate oral tablet</i> 120 mg, 40 mg (Fenoglide)	1	
<i>fenofibrate oral tablet</i> 160 mg, 54 mg	1	
<i>fenofibric acid (choline) oral capsule, delayed release (drlec)</i> 135 mg, 45 mg (Trilipix)	1	
<i>fenofibric acid oral tablet</i> 105 mg, 35 mg (Fibricor)	1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	3	
FIBRICOR ORAL TABLET 105 MG, 35 MG	3	
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	2	ST; QL (150 per 30 days)
<i>fluvastatin oral capsule</i> 20 mg, 40 mg (Lescol)	1	
<i>fluvastatin oral tablet extended release</i> 24 hr 80 mg (Lescol XL)	1	
<i>gemfibrozil oral tablet</i> 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	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	3	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	2	QL (30 per 30 days)
LOPID ORAL TABLET 600 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
LOVAZA ORAL CAPSULE 1 GRAM	3	QL (120 per 30 days)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release)	1	
<i>niacor oral tablet 500 mg</i>	1	
NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 500 MG, 750 MG	3	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	1	QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	2	PA; QL (2 per 28 days)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	3	
<i>pravastatin oral tablet 10 mg</i>	1	
<i>pravastatin oral tablet 20 mg, 40 mg, 80 mg</i> (Pravachol)	1	
<i>prevalite oral powder in packet 4 gram</i>	1	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	3	
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	3	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL (3.5 per 28 days)
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)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Zocor)	1	
<i>simvastatin oral tablet 80 mg</i> (Zocor)	1	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRICOR ORAL TABLET 145 MG, 48 MG	3	
TRIGLIDE ORAL TABLET 160 MG	2	
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 135 MG, 45 MG	3	
VASCEPA ORAL CAPSULE 0.5 GRAM	2	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM	2	QL (120 per 30 days)
VYTORIN 10-10 ORAL TABLET 10-10 MG	3	
VYTORIN 10-20 ORAL TABLET 10-20 MG	3	
VYTORIN 10-40 ORAL TABLET 10-40 MG	3	
VYTORIN 10-80 ORAL TABLET 10-80 MG	3	PA
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	2	
WELCHOL ORAL TABLET 625 MG	2	
ZETIA ORAL TABLET 10 MG	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	QL (30 per 30 days)
ZOCOR ORAL TABLET 80 MG	3	PA; QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	2	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	1	
INSPIRA ORAL TABLET 25 MG, 50 MG	3	
TEKAMLO ORAL TABLET 150-10 MG, 150-5 MG, 300-10 MG, 300-5 MG	2	
TEKTURN HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	2	
TEKTURN ORAL TABLET 150 MG, 300 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
Vasodilators		
BIDIL ORAL TABLET 20-37.5 MG	2	
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE 40 MG	2	
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	2	
ISORDIL ORAL TABLET 40 MG	2	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titrados)	1	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (ISOCHRON)	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr</i>	1	QL (30 per 30 days)
<i>minitran transdermal patch 24 hour 0.4 mg/hr</i>	1	QL (60 per 30 days)
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
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	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	1	PA BvD
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr</i> (Minitran)	1	QL (30 per 30 days)
<i>nitroglycerin transdermal patch 24 hour 0.4 mg/hr</i> (Minitran)	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray</i> (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	3	
Central Nervous System Agents		
Central Nervous System Agents		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 30 MG	3	ST; QL (60 per 30 days)
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	ST
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG	3	ST; QL (30 per 30 days)
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG	3	ST; QL (60 per 30 days)
ADZENYS ER ORAL SUSPEN, IR - ER, BIPHASIC 24HR 1.25 MG/ML	2	ST; QL (450 per 30 days)
ADZENYS XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	2	ST; 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)
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> (Strattera)	1	
AUBAGIO ORAL TABLET 14 MG, 7 MG	2	PA; QL (28 per 28 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	2	PA; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AUSTEDO ORAL TABLET 6 MG	2	PA; QL (60 per 30 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
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
<i>clonidine hcl oral tablet extended release (Kapvay) 12 hr 0.1 mg</i>	1	
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	3	ST; QL (30 per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	3	ST; QL (60 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	3	PA
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	2	ST; QL (30 per 30 days)
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)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR)	1	QL (30 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	1	QL (60 per 30 days)
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i> (Dexedrine Spansule)	1	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine oral solution 5 mg/5 ml</i> (ProCentra)	1	QL (1800 per 30 days)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i> (Zenedi)	1	QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	1	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	1	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	1	QL (60 per 30 days)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	2	QL (240 per 30 days)
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	ST; QL (60 per 30 days)
FOCALIN XR ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	3	ST; QL (30 per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	2	PA; QL (28 per 28 days)
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Copaxone)	1	PA
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	1	PA
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	1	
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA; QL (60 per 30 days)
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	

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Drug Name	Drug Tier	Requirements/Limits
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	2	PA
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	3	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	2	QL (90 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	2	QL (60 per 30 days)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 40 MG, 50 MG, 60 MG	3	ST; QL (30 per 30 days)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 30 MG	3	ST; QL (60 per 30 days)
<i>metadate er oral tablet extended release 20 mg</i>	3	QL (90 per 30 days)
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	1	PA; QL (150 per 30 days)
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	3	ST; 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)
<i>methylphenidate er 18 mg tab 18 mg</i> (Concerta)	1	QL (30 per 30 days)
<i>methylphenidate er 27 mg tab 27 mg</i> (Concerta)	1	QL (30 per 30 days)
<i>methylphenidate er 36 mg tab 36 mg</i> (Concerta)	1	QL (60 per 30 days)
<i>methylphenidate er 54 mg tab 54 mg</i> (Concerta)	1	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	1	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	1	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	1	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	1	QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	1	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	1	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	1	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	1	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	1	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	1	QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>	1	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet, chewable 10 mg</i>	1	QL (180 per 30 days)
<i>methylphenidate hcl oral tablet, chewable 2.5 mg, 5 mg</i>	1	QL (90 per 30 days)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	ST; QL (30 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	2	QL (60 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	2	PA; QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA
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)

