

Geisinger Gold \$0 Deductible Rx
2017 Comprehensive Formulary
(List of Covered Drugs)

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

This formulary was updated on August 28, 2017. For more recent information or other questions, please contact Geisinger Gold Member Services at (800) 988-4861 or, for TTY users, 711 8 a.m. to 8 p.m. (7 days a week, Oct. – Feb.) or 8 a.m. to 8 p.m. (Mon. – Fri., March – Sept.), or visit www.GeisingerGold.com

Geisinger Gold Classic Advantage Rx (HMO)
Geisinger Gold Classic Complete Rx (HMO)
Geisinger Gold Preferred Advantage Rx (PPO)
Geisinger Gold Preferred Complete Rx (PPO)
Geisinger Gold Classic Rx (Employer Group) (HMO)

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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 Geisinger Health Plan. When it refers to “plan” or “our plan,” it means Geisinger Gold \$0 Deductible Rx.

This document includes a list of the drugs (formulary) for our plan which is current as of September 2, 2016. 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 28, 2007, and from time to time during the year.

Geisinger Gold Medicare Advantage HMO, PPO, and HMO SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on annual contract renewal. The formulary may change at any time. You will receive notice when necessary.

What is the Geisinger Gold \$0 Deductible Rx Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Geisinger Gold 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 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 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 August 28, 2017. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If non-maintenance changes are made to the formulary during the plan year, Geisinger Gold \$0 Deductible Rx communicates these changes in the member newsletter and within the monthly explanation of benefits (EOB).

How do I use the Formulary?

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

Medical Condition

The formulary begins on page one. 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 one. 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?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from the plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides up to 16 tablets per prescription for sumatriptan. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

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

visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Geisinger Gold \$0 Deductible Rx formulary?” for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that our plan does not cover your drug, you have two options:

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

How do I request an exception to the Geisinger Gold \$0 Deductible Rx Formulary?

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, 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 a 93-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.

For members being admitted to or discharged from a LTC facility, early refill edits are not used to limit appropriate and necessary access to their Part D benefit, and such enrollees are allowed to access a refill upon admission or discharge.

For more information

For more detailed information about your Geisinger Gold \$0 Deductible Rx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800MEDICARE (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>.

Geisinger Gold \$0 Deductible Rx Formulary

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

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

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

The following Utilization Management abbreviations may be found within the body of this document

COVERAGE NOTES ABBREVIATIONS

| ABBREVIATION | DESCRIPTION | EXPLANATION |
|--|--|---|
| General | | |
| | <i>Generic</i> (BRAND) | The reference brand name in parenthesis is provided for information only to assist in identifying the generic medication and does NOT indicate formulary status or coverage. |
| Utilization Management Restrictions | | |
| PA | Prior Authorization Restriction | You (or your physician) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug. |
| PA BvD | Prior Authorization Restriction for Part B vs Part D Determination | 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 our plan to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug. |
| PA-HRM | Prior Authorization Restriction for High Risk Medications | This drug has been deemed to be potentially harmful and therefore, a High Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 years or older are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug |
| PA NSO | Prior Authorization Restriction for New Starts Only | If you are a new member or if you have not taken this drug before, you (or your physician) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug. |
| ABBREVIATION | DESCRIPTION | EXPLANATION |
| QL | Quantity Limit Restriction | Our plan limits the amount of this drug that is covered per prescription, or within a specific time frame. |

| | | |
|----|--------------------------|--|
| ST | Step Therapy Restriction | Before our plan will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you. |
|----|--------------------------|--|

The following additional coverage note abbreviations may be found within the body of this document