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Drug Name	Drug Tier	Requirements/Limits
QUILLICHEW ER ORAL TABLET,CHEW,IR- ER.BIPHASIC24HR 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
RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML	2	PA; QL (2800 per 30 days)
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	
<i>riluzole oral tablet 50 mg</i> (Rilutek)	1	
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG	2	ST; QL (30 per 30 days)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 20 MG, 40 MG	3	ST; QL (30 per 30 days)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 30 MG	3	ST; QL (60 per 30 days)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; 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)
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	3	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	2	PA; QL (14 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46), 240 MG	2	PA; QL (60 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (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)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	QL (30 per 30 days)
XENAZINE ORAL TABLET 12.5 MG, 25 MG	3	QL (112 per 28 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	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)
ZINBRYTA SUBCUTANEOUS SYRINGE 150 MG/ML	2	QL (1 per 28 days)
Contraceptives		
Contraceptives		
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	QL (91 per 84 days)
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	QL (91 per 84 days)
<i>amethyst oral tablet 90-20 mcg</i>	3	
<i>apri oral tablet 0.15-0.03 mg</i>	1	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	3	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>brevicon (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	
<i>camila oral tablet 0.35 mg</i>	1	
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	QL (91 per 84 days)
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	QL (91 per 84 days)
<i>caziant (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>	1	
<i>chateal oral tablet 0.15-0.03 mg</i>	1	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
CYCLESSA (28) ORAL TABLET 0.1/1.125/1.15-25 MG-MCG	3	
<i>cyred oral tablet 0.15-0.03 mg</i>	1	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	1	
<i>delyla (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>desog-e.estradiolle.estradiol oral tablet (Azurette (28)) 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
DESOGEN ORAL TABLET 0.15-0.03 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>desogestrel-ethinyl estradiol oral tablet</i> (Apri) 0.15-0.03 mg	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet</i> (Beyaz) 3-0.02-0.451 mg (24) (4)	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet</i> (Safyral) 3-0.03-0.451 mg (21) (7)	1	
<i>drospirenone-ethinyl estradiol oral tablet</i> (Gianvi (28)) 3-0.02 mg	1	
<i>drospirenone-ethinyl estradiol oral tablet</i> (Ocella) 3-0.03 mg	1	
<i>elinest oral tablet</i> 0.3-30 mg-mcg	1	
ELLA ORAL TABLET 30 MG	2	QL (6 per 365 days)
<i>emoquette oral tablet</i> 0.15-0.03 mg	1	
<i>enpresse oral tablet</i> 50-30 (6)/75-40 (5)/125-30(10)	1	
<i>enskyce oral tablet</i> 0.15-0.03 mg	1	
<i>errin oral tablet</i> 0.35 mg	1	
<i>estarylla oral tablet</i> 0.25-35 mg-mcg	1	
ESTROSTEP FE-28 ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	3	
<i>ethynodiol diac-eth estradiol oral tablet</i> (Kelnor 1/35 (28)) 1-35 mg-mcg	1	
<i>ethynodiol diac-eth estradiol oral tablet</i> (Kelnor 1-50) 1-50 mg-mcg	1	
<i>falmina (28) oral tablet</i> 0.1-20 mg-mcg	1	
<i>fayosim oral tablets,dose pack,3 month</i> 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	QL (91 per 84 days)
FEMCON FE ORAL TABLET,CHEWABLE 0.4MG- 35MCG(21) AND 75 MG (7)	3	
<i>femynor oral tablet</i> 0.25-35 mg-mcg	1	
GENERESS FE ORAL TABLET,CHEWABLE 0.8MG- 25MCG(24) AND 75 MG (4)	3	
<i>gianvi (28) oral tablet</i> 3-0.02 mg	1	
<i>gildagia oral tablet</i> 0.4-35 mg-mcg	1	
<i>heather oral tablet</i> 0.35 mg	1	
<i>introvale oral tablets,dose pack,3 month</i> 0.15 mg-30 mcg	1	QL (91 per 84 days)
<i>isibloom oral tablet</i> 0.15-0.03 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>jencycla oral tablet 0.35 mg</i>	1	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	1	QL (91 per 84 days)
<i>jolivette oral tablet 0.35 mg</i>	1	
<i>juleber oral tablet 0.15-0.03 mg</i>	1	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>kelnor 1-50 oral tablet 1-50 mg-mcg</i>	1	
<i>kimidess (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>kurvelo oral tablet 0.15-0.03 mg</i>	1	
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (Amethia Lo)	1	QL (91 per 84 days)
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (Fayosim)	1	QL (91 per 84 days)
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	1	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>larissia oral tablet 0.1-20 mg-mcg</i>	1	
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	3	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Aubra)	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Altavera (28))	1	QL (91 per 84 days)
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i> (Amethyst)	1	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg</i> (Introvale)	1	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	1	QL (91 per 84 days)
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	
<i>lillow oral tablet 0.15-0.03 mg</i>	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	
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	
<i>lomedica 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	
LOSEASONIQUE ORAL TABLETS, DOSE PACK, 3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	3	QL (91 per 84 days)
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lyza oral tablet 0.35 mg</i>	1	
<i>marlissa oral tablet 0.15-0.03 mg</i>	1	
<i>melodetta 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	
<i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	3	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	
MINASTRIN 24 FE ORAL TABLET, CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	3	
MIRCETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	3	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	1	
<i>mononessa (28) oral tablet 0.25-35 mg-mcg</i>	1	
<i>myzilra oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	2	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>necon 1/50 (28) oral tablet 1-50 mg-mcg</i>	1	
<i>necon 10/11 (28) oral tablet 0.5-35/1-35 mg-mcg/mg-mcg</i>	1	
<i>necon 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	1	
<i>noreth-estradiol-fe 1-0.02(21)-75 1 mg-20 mcg (21)/75 mg (7)</i> (Blisovi Fe 1/20 (28))	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)	1	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (Generess Fe)	1	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Junel 1/20 (21))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (Blisovi 24 Fe)	1	
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i> (Melodetta 24 Fe)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Ortho Tri-Cyclen LO (28))	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Ortho Tri-Cyclen (28))	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	1	
<i>norinyl 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>norlyda oral tablet 0.35 mg</i>	1	
<i>norlyroc oral tablet 0.35 mg</i>	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	2	QL (1 per 28 days)
<i>ocella oral tablet 3-0.03 mg</i>	1	
<i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i>	1	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	1	
ORTHO MICRONOR ORAL TABLET 0.35 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	1	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	3	QL (6 per 365 days)
<i>portia oral tablet 0.15-0.03 mg</i>	1	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	1	
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	3	QL (91 per 84 days)
<i>quasense oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	1	QL (91 per 84 days)
<i>rajani oral tablet 3-0.02-0.451 mg (24) (4)</i>	1	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	QL (91 per 84 days)
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)
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	1	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	
<i>syeda oral tablet 3-0.03 mg</i>	1	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	2	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>trinessa lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
TRI-NORINYL (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	3	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>velivet triphasic regimen (28) oral tablet 0.11.125/1.15-25 mg-mcg</i>	1	
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	QL (3 per 28 days)
YASMIN (28) ORAL TABLET 3-0.03 MG	3	
YAZ (28) ORAL TABLET 3-0.02 MG	3	
<i>zarah oral tablet 3-0.03 mg</i>	1	
<i>zenchent (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>zenchent fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	1	
<i>zovia 1/50e (28) oral tablet 1-50 mg-mcg</i>	1	
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline oral capsule 30 mg (Evoxac)</i>	1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 % (Paroex Oral Rinse)</i>	1	
CLINPRO 5000 DENTAL PASTE 1.1 %	2	
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
EVOXAC ORAL CAPSULE 30 MG	3	
<i>fluoride (sodium) dental solution 0.2 % (PreviDent)</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	1	
<i>oralone dental paste 0.1 %</i>	3	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	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 (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG	3	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	1	
Dermatological Agents		
Dermatological Agents, Other		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	
ABSORICA ORAL CAPSULE 25 MG, 35 MG	2	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> (Soriatane)	1	PA
<i>acyclovir topical ointment 5 %</i> (Zovirax)	1	
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	
<i>ammonium lactate topical cream 12 %</i> (Geri-Hydrolac)	1	
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	1	
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
AZELEX TOPICAL CREAM 20 %	2	
<i>calcipotriene scalp solution 0.005 %</i>	1	
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	1	
<i>calcipotriene topical ointment 0.005 %</i> (Calcitrene)	1	
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i> (Taclonex)	1	
<i>calcitrene topical ointment 0.005 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	1	
CARAC TOPICAL CREAM 0.5 %	3	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
CONDYLOX TOPICAL GEL 0.5 %	2	
CONDYLOX TOPICAL SOLUTION 0.5 %	3	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA
<i>dapsone topical gel 5 %</i> (Aczone)	1	
DENAVIR TOPICAL CREAM 1 %	2	
<i>diclofenac sodium topical drops 1.5 %</i>	1	
<i>diclofenac sodium topical gel 1 %</i> (Voltaren)	1	
<i>diclofenac sodium topical gel 3 %</i> (Solaraze)	1	
DOVONEX TOPICAL CREAM 0.005 %	3	
<i>doxepin topical cream 5 %</i> (Prudoxin)	1	
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA
EFUDEX TOPICAL CREAM 5 %	3	
ENSTILAR TOPICAL FOAM 0.005-0.064 %	3	
FINACEA TOPICAL FOAM 15 %	2	
FINACEA TOPICAL GEL 15 %	2	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	2	PA
<i>fluorouracil topical cream 0.5 %</i> (Carac)	1	
<i>fluorouracil topical cream 5 %</i> (Efudex)	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	1	QL (24 per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Absorica)	1	
LEVULAN TOPICAL SOLUTION 20 %	2	
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> (Oxsoralen Ultra)	1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	2	
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
OXSORALEN ULTRA ORAL CAPSULE, LIQD-FILLED, RAPID REL 10 MG	3	
PANRETIN TOPICAL GEL 0.1 %	2	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	2	
PICATO TOPICAL GEL 0.015 %	2	QL (3 per 56 days)
PICATO TOPICAL GEL 0.05 %	2	QL (2 per 56 days)
<i>podofilox topical solution 0.5 %</i>	1	
PRUDOXIN TOPICAL CREAM 5 %	3	
REGRANEX TOPICAL GEL 0.01 %	2	QL (30 per 30 days)
RHOFADE TOPICAL CREAM 1 %	2	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	2	PA
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 AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	2	

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Drug Name	Drug Tier	Requirements/Limits
TOLAK TOPICAL CREAM 4 %	2	
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA
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	
VOLTAREN TOPICAL GEL 1 %	3	
XERESE TOPICAL CREAM 5-1 %	2	QL (5 per 5 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	3	
ZONALON TOPICAL CREAM 5 %	3	
ZOVIRAX TOPICAL CREAM 5 %	2	QL (5 per 4 days)
ZOVIRAX TOPICAL OINTMENT 5 %	3	QL (30 per 30 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	2	QL (15 per 28 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 3.75 %	2	
Dermatological Antibacterials		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	2	
AKTIPAK TOPICAL GEL 3-5 %	3	
ALTABAX TOPICAL OINTMENT 1 %	2	
BACTROBAN NASAL NASAL OINTMENT 2 %	2	
BACTROBAN TOPICAL CREAM 2 %	3	
BENZAFLIN PUMP TOPICAL GEL WITH PUMP 1-5 %	3	
BENZAMYCIN TOPICAL GEL 3-5 %	3	
CENTANY TOPICAL OINTMENT 2 %	3	
CLEOCIN T TOPICAL GEL 1 %	3	
CLEOCIN T TOPICAL LOTION 1 %	3	