OTHER SPECIAL REQUIREMENTS FOR COVERAGE

| ABBREVIATION | DESCRIPTION | EXPLANATION |
|---------------------|--------------------------|---|
| LA | Limited Access Drug | This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at (800) 988-4861, 8 a.m. to 8 p.m. (7 days a week, Oct. – Feb.) or 8 a.m. to 8 p.m. (Mon. – Fri., March-Sept.). TTY/TDD users should call 711. |
| NM | Non-Mail Order Drug | Drugs <u>not</u> available via your mail order benefit are noted with “NM” in the Requirements/Limits column of your formulary. |
| NDS | Non-Extended Days Supply | Drugs <u>not</u> available for an extended days supply (i.e. more than a one month supply) are noted with “NDS” in the Requirements/Limits column of your formulary. |
| GC | Gap Coverage | We may provide coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage. |

Every medication on the Geisinger Gold \$0 Deductible RX formulary is in one of five (5) cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher the cost of the medication. As shown in the table below, the amount of the copayment or coinsurance depends on which cost-sharing tier your medication is in.

Please note: what you pay for your medication depends on which “drug payment stage” you are in when you get the medication, where you get the medication filled, and if you qualify for any additional payment assistance.

Your share of the cost when you get a 30-day supply of a covered part D prescription drug prior to entering the coverage gap:

| | |
|------------------------------|-----------------|
| Tier 1 (preferred generic) | \$3 |
| Tier 2 (generic) | \$20 |
| Tier 3 (preferred brand) | \$47 |
| Tier 4 (non-preferred brand) | \$100 |
| Tier 5 (specialty tier) | 33% coinsurance |

Your share of the cost when you get a 90-day supply of a covered part D prescription drug prior to entering the coverage gap:

| Tier | When obtained at a Geisinger contracted retail network pharmacy | When obtained at a Geisinger contracted mail order pharmacy |
|------------------------------|---|---|
| Tier 1 (preferred generic) | \$7.50 | \$9 |
| Tier 2 (generic) | \$50 | \$60 |
| Tier 3 (preferred brand) | \$117.50 | \$141 |
| Tier 4 (non-preferred brand) | \$250 | \$300 |
| Tier 5 (specialty tier) | Extended supply not available | Extended supply not available |

If you are a member of an employer group, these prices may not apply to you. Please refer to your benefit documents for appropriate cost sharing amounts.