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Drug Name	Drug Tier	Requirements/Limits
CLEOCIN T TOPICAL SOLUTION 1 %	3	
CLEOCIN T TOPICAL SWAB 1 %	3	
CLINDACIN P TOPICAL SWAB 1 %	3	
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	2	
<i>clindamycin phosphate topical foam 1 %</i> (Evoclin)	1	
<i>clindamycin phosphate topical gel 1 %</i> (Cleocin T)	1	
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	1	
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	1	
<i>clindamycin phosphate topical swab 1 %</i> (Cleocin T)	1	
<i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %</i> (Duac)	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i> (Benzaclin)	1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i> (Veltin)	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	
<i>ery pads topical swab 2 %</i>	1	
ERYGEL TOPICAL GEL 2 %	3	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin with ethanol topical swab 2 %</i> (Ery Pads)	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Aktipak)	1	
EVOCLIN TOPICAL FOAM 1 %	3	
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
KLARON TOPICAL SUSPENSION 10 %	3	
METROCREAM TOPICAL CREAM 0.75 %	3	

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Drug Name	Drug Tier	Requirements/Limits
METROGEL TOPICAL GEL 1 %	3	
METROLOTION TOPICAL LOTION 0.75 %	3	
<i>metronidazole topical cream 0.75 %</i> (MetroCream)	1	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	1	
<i>metronidazole topical gel 1 %</i> (Metrogel)	1	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	1	
<i>mupirocin calcium topical cream 2 %</i> (Bactroban)	1	
<i>mupirocin topical ointment 2 %</i> (Centany)	1	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	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	
<i>neuac topical gel 1.2 % (1 % base) -5 %</i>	1	
NORITATE TOPICAL CREAM 1 %	2	
ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 %	2	
<i>rosadan topical cream 0.75 %</i>	1	
ROSADAN TOPICAL GEL 0.75 %	3	
<i>selenium sulfide topical lotion 2.5 %</i>	1	
SILVADENE TOPICAL CREAM 1 %	3	
<i>silver sulfadiazine topical cream 1 %</i> (Silvadene)	1	
<i>ssd topical cream 1 %</i>	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	1	
VELTIN TOPICAL GEL 1.2-0.025 %	2	PA
ZIANA TOPICAL GEL 1.2-0.025 %	3	PA
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %, 2.5 %</i>	1	
<i>ala-scalp topical lotion 2 %</i>	1	
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>amcinonide topical cream 0.1 %</i>	1	
<i>amcinonide topical lotion 0.1 %</i>	1	
<i>amcinonide topical ointment 0.1 %</i>	1	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	

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Drug Name	Drug Tier	Requirements/Limits
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	2	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	3	
APEXICON E TOPICAL CREAM 0.05 %	2	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 (Luxiq) %</i>	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical (Diprolene) ointment 0.05 %</i>	1	
CAPEX TOPICAL SHAMPOO 0.01 %	2	ST
<i>clobetasol 0.05% cream 0.05 % (Temovate)</i>	1	
<i>clobetasol emollient 0.05% crm 0.05 %</i>	1	
<i>clobetasol scalp solution 0.05 % (Cormax)</i>	1	
<i>clobetasol topical foam 0.05 % (Olux)</i>	1	
<i>clobetasol topical gel 0.05 %</i>	1	
<i>clobetasol topical lotion 0.05 % (Clobex)</i>	1	
<i>clobetasol topical ointment 0.05 % (Temovate)</i>	1	
<i>clobetasol topical shampoo 0.05 % (Clobex)</i>	1	
<i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)	1	
<i>clobetasol-emollient topical cream 0.05 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	1	
CLOBEX TOPICAL LOTION 0.05 %	3	
CLOBEX TOPICAL SHAMPOO 0.05 %	3	
CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 %	3	
<i>clocortolone pivalate topical cream 0.1 %</i> (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
<i>cormax scalp solution 0.05 %</i>	1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	2	
CUTIVATE TOPICAL CREAM 0.05 %	3	
CUTIVATE TOPICAL LOTION 0.05 %	3	
DERMA-SMOOTHIE/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
<i>desonide topical cream 0.05 %</i> (DesOwen)	1	
<i>desonide topical lotion 0.05 %</i> (DesOwen)	1	
<i>desonide topical ointment 0.05 %</i>	1	
DESOWEN TOPICAL CREAM 0.05 %	3	
DESOWEN TOPICAL LOTION 0.05 %	3	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	1	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	1	
<i>diflorasone topical cream 0.05 %</i> (Psorcon)	1	
<i>diflorasone topical ointment 0.05 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
DIPROLENE AF TOPICAL CREAM 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	
EPIFOAM TOPICAL FOAM 1-1 %	2	
EUCRISA TOPICAL OINTMENT 2 %	2	
<i>fluocinolone 0.01% body oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	1	
<i>fluocinolone and shower cap scalp oil 0.01 %</i> (Derma-Smoothe/FS Scalp Oil)	1	
<i>fluocinolone topical cream 0.01 %</i>	1	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	1	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	1	
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	1	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	1	
<i>fluocinonide topical gel 0.05 %</i>	1	
<i>fluocinonide topical ointment 0.05 %</i>	1	
<i>fluocinonide topical solution 0.05 %</i>	1	
<i>fluocinonide-e topical cream 0.05 %</i>	1	
<i>flurandrenolide topical cream 0.05 %</i> (Cordran)	1	
<i>flurandrenolide topical lotion 0.05 %</i> (Cordran)	1	
<i>flurandrenolide topical ointment 0.05 %</i> (Cordran)	1	
<i>fluticasone topical cream 0.05 %</i> (Cutivate)	1	
<i>fluticasone topical lotion 0.05 %</i> (Cutivate)	1	
<i>fluticasone topical ointment 0.005 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i> (Ultravate)	1	
<i>halobetasol propionate topical ointment 0.05 %</i> (Ultravate)	1	
HALOG TOPICAL CREAM 0.1 %	2	ST
HALOG TOPICAL OINTMENT 0.1 %	2	ST
<i>hydrocortisone butyrate topical cream 0.1 %</i> (Locoid)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid)	1	
<i>hydrocortisone butyrate topical ointment 0.1 %</i> (Locoid)	1	
<i>hydrocortisone butyrate topical solution 0.1 %</i> (Locoid)	1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i> (Ala-Cort)	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i> (Analpram-HC)	1	
IMPOYZ TOPICAL CREAM 0.025 %	2	
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	3	ST
LOCOID 0.1% CREAM 0.1 %	3	
LOCOID LIPOCREAM 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	
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	
<i>mometasone topical cream 0.1 %</i> (Elocon)	1	
<i>mometasone topical ointment 0.1 %</i> (Elocon)	1	
<i>mometasone topical solution 0.1 %</i>	1	
NOLIX TOPICAL CREAM 0.05 %	1	
NOLIX TOPICAL LOTION 0.05 %	3	ST
OLUX TOPICAL FOAM 0.05 %	3	
OLUX-E TOPICAL FOAM 0.05 %	3	
PANDEL TOPICAL CREAM 0.1 %	2	ST

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Drug Name	Drug Tier	Requirements/Limits
PRAMOSONE TOPICAL CREAM 1-1 %	2	
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	2	
<i>prednicarbate topical cream 0.1 %</i> (Dermatop)	1	
<i>prednicarbate topical ointment 0.1 %</i> (Dermatop)	1	
PROCTOCORT TOPICAL CREAM 1 %	3	
PROCTOFOAM HC RECTAL FOAM 1-1 %	2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>procto-pak topical cream with perineal applicator 1 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
PROTOPIC TOPICAL OINTMENT 0.03 %, 0.1 %	3	ST
PSORCON TOPICAL CREAM 0.05 %	3	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	2	
SYNALAR TOPICAL CREAM 0.025 %	3	
SYNALAR TOPICAL OINTMENT 0.025 %	3	
SYNALAR TOPICAL SOLUTION 0.01 %	3	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (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	

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Drug Name	Drug Tier	Requirements/Limits
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %	3	
TOPICORT TOPICAL SPRAY, NON- AEROSOL 0.25 %	2	ST
<i>triamcinolone acetonide topical aerosol</i> (Kenalog) 0.147 mg/gram	1	
<i>triamcinolone acetonide topical cream</i> 0.025 %	1	
<i>triamcinolone acetonide topical cream 0.1</i> (Triderm) %, 0.5 %	1	
<i>triamcinolone acetonide topical lotion</i> 0.025 %, 0.1 %	1	
<i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 %	1	
<i>trianex topical ointment 0.05 %</i>	3	
<i>triderm topical cream 0.1 %, 0.5 %</i>	1	
<i>tridesilon topical cream 0.05 %</i>	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	
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i> (Differin)	1	PA
<i>adapalene topical gel 0.1 %, 0.3 %</i> (Differin)	1	PA
<i>adapalene-benzoyl peroxide topical gel</i> (Epiduo) <i>with pump 0.1-2.5 %</i>	1	PA
ATRALIN TOPICAL GEL 0.05 %	3	PA
<i>avita topical cream 0.025 %</i>	1	PA
<i>avita topical gel 0.025 %</i>	1	PA
DIFFERIN TOPICAL CREAM 0.1 %	3	PA
DIFFERIN TOPICAL GEL 0.1 %	3	PA
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	3	PA
DIFFERIN TOPICAL LOTION 0.1 %	3	PA
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	2	PA

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Drug Name	Drug Tier	Requirements/Limits
EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 %	3	PA
FABIOR TOPICAL FOAM 0.1 %	2	PA
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 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
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	3	PA
<i>tazarotene topical cream 0.1 %</i> (Avage)	1	PA
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	2	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	2	PA
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)	1	PA
<i>tretinoin topical cream 0.025 %</i> (Avita)	1	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	1	PA
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	1	PA
<i>tretinoin topical gel 0.025 %</i> (Avita)	1	PA
<i>tretinoin topical gel 0.05 %</i> (Atralin)	1	PA
TRETIN-X TOPICAL CREAM 0.075 %	2	PA
Scabicides And Pediculicides		
ELIMITE TOPICAL CREAM 5 %	3	
EURAX TOPICAL CREAM 10 %	2	
EURAX TOPICAL LOTION 10 %	2	
<i>lindane topical shampoo 1 %</i>	1	
<i>malathion topical lotion 0.5 %</i> (Ovide)	1	
OVIDE TOPICAL LOTION 0.5 %	3	
<i>permethrin topical cream 5 %</i> (Elimite)	1	
SKLICE TOPICAL LOTION 0.5 %	2	
SOOLANTRA TOPICAL CREAM 1 %	2	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	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
Devices		
Devices		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	2	
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	2	
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	2	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	2	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	
INSULIN SYRINGE-NEEDLE U-100 (Ultilet Insulin Syringe) SYRINGE 0.3 ML 29 GAUGE	2	
INSULIN SYRINGE-NEEDLE U-100 (Advocate Syringes) SYRINGE 1 ML 29 GAUGE X 1/2"	2	
INSULIN SYRINGE-NEEDLE U-100 (Lite Touch Insulin Syringe) SYRINGE 1/2 ML 28 GAUGE	2	
PEN NEEDLE, DIABETIC NEEDLE (1st Tier Unifine Pentips) 29 GAUGE X 1/2"	2	
STERILE PADS 2" X 2" 2 X 2 "	1	
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
CERDELGA ORAL CAPSULE 84 MG	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, 5 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
<i>miglustat oral capsule 100 mg</i> (Zavesca)	1	PA; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	2	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	2	
ORFADIN ORAL SUSPENSION 4 MG/ML	2	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200- 14,200- 24,600 UNIT	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, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	2	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	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) 10,000-32,000 - 42,000 UNIT, 10,000-34,000 -55,000 UNIT, 15,000-47,000 -63,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000- 63,000- 84,000 UNIT, 20,000-68,000 - 109,000 UNIT, 25,000-79,000- 105,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000 -14,000-UNIT, 3,000- 10,000- 16,000 UNIT, 40,000-126,000- 168,000 UNIT, 40,000-136,000- 218,000 UNIT, 5,000-17,000 -27,000 UNIT, 5,000-17,000- 24,000 UNIT	2	

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Drug Name	Drug Tier	Requirements/Limits
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	2	
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	2	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i> (Iopidine)	1	
ASTEPRO NASAL SPRAY, NON- AEROSOL 0.15 % (205.5 MCG)	3	QL (30 per 25 days)
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>azelastine nasal aerosol, spray 137 mcg</i> (0.1 %)	1	QL (30 per 25 days)
<i>azelastine nasal spray, non-aerosol 0.15 %</i> (Astepro) (205.5 mcg)	1	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	3	
<i>cyclopentolate ophthalmic (eye) drops</i> (Cyclogyl) <i>0.5 %, 1 %, 2 %</i>	1	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	2	PA
DYMISTA NASAL SPRAY, NON- AEROSOL 137-50 MCG/SPRAY	2	QL (23 per 30 days)
ELESTAT OPHTHALMIC (EYE) DROPS 0.05 %	3	
EMADINE OPHTHALMIC (EYE) DROPS 0.05 %	2	
<i>epinastine ophthalmic (eye) drops 0.05 %</i> (Elestat)	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	2	
IOPIDINE OPHTHALMIC (EYE) DROPS 0.5 %	3	
<i>ipratropium bromide nasal spray, non- aerosol 0.03 %</i>	1	QL (30 per 28 days)
<i>ipratropium bromide nasal spray, non- aerosol 42 mcg (0.06 %)</i>	1	QL (15 per 10 days)

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Drug Name	Drug Tier	Requirements/Limits
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	2	
LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 %	2	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	3	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i> (Patanase)	1	QL (30.5 per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Patanol)	1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Pataday)	1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	2	
PATADAY OPHTHALMIC (EYE) DROPS 0.2 %	3	
PATANASE NASAL SPRAY, NON- AEROSOL 0.6 %	3	QL (30.5 per 30 days)
PATANOL OPHTHALMIC (EYE) DROPS 0.1 %	3	
PAZEO OPHTHALMIC (EYE) DROPS 0.7 %	2	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	1	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydriacyl)	1	
TYZINE NASAL DROPS 0.1 %	2	
TYZINE NASAL SPRAY, NON- AEROSOL 0.1 %	2	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetazol hc otic (ear) drops 1-2 %</i>	1	
<i>acetic acid otic (ear) solution 2 %</i>	1	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	2	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	2	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	2	
<i>bleph-10 ophthalmic (eye) drops 10 %</i>	1	
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	2	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	2	
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	3	
CILOXAN OPHTHALMIC (EYE) DROPS 0.3 %	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	2	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	2	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> (Ciloxan)	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	1	
COLY-MYCIN S OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
FLOXIN OTIC (EAR) DROPS 0.3 %	3	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> (Zymaxid)	1	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i> (Gentak)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	3	
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	3	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 % (Vigamox)</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1% (Neo-Polycin HC)</i>	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g (Neo-Polycin)</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 % (Maxitrol)</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 % (Maxitrol)</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>neo-polycin ophthalmic (eye) ointment</i> 3.5-400-10,000 mg-unit-unit/g	1	
NEOSPORIN (NEO-POLY- GRAMICID) OPHTHALMIC (EYE) DROPS 1.75 MG-10,000 UNIT- 0.025MG/ML	3	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	3	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500- 10,000 unit/gram</i>	1	
<i>polymyxin b sulf-trimethoprim</i> (Polytrim) <i>ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
POLYTRIM OPHTHALMIC (EYE) DROPS 10,000 UNIT- 1 MG/ML	3	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	2	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	2	
<i>sulfacetamide sodium ophthalmic (eye)</i> (Bleph-10) <i>drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye)</i> <i>ointment 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic</i> <i>(eye) drops 10 %-0.23 % (0.25 %)</i>	1	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.1 %	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	2	
<i>tobramycin ophthalmic (eye) drops 0.3</i> (Tobrex) <i>%</i>	1	
<i>tobramycin-dexamethasone ophthalmic</i> (TobraDex) <i>(eye) drops,suspension 0.3-0.1 %</i>	1	
TOBEX OPHTHALMIC (EYE) DROPS 0.3 %	3	

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Drug Name	Drug Tier	Requirements/Limits
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	2	
<i>trifluridine ophthalmic (eye) drops 1 %</i> (Viroptic)	1	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	3	
VIROPTIC OPHTHALMIC (EYE) DROPS 1 %	3	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	2	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	2	
ZYMAXID OPHTHALMIC (EYE) DROPS 0.5 %	3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	3	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	3	
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	2	
ALOCRIAL OPHTHALMIC (EYE) DROPS 2 %	2	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	2	
BECONASE AQ NASAL SPRAY, NON-AEROSOL 42 MCG (0.042 %)	2	QL (50 per 28 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	2	
<i>budesonide nasal spray, non-aerosol 32 mcg/lactuation</i> (Rhinocort Allergy)	1	QL (17.2 per 30 days)
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	3	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	2	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	2	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	1	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
<i>fluticasone nasal spray,suspension 50 mcglactuation</i> (24 Hour Allergy Relief)	1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	2	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	2	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	1	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	2	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	2	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	2	
<i>mometasone nasal spray,non-aerosol 50 mcglactuation</i> (Nasonex)	1	QL (34 per 28 days)
NASONEX NASAL SPRAY,NON-AEROSOL 50 MCG/ACTUATION	3	QL (34 per 28 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	2	
OCUFEN OPHTHALMIC (EYE) DROPS 0.03 %	3	

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Drug Name	Drug Tier	Requirements/Limits
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	2	QL (13 per 30 days)
OMNIPRED OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	3	
PRED FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	3	
PRED MILD OPHTHALMIC (EYE) DROPS, SUSPENSION 0.12 %	2	
<i>prednisolone acetate ophthalmic (eye) drops, suspension 1 %</i> (Omnipred)	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	2	
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	2	QL (9.8 per 28 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	2	QL (8.7 per 28 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	QL (60 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	PA NSO; QL (60 per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	2	QL (6.1 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
ACIPHEX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	3	ST; QL (30 per 30 days)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG	2	ST; QL (30 per 30 days)
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i> (Prevpac)	1	
CARAFATE ORAL SUSPENSION 100 MG/ML	2	
CARAFATE ORAL TABLET 1 GRAM	3	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	3	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	2	ST
<i>esomeprazole magnesium oral capsule,delayed release(drlec) 20 mg, 40 mg</i> (Nexium)	1	
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	1	PA BvD
<i>esomeprazole sodium intravenous recon soln 40 mg</i> (Nexium IV)	1	PA BvD
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	PA BvD
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	1	PA BvD
<i>famotidine intravenous solution 10 mg/ml</i>	1	PA BvD
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i> (Pepcid)	1	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	
<i>lansoprazole oral capsule,delayed release(drlec) 15 mg</i> (Heartburn Treatment 24 Hour)	1	
<i>lansoprazole oral capsule,delayed release(drlec) 30 mg</i> (Prevacid)	1	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i> (Prevacid SoluTab)	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (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
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	2	ST
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>nizatidine oral solution 150 mg/10 ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	2	
<i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg, 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (OmePPi)	1	QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i> (Zegerid)	1	QL (30 per 30 days)
<i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)	1	
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i> (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 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; QL (30 per 30 days)
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG, 40 MG	3	ST; QL (30 per 30 days)
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i> (Aciphex)	1	QL (30 per 30 days)
<i>ranitidine hcl injection solution 25 mg/ml, 50 mg/2 ml (25 mg/ml)</i> (Zantac)	1	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	1	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	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
<i>ranitidine hcl oral tablet 150 mg</i> (Acid Control (ranitidine))	1	
<i>ranitidine hcl oral tablet 300 mg</i> (Zantac)	1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	1	
ZANTAC INJECTION SOLUTION 25 MG/ML, 50 MG/2 ML (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	QL (30 per 30 days)
ZEGERID ORAL PACKET 20-1,680 MG, 40-1,680 MG	2	QL (30 per 30 days)
Gastrointestinal Agents, Other		
ACTIGALL ORAL CAPSULE 300 MG	3	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	2	QL (60 per 30 days)
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML	2	
BENTYL ORAL CAPSULE 10 MG	3	
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	3	
BUPHENYL ORAL TABLET 500 MG	3	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	2	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	2	
<i>constulose oral solution 10 gram/15 ml</i>	1	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	2	
<i>dicyclomine intramuscular solution 10 mg/ml</i> (Bentyl)	1	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5- 0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5- 0.025 mg</i> (Lomotil)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>enulose oral solution 10 gram/15 ml</i>	1	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	3	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	2	PA
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>glycopyrrolate injection solution 0.2 mg/ml</i> (Robinul)	1	
<i>glycopyrrolate intravenous syringe 1 mg/5 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	1	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	1	
KAYEXALATE ORAL POWDER	3	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	1	
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	2	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL (30 per 30 days)
LOMOTIL ORAL TABLET 2.5-0.025 MG	3	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
<i>metoclopramide hcl oral tablet, disintegrating 10 mg, 5 mg</i>	1	
MOTOFEN ORAL TABLET 1-0.025 MG	2	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	QL (30 per 30 days)
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	2	PA NSO; QL (60 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 ORAL TABLET 150 MG	2	PA NSO; QL (90 per 30 days)
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	
<i>sod polystyren sulf 15 g/60 ml sorbitol free 15 gram/60 ml</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)	1	
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	1	
<i>sodium polystyrene sulfonate oral powder</i> (Kionex)	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
SYMPROIC ORAL TABLET 0.2 MG	2	
TRULANCE ORAL TABLET 3 MG	2	
URSO 250 ORAL TABLET 250 MG	3	
URSO FORTE ORAL TABLET 500 MG	3	
<i>ursodiol oral capsule 300 mg</i> (Actigall)	1	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	1	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	1	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	2	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIBERZI ORAL TABLET 100 MG, 75 MG	2	PA; QL (60 per 30 days)
XERMELO ORAL TABLET 250 MG	2	PA; QL (90 per 30 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	2	
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 - 5.84 GRAM	3	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>gavilyte-h and bisacodyl oral kit 5-210 mg-gram</i>	1	
<i>gavilyte-n oral recon soln 420 gram</i>	1	
GIALAX ORAL KIT 17 GRAM/SCOOP	2	
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	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	1	
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i> (Colyte with Flavor Packs)	1	
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	1	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i> (ClearLax)	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	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	1	
Phosphate Binders		
AURYXIA ORAL TABLET 210 MG IRON	2	
<i>calcium acetate oral capsule 667 mg</i>	1	
<i>calcium acetate oral tablet 667 mg (Calphron)</i>	1	
<i>eliphos oral tablet 667 mg</i>	1	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	2	
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	3	
<i>lanthanum oral tablet,chewable 1,000 mg, (Fosrenol) 500 mg, 750 mg</i>	1	
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	3	
RENVELA ORAL TABLET 800 MG	3	
<i>sevelamer carbonate oral powder in (Renvela) packet 0.8 gram, 2.4 gram</i>	1	
<i>sevelamer carbonate oral tablet 800 mg (Renvela)</i>	1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	2	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, (Urecholine) 25 mg, 5 mg, 50 mg</i>	1	
<i>darifenacin oral tablet extended release (Enablex) 24 hr 15 mg, 7.5 mg</i>	1	
DETROL LA ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG, 4 MG	3	
DETROL ORAL TABLET 1 MG, 2 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>flavoxate oral tablet 100 mg</i>	1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	2	QL (30 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> (Ditropan XL)	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	2	QL (8 per 28 days)
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	1	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	2	
<i>tropium oral capsule, extended release 24hr 60 mg</i>	1	
<i>tropium oral tablet 20 mg</i>	1	
URECHOLINE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG	3	
VESICARE ORAL TABLET 10 MG, 5 MG	2	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	
AVODART ORAL CAPSULE 0.5 MG	3	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	1	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	1	QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>tamsulosin oral capsule,extended release</i> (Flomax) <i>24hr 0.4 mg</i>	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	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	
<i>deferoxamine injection recon soln 2 gram,</i> (Desferal) <i>500 mg</i>	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	
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
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	2	
SYPRINE ORAL CAPSULE 250 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>trientine oral capsule 250 mg</i> (Syprine)	1	
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 12.5 MG/ 1.25 GRAM (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)
ANDROID ORAL CAPSULE 10 MG	3	
<i>androxy oral tablet 10 mg</i>	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)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	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	
<i>methyltestosterone oral capsule 10 mg</i> (Android)	1	

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Drug Name	Drug Tier	Requirements/Limits
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	2	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (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)
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	1	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram lactuation</i> (Fortesta)	1	PA; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	1	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)	1	PA; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/lapp 30 mg/lactuation (1.5 ml)</i> (Axiron)	1	PA; QL (180 per 28 days)
TESTRED ORAL CAPSULE 10 MG	3	
VOGELXO 50 MG/5 GRAM GEL OUTER 50 MG/5 GRAM (1 %)	3	PA; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	3	PA; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	3	PA; QL (300 per 30 days)
Estrogens And Antiestrogens		
ACTIVELLA ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	3	
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	QL (8 per 28 days)
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	2	QL (4 per 28 days)
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	QL (4 per 28 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	QL (8 per 28 days)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	2	
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	2	
DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %)	2	QL (30 per 30 days)
DUAVEE ORAL TABLET 0.45-20 MG	2	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	2	
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Alora)	1	QL (8 per 28 days)
<i>estradiol transdermal patch semiweekly 0.0375 mg/24 hr</i> (Minivelle)	1	QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	1	QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol vaginal tablet 10 mcg</i> (Vagifem)	1	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen)	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (Activella)	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	QL (1 per 84 days)
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	2	QL (8.1 per 25 days)
EVISTA ORAL TABLET 60 MG	3	
FEMHRT LOW DOSE ORAL TABLET 0.5-2.5 MG-MCG	3	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	2	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
JEVANTIQUE LO ORAL TABLET 0.5-2.5 MG-MCG	3	
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	2	QL (4 per 28 days)
<i>mimvey lo oral tablet 0.5-0.1 mg</i>	1	
<i>mimvey oral tablet 1-0.5 mg</i>	1	
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	QL (8 per 28 days)
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i> (Femhrt Low Dose)	1	
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i> (Fyavolv)	1	
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15)	2	
PREMARIN INJECTION RECON SOLN 25 MG	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
<i>raloxifene oral tablet 60 mg</i> (Evista)	1	
VAGIFEM VAGINAL TABLET 10 MCG	3	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	QL (8 per 28 days)
<i>yuvafem vaginal tablet 10 mcg</i>	1	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>a-hydrocort injection recon soln 100 mg</i>	1	
ARISTOSPAN INTRA-ARTICULAR INJECTION SUSPENSION 20 MG/ML	2	
ARISTOSPAN INTRALESIONAL INJECTION SUSPENSION 5 MG/ML	2	
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan)	1	
CELESTONE SOLUSPAN INJECTION SUSPENSION 6 MG/ML	3	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	3	PA BvD
<i>cortisone oral tablet 25 mg</i>	1	PA BvD
<i>decadron oral elixir 0.5 mg/5 ml</i>	3	PA BvD
<i>decadron oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i>	3	PA BvD
<i>deltasone oral tablet 20 mg</i>	1	PA BvD
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	2	
DEPO-MEDROL INJECTION SUSPENSION 40 MG/ML, 80 MG/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	2	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i> (Decadron)	1	PA BvD
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i> (Decadron)	1	PA BvD
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	1	PA BvD
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	
<i>dexpak 10 day oral tablets,dose pack 1.5 mg (35 tabs)</i>	2	
<i>dexpak 13 day oral tablets,dose pack 1.5 mg (51 tabs)</i>	2	
<i>dexpak 6 day oral tablets,dose pack 1.5 mg (21 tabs)</i>	2	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	2	PA
EMFLAZA ORAL TABLET 18 MG	2	PA; QL (30 per 30 days)
EMFLAZA ORAL TABLET 30 MG, 6 MG	2	PA; QL (60 per 30 days)
EMFLAZA ORAL TABLET 36 MG	2	PA
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	1	PA BvD
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	3	
<i>locort oral tablets,dose pack 1.5 mg (27 tabs), 1.5 mg (41 tabs)</i>	2	
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
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	1	PA BvD
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	1	PA BvD
<i>methylprednisolone sodium succ recon soln 125 mg, 40 mg</i>	1	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> (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	3	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	PA BvD
<i>prednisolone 15 mg/5 ml soln alf, dlf 15 mg/5 ml (3 mg/ml)</i>	1	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	1	PA BvD
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml</i> (Millipred)	1	PA BvD
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	1	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	PA BvD
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	1	PA BvD
PREDNISONONE INTENSOL ORAL CONCENTRATE 5 MG/ML	2	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	1	PA BvD
<i>prednisone oral tablet 1 mg, 2.5 mg, 5 mg, 50 mg</i>	1	PA BvD
<i>prednisone oral tablet 10 mg</i>	1	PA BvD
<i>prednisone oral tablet 20 mg</i> (Deltasone)	1	PA BvD
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	2	PA BvD
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 1,000 MG/8 ML, 500 MG/4 ML	2	
SOLU-MEDROL INTRAVENOUS RECON SOLN 1,000 MG	3	
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	2	
<i>taperdex oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (49 tabs)</i>	2	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	1	
VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML)	3	PA BvD
<i>zodex oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (49 tabs)</i>	2	
<i>zonacort oral tablets,dose pack 1.5 mg (27 tabs), 1.5 mg (41 tabs)</i>	2	
Pituitary		
DDAVP INJECTION SOLUTION 4 MCG/ML	3	
DDAVP NASAL SOLUTION 0.1 MG/ML (REFRIGERATE)	3	
DDAVP NASAL SPRAY WITH PUMP 10 MCG/SPRAY (0.1 ML)	3	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	3	
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i> (DDAVP)	1	QL (15 per 30 days)
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	1	
<i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i> (DDAVP)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	QL (15 per 30 days)
<i>desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)</i>	1	
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	2	PA
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
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)
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
NOCTIVA NASAL SPRAY, NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	2	QL (3.8 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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
<i>octreotide acet 100 mcg/ml syr outer, single-dose, 10 100 mcg/ml (1 ml)</i>	1	PA
<i>octreotide acet 50 mcg/ml syr outer, single-dose, 10 50 mcg/ml (1 ml)</i>	1	PA
<i>octreotide acetate injection solution 1,000 (Sandostatin) mcg/ml, 500 mcg/ml</i>	1	PA
<i>octreotide acetate injection solution 100 (Sandostatin) mcg/ml, 50 mcg/ml</i>	1	PA
<i>octreotide acetate injection solution 200 mcg/ml</i>	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/1.51 ML (FINAL CONC.)	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

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Drug Name	Drug Tier	Requirements/Limits
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)
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
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)
SYNAREL NASAL SPRAY, NON- AEROSOL 2 MG/ML	2	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	2	QL (1 per 168 days)
VANTAS IMPLANT KIT 50 MG (50 MCG/DAY)	2	QL (1 per 360 days)
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 %, 8 %	2	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	QL (1 per 84 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	2	QL (10 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA INTRAMUSCULAR SYRINGE 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)
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	1	PA BvD
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML	2	
MAKENA INTRAMUSCULAR OIL 250 MG/ML	2	QL (25 per 140 days)
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	2	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	1	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	1	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	
MEGACE ES ORAL SUSPENSION 625 MG/5 ML	3	PA NSO; AGE (Max 64 Years)
MEGACE ORAL SUSPENSION 400 MG/10 ML (40 MG/ML)	3	PA NSO; AGE (Max 64 Years)
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	PA NSO; AGE (Max 64 Years)
<i>megestrol oral suspension 625 mg/5 ml</i> (Megace ES)	1	PA NSO; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	1	
<i>progesterone in oil intramuscular oil 50 mg/ml</i>	1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (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	

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Drug Name	Drug Tier	Requirements/Limits
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg</i>	1	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Levo-T)	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	
<i>liothyronine intravenous solution 10 mcg/ml</i> (Triostat)	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	1	
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	1	
<i>propylthiouracil oral tablet 50 mg</i>	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	

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Drug Name	Drug Tier	Requirements/Limits
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	
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 RECON SOLN	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
<i>azathioprine oral tablet 50 mg</i> (Imuran)	1	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	1	PA BvD
BIVIGAM INTRAVENOUS SOLUTION 10 %	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 3 GRAM, 6 GRAM	2	PA BvD
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG	3	PA BvD
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
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	2	PA BvD
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	1	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	1	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	1	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	1	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (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
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	2	PA BvD
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15- 18 % RANGE, 15-18 % RANGE (10 ML), 15-18 % RANGE (2 ML)	2	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	2	PA BvD
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	2	PA BvD
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	2	PA BvD
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	2	PA BvD
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	2	PA BvD
GAMUNEX INTRAVENOUS SOLUTION 10 %	2	PA BvD
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	2	PA BvD
<i>gengraf oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA BvD
<i>gengraf oral solution 100 mg/ml</i>	1	PA BvD
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML)	2	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK), 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	2	PA
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA
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 (PF) INTRAMUSCULAR SOLUTION 300 UNIT/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	

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Drug Name	Drug Tier	Requirements/Limits
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 BvD
ILARIS (PF) SUBCUTANEOUS RECON SOLN 180 MG/1.2 ML (150 MG/ML)	2	PA
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	2	PA
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	2	
IMURAN ORAL TABLET 50 MG	3	PA BvD
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	2	PA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	2	PA; QL (2.28 per 30 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	2	PA; QL (18.76 per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	1	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 250 UNIT (50 MCG)	2	
<i>mycophenolate mofetil hcl intravenous recon soln 500 mg</i> (CellCept Intravenous)	1	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	1	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	1	PA BvD
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	1	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i> (Myfortic)	1	PA BvD
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	3	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, 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 MALTOSSE) INTRAVENOUS RECON SOLN 250 MG	2	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	2	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 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)
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	2	ST
PRIVIGEN INTRAVENOUS SOLUTION 10 %	2	PA BvD
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

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Drug Name	Drug Tier	Requirements/Limits
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
REMICADE INTRAVENOUS RECON SOLN 100 MG	2	PA
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
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
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	1	PA BvD
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	2	PA NSO
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	2	PA BvD
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	2	PA; QL (15 per 28 days)
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)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	2	PA; QL (30 per 30 days)
ZINPLAVA INTRAVENOUS SOLUTION 25 MG/ML	2	PA BvD
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	2	PA NSO
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	
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	PA BvD
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	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	

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Drug Name	Drug Tier	Requirements/Limits
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
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.5 ML	2	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	PA BvD
GARDASIL (PF) INTRAMUSCULAR SUSPENSION 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	

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Drug Name	Drug Tier	Requirements/Limits
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	
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	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	
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 DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	2	
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, 5 MCG/0.5 ML	2	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	QL (2 per 365 days)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	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	2	

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Drug Name	Drug Tier	Requirements/Limits
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	2	PA BvD
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 25 UNIT/0.5 ML, 50 UNIT/ML	2	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/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)
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	1	
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	2	

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Drug Name	Drug Tier	Requirements/Limits
ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG	3	
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
AZULFIDINE ORAL TABLET 500 MG	3	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	1	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i> (Entocort EC)	1	
CANASA RECTAL SUPPOSITORY 1,000 MG	2	
COLAZAL ORAL CAPSULE 750 MG	3	
<i>colocort rectal enema 100 mg/60 ml</i>	1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	3	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	2	
DIPENTUM ORAL CAPSULE 250 MG	2	
ENTOCORT EC ORAL CAPSULE, DELAYED, EXTEND. RE LEASE 3 MG	3	
GIAZO ORAL TABLET 1.1 GRAM	2	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Colocort)	1	
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	3	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	3	
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i> (Lialda)	1	
<i>mesalamine oral tablet, delayed release (drlec) 800 mg</i> (Asacol HD)	1	
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	2	
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	1	
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i> (Azulfidine EN-tabs)	1	
UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE 9 MG	2	
UCERIS RECTAL FOAM 2 MG/ACTUATION	2	
Irrigating Solutions		
Irrigating Solutions		
<i>acetic acid irrigation solution 0.25 %</i>	1	
<i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)	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	
<i>ringer's irrigation solution</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i> (Sterile Saline)	1	
<i>sorbitol irrigation solution 3 %, 3.3 %</i>	1	
<i>sorbitol-mannitol urethral solution 2.7-0.54 g/100 ml</i>	1	
<i>water for irrigation, sterile irrigation solution</i> (Curity Sterile Water)	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)
<i>alendronate oral solution 70 mg/75 ml</i>	1	QL (300 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>	1	
<i>alendronate oral tablet 35 mg</i>	1	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (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)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/lactation</i>	1	QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	PA BvD
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	1	PA BvD
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	1	PA BvD
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i> (Hectorol)	1	PA BvD
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	PA BvD
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	1	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	2	PA; QL (2.4 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
<i>ibandronate intravenous solution 3 mg/3 ml</i>	1	PA; QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i> (Boniva)	1	PA; QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg</i> (Boniva)	1	QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	1	PA BvD
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	1	PA BvD
<i>paricalcitol hemodialysis port injection solution 2 mcg/ml</i>	2	PA BvD
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 5 MCG/ML	2	PA BvD
<i>paricalcitol intravenous solution 2 mcg/ml (Zemplar)</i>	2	PA BvD
PARICALCITOL INTRAVENOUS SOLUTION 5 MCG/ML (Zemplar)	2	PA BvD
<i>paricalcitol oral capsule 1 mcg, 2 mcg (Zemplar)</i>	1	PA BvD
<i>paricalcitol oral capsule 4 mcg</i>	1	PA BvD
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	2	PA; QL (1 per 180 days)
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	2	QL (60 per 30 days)
RECLAST INTRAVENOUS PIGGYBACK 5 MG/100 ML	3	PA
<i>risedronate oral tablet 150 mg (Actonel)</i>	1	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg (Actonel)</i>	1	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg (Actonel)</i>	1	QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 per 28 days)
<i>risedronate oral tablet, delayed release (drlec) 35 mg (Atelvia)</i>	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

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Drug Name	Drug Tier	Requirements/Limits
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	2	
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	2	PA; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	2	PA
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML	3	PA BvD
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	PA BvD
<i>zoledronic acid intravenous recon soln 4 mg</i>	1	PA
<i>zoledronic acid intravenous solution 4 mg/5 ml</i> (Zometa)	1	PA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	1	PA; QL (100 per 300 days)
ZOMETA INTRAVENOUS PIGGYBACK 4 MG/100 ML	2	PA
ZOMETA INTRAVENOUS SOLUTION 4 MG/5 ML	3	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACD SOLUTION 2.45-2.2 GRAM-730 MG/100 ML	2	PA BvD
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	
<i>amifostine crystalline intravenous recon soln 500 mg</i> (Ethyol)	1	PA BvD
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	2	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	2	PA; QL (4 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	2	PA; QL (4 per 28 days)
<i>calcium folinate (leucovorin) injection solution 10 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
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
CETYLEV ORAL TABLET, EFFERVESCENT 2.5 GRAM, 500 MG	2	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	2	
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i> (Zinecard (as HCl))	1	PA BvD
<i>droperidol injection solution 2.5 mg/ml</i>	1	
ELMIRON ORAL CAPSULE 100 MG	2	
ENDARI ORAL POWDER IN PACKET 5 GRAM	2	QL (180 per 30 days)
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	2	PA
<i>ergoloid oral tablet 1 mg</i>	1	
ETHYOL INTRAVENOUS RECON SOLN 500 MG	3	PA BvD
EXONDYS 51 INTRAVENOUS SOLUTION 50 MG/ML, 50 MG/ML (10 ML)	2	PA NSO
<i>fomepizole intravenous solution 1 gram/ml</i>	1	PA BvD
FUSILEV INTRAVENOUS RECON SOLN 50 MG	3	
GRASTEK SUBLINGUAL TABLET 2,800 BAU	2	QL (30 per 30 days)
<i>guanidine oral tablet 125 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)	1	
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	2	
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
KEVEYIS ORAL TABLET 50 MG	2	PA; QL (120 per 30 days)
<i>leucovorin calcium 100 mg vial sdv,plf,latex-free 100 mg</i>	1	
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	1	
<i>leucovorin calcium injection solution 500 mg/50 ml</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	1	PA BvD
<i>levocarnitine intravenous solution 200 mg/ml</i> (Carnitor)	1	PA BvD
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	1	PA BvD
LEVOLEUCOVORIN INTRAVENOUS RECON SOLN 175 MG	2	
<i>levoleucovorin intravenous recon soln 50 mg</i> (Fusilev)	1	
<i>levoleucovorin intravenous solution 10 mg/ml</i>	1	
LITHOSTAT ORAL TABLET 250 MG	2	
<i>mesna intravenous solution 100 mg/ml</i> (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	
<i>methylergonovine injection solution 0.2 mg/ml (1 ml)</i>	1	
<i>methylergonovine oral tablet 0.2 mg</i> (Methergine)	1	

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Drug Name	Drug Tier	Requirements/Limits
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	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	2	
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG	2	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	QL (30 per 30 days)
REGONOL INJECTION SOLUTION 5 MG/ML	2	
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	2	PA
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	2	PA BvD
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	
VISTARIL ORAL CAPSULE 25 MG, 50 MG	3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	2	QL (24 per 14 days)
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT	2	PA; QL (2 per 90 days)
XEOMIN INTRAMUSCULAR RECON SOLN 50 UNIT	2	PA
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	2	PA; QL (120 per 30 days)
ZINECARD (AS HCL) INTRAVENOUS RECON SOLN 250 MG, 500 MG	3	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
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	
BETAGAN OPHTHALMIC (EYE) DROPS 0.5 %	3	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	2	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i> (Alphagan P)	1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	2	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	2	
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	3	
DIAMOX SEQUELS ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i> (Trusopt)	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	1	
ISOPTO CARPINE OPHTHALMIC (EYE) DROPS 1 %, 2 %, 4 %	3	

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Drug Name	Drug Tier	Requirements/Limits
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	3	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i> (Betagan)	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	ST; QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg</i> (Neptazane)	1	
<i>methazolamide oral tablet 50 mg</i>	1	
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	1	
NEPTAZANE ORAL TABLET 25 MG, 50 MG	3	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	2	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> (Isopto Carpine)	1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	2	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	2	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> (Timoptic)	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i> (Timoptic-XE)	1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	2	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 %	3	
TIMOPTIC OPHTHALMIC (EYE) DROPS 0.5 %	3	
TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION 0.25 %, 0.5 %	3	

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Drug Name	Drug Tier	Requirements/Limits
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	2	ST; QL (2.5 per 25 days)
TRUSOPT OPHTHALMIC (EYE) DROPS 2 %	3	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	2	QL (5 per 30 days)
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	3	QL (2.5 per 25 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	2	ST; QL (30 per 30 days)
Replacement Preparations		
Replacement Preparations		
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	PA BvD
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	PA BvD
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	PA BvD
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	PA BvD
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	1	PA BvD
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	1	PA BvD
<i>dextrose 5 %-0.2 % sod chloride intravenous parenteral solution</i>	1	PA BvD
<i>dextrose 5 %-0.3 % sod.chloride intravenous parenteral solution</i>	1	PA BvD
<i>dextrose with sodium chloride intravenous parenteral solution 5-0.2 %</i>	1	PA BvD
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	1	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	

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Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	2	PA BvD
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	3	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	3	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	
<i>klor-con sprinkle oral capsule, extended release 10 meq, 8 meq</i>	1	
K-SOL ORAL LIQUID 40 MEQ/15 ML	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ, 8 MEQ	3	
LACTATED RINGERS INTRAVENOUS PARENTERAL SOLUTION	3	PA BvD
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	1	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	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 PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	PA BvD
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
<i>potassium acetate intravenous solution 2 meq/ml</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	1	PA BvD
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	1	PA BvD
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	PA BvD
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	1	PA BvD
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	PA BvD
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	1	PA BvD
<i>potassium chloride intravenous solution 2 meq/ml</i>	1	PA BvD
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i> (Klor-Con Sprinkle)	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> (K-Tab)	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	1	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	1	PA BvD
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	1	PA BvD
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	PA BvD
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	1	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	1	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	1	
<i>ringer's intravenous parenteral solution</i>	1	PA BvD
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	PA BvD
<i>sodium chloride 0.45 % intravenous piggyback 0.45 %</i>	1	PA BvD
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	PA BvD
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	PA BvD
<i>sodium chloride 100 meq/40 ml 25's, sdv 2.5 meq/ml</i>	1	PA BvD
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	1	PA BvD
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	1	PA BvD
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	1	PA BvD
<i>sodium lactate intravenous solution 5 meq/ml</i>	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
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	

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Drug Name	Drug Tier	Requirements/Limits
UROKIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
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)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	3	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL (12.2 per 25 days)
ARMONAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION	2	QL (1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	2	QL (30 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	2	QL (13 per 25 days)

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	1	PA BvD
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	2	QL (13 per 28 days)
FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION	2	QL (60 per 30 days)
FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION	2	QL (120 per 30 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)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	2	QL (12 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>fluticasone-salmeterol inhalation aerosol</i> (AirDuo RespiClick) <i>powdr breath activated 113-14</i> <i>mcglactuation, 232-14 mcglactuation, 55-</i> <i>14 mcglactuation</i>	1	
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	2	QL (17.4 per 25 days)
QVAR INHALATION AEROSOL 80 MCG/ACTUATION	2	QL (17.4 per 25 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL (21.2 per 30 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	
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	1	
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	
<i>montelukast oral tablet, chewable 4 mg, 5</i> (Singulair) <i>mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SINGULAIR ORAL GRANULES IN PACKET 4 MG	3	
SINGULAIR ORAL TABLET 10 MG	3	
SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG	3	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	1	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i> (Zyflo CR)	1	
ZYFLO CR ORAL TABLET, ER MULTIPHASE 12 HR 600 MG	2	
ZYFLO ORAL TABLET 600 MG	2	
Bronchodilators		
<i>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</i>	1	PA BvD
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
<i>aminophylline intravenous solution 250 mg/10 ml, 500 mg/20 ml</i>	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)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	2	QL (10.7 per 30 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)
<i>elixophyllin oral elixir 80 mg/15 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
FORADIL AEROLIZER INHALATION CAPSULE, W/INHALATION DEVICE 12 MCG	2	QL (60 per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL (30 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	PA BvD
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	PA BvD
ISUPREL INJECTION SOLUTION 0.2 MG/ML	2	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i> (Xopenex)	1	PA BvD
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i> (Xopenex Concentrate)	1	PA BvD
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	1	QL (30 per 30 days)
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	2	QL (60 per 30 days)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	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)

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Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	2	
SPIRIVA RESPIMAT INHALATION MIST 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)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	2	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release (Theochron) 12 hr 100 mg, 200 mg</i>	1	
<i>theophylline oral tablet extended release (Theochron) 12 hr 300 mg</i>	1	
<i>theophylline oral tablet extended release 12 hr 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	2	QL (60 per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	2	QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	2	QL (2 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	
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION 1.25 MG/0.5 ML	3	PA BvD
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	3	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		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	PA BvD
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	2	PA
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	2	PA
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	PA BvD
DALIRESP ORAL TABLET 250 MCG, 500 MCG	2	PA; QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	2	PA; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	2	PA; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	2	PA; QL (90 per 30 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	2	PA; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	2	PA
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 100-125 MG, 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	
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	2	PA; QL (56 per 28 days)
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 NSO; AGE (Max 64 Years)
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	1	PA NSO; QL (120 per 30 days); AGE (Max 64 Years)
<i>carisoprodol-asa-codeine oral tablet 200-325-16 mg</i>	1	PA NSO; QL (240 per 30 days); AGE (Max 64 Years)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	PA NSO; QL (240 per 30 days); AGE (Max 64 Years)
<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	1	PA NSO; 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
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA NSO; AGE (Max 64 Years)
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	1	PA NSO; AGE (Max 64 Years)
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	
<i>dantrolene oral capsule 100 mg</i>	1	
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	1	
FEXMID ORAL TABLET 7.5 MG	3	PA NSO; AGE (Max 64 Years)
GABLOFEN INTRATHECAL SOLUTION 10,000 MCG/20ML (500 MCG/ML), 20,000 MCG/20ML (1,000 MCG/ML), 40,000 MCG/20ML (2,000 MCG/ML)	2	PA BvD
GABLOFEN INTRATHECAL SYRINGE 10,000 MCG/20ML (500 MCG/ML), 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 NSO; AGE (Max 64 Years)
<i>metaxall oral tablet 800 mg</i>	1	PA NSO; AGE (Max 64 Years)
<i>metaxalone oral tablet 400 mg</i>	1	PA NSO; AGE (Max 64 Years)
<i>metaxalone oral tablet 800 mg</i> (Metaxall)	1	PA NSO; AGE (Max 64 Years)
<i>methocarbamol oral tablet 500 mg</i> (Robaxin)	1	PA NSO; AGE (Max 64 Years)
<i>methocarbamol oral tablet 750 mg</i> (Robaxin-750)	1	PA NSO; AGE (Max 64 Years)
<i>orphenadrine citrate injection solution 30 mg/ml</i>	1	PA NSO; AGE (Max 64 Years)
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	PA NSO; AGE (Max 64 Years)
PARAFON FORTE DSC ORAL TABLET 500 MG	3	PA NSO; AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
ROBAXIN ORAL TABLET 500 MG	3	PA NSO; AGE (Max 64 Years)
ROBAXIN-750 ORAL TABLET 750 MG	3	PA NSO; AGE (Max 64 Years)
SKELAXIN ORAL TABLET 800 MG	3	PA NSO; AGE (Max 64 Years)
SOMA ORAL TABLET 250 MG, 350 MG	3	PA NSO; QL (120 per 30 days); AGE (Max 64 Years)
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	1	
<i>tizanidine oral tablet 2 mg</i>	1	
<i>tizanidine oral tablet 4 mg</i> (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 NSO; ST; QL (30 per 30 days); AGE (Max 64 Years)
AMBIEN ORAL TABLET 10 MG, 5 MG	3	PA NSO; ST; QL (30 per 30 days); AGE (Max 64 Years)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	1	PA
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	2	QL (30 per 30 days)
BUTISOL ORAL TABLET 30 MG	2	
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	2	PA NSO; ST; QL (30 per 30 days); AGE (Max 64 Years)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	1	PA NSO; QL (30 per 30 days); AGE (Max 64 Years)
HETLIOZ ORAL CAPSULE 20 MG	2	PA; QL (30 per 30 days)
INTERMEZZO SUBLINGUAL TABLET 1.75 MG, 3.5 MG	3	PA NSO; ST; QL (30 per 30 days); AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	3	PA NSO; ST; QL (30 per 30 days); AGE (Max 64 Years)
<i>modafinil oral tablet 100 mg, 200 mg</i> (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
<i>pentobarbital sodium injection solution 50 mg/ml</i> (Nembutal Sodium)	1	QL (2 per 30 days)
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 NSO; QL (60 per 30 days); AGE (Max 64 Years)
XYREM ORAL SOLUTION 500 MG/ML	2	PA
<i>zaleplon oral capsule 10 mg, 5 mg</i> (Sonata)	1	PA NSO; QL (60 per 30 days); AGE (Max 64 Years)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	PA NSO; QL (30 per 30 days); AGE (Max 64 Years)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	1	PA NSO; QL (30 per 30 days); AGE (Max 64 Years)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i> (Intermezzo)	1	PA NSO; QL (30 per 30 days); AGE (Max 64 Years)
ZOLPIMIST ORAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	PA NSO; ST; QL (7.7 per 30 days); AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>alprostadil injection solution 500 mcg/ml</i> (Prostin VR Pediatric)	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, 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)
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)
<i>sildenafil (antihypertensive) intravenous solution 10 mg/12.5 ml</i> (Revatio)	1	PA; QL (37.5 per 1 day)
<i>sildenafil (antihypertensive) oral tablet 20 mg</i> (Revatio)	1	PA; QL (90 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	2	PA; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	2	PA; QL (112 per 28 days)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	PA

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Drug Name	Drug Tier	Requirements/Limits
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		
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>pnv prenatal plus multivit tab slf, gluten-free 27 mg iron- 1 mg</i>	1	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	1	
<i>sodium fluoride 0.5 mg/ml drop dlf, slf,gluten-free (otc) 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	
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