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| Analgesics | | |
| Analgesics, Miscellaneous | | |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i> | 2 | QL (2700 per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-15 mg</i> | 2 | QL (390 per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-30 mg</i> (Tylenol-Codeine #3) | 2 | QL (360 per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i> (Tylenol-Codeine #4) | 2 | QL (180 per 30 days) |
| <i>aspirin-caffeine-dihydrocodein oral capsule 356.4-30-16 mg</i> (Synalgos-DC) | 2 | QL (360 per 30 days) |
| <i>astramorph-pf injection solution 1 mg/ml</i> | 2 | |
| <i>buprenorphine hcl injection solution 0.3 mg/ml</i> (Buprenex) | 2 | |
| <i>buprenorphine hcl injection syringe 0.3 mg/ml</i> | 2 | |
| <i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans) | 2 | PA; QL (4 per 28 days) |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Marten-Tab) | 2 | QL (180 per 30 days) |
| <i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> | 2 | QL (180 per 30 days) |
| <i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Capacet) | 2 | QL (180 per 30 days) |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic) | 2 | QL (180 per 30 days) |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> (Fiorinal) | 2 | QL (180 per 30 days) |
| <i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i> | 2 | |
| <i>butorphanol tartrate nasal spray, non-aerosol 10 mg/ml</i> | 2 | QL (5 per 28 days) |
| BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR | 4 | PA; QL (4 per 28 days) |
| <i>capacet oral capsule 50-325-40 mg</i> | 2 | QL (180 per 30 days) |
| <i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i> | 2 | 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 |
|---|------------------|-----------------------------------|
| <i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | 2 | QL (360 per 30 days) |
| <i>endodan oral tablet 4.8355-325 mg</i> | 2 | QL (360 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) | 5 | PA; NM; NDS; 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) | 2 | QL (10 per 30 days) |
| <i>hydrocodone-acetaminophen oral solution 2.5-167 mg/5 ml, 5-163 mg/7.5ml(7.5ml)</i> | 2 | QL (2700 per 30 days) |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i> (Hycet) | 2 | QL (2700 per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg</i> (Vicodin HP) | 2 | QL (390 per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg</i> (Lorcet HD) | 2 | QL (360 per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i> (Verdrocet) | 2 | QL (360 per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 5-300 mg</i> (Vicodin) | 2 | QL (390 per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 5-325 mg</i> (Lorcet (hydrocodone)) | 2 | QL (360 per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 7.5-300 mg</i> (Vicodin ES) | 2 | QL (390 per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i> (Lorcet Plus) | 2 | QL (360 per 30 days) |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i> (Ibudone) | 2 | QL (150 per 30 days) |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i> | 2 | QL (150 per 30 days) |
| <i>hydromorphone (pf) injection solution 10 mg/ml</i> | 2 | |
| <i>hydromorphone 10 mg/ml vial plf,sdv,latex-f 10 mg/ml</i> | 2 | |
| <i>hydromorphone injection solution 2 mg/ml, 4 mg/ml</i> | 2 | |
| <i>hydromorphone injection syringe 2 mg/ml</i> (Dilaudid) | 2 | |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid) | 2 | 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 |
|--|------------------|----------------------------------|
| <i>ibuprofen-oxycodone oral tablet 400-5 mg</i> | 2 | QL (28 per 30 days) |
| LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY | 5 | PA; NM; NDS; QL (30 per 30 days) |
| <i>levorphanol tartrate oral tablet 2 mg</i> | 2 | QL (180 per 30 days) |
| <i>margesic oral capsule 50-325-40 mg</i> | 2 | QL (180 per 30 days) |
| <i>marten-tab oral tablet 50-325 mg</i> | 2 | QL (180 per 30 days) |
| <i>methadone injection solution 10 mg/ml</i> | 2 | |
| <i>methadone intensol oral concentrate 10 mg/ml</i> | 2 | QL (180 per 30 days) |
| <i>methadone oral solution 10 mg/5 ml</i> | 2 | QL (900 per 30 days) |
| <i>methadone oral solution 5 mg/5 ml</i> | 2 | QL (1800 per 30 days) |
| <i>methadone oral tablet 10 mg</i> (Dolophine) | 2 | QL (180 per 30 days) |
| <i>methadone oral tablet 5 mg</i> (Dolophine) | 2 | QL (360 per 30 days) |
| <i>methadose oral tablet, soluble 40 mg</i> | 2 | QL (90 per 30 days) |
| <i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i> (Astramorph-PF) | 2 | |
| <i>morphine (pf) intravenous patient control. analgesia soln 150 mg/30 ml, 30 mg/30 ml</i> | 2 | |
| <i>morphine 10 mg/ml carpject outer, plf, llf, suv 10 mg/ml</i> | 2 | |
| <i>morphine 2 mg/ml carpject outer, llf, plf, sdv 2 mg/ml</i> | 2 | |
| <i>morphine 4 mg/ml syringe plf, latex-free, suv 4 mg/ml</i> | 2 | |
| <i>morphine 8 mg/ml syringe 8 mg/ml</i> | 2 | |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i> | 2 | QL (200 per 30 days) |
| <i>morphine in 0.9% nacl intravenous solution 1 mg/ml</i> | 2 | |
| <i>morphine injection solution 15 mg/ml, 8 mg/ml</i> | 2 | |
| <i>morphine injection syringe 10 mg/ml, 5 mg/ml</i> | 2 | |
| <i>morphine intramuscular pen injector 10 mg/0.7 ml</i> | 2 | |
| <i>morphine intravenous cartridge 15 mg/ml</i> | 2 | |
| <i>morphine intravenous solution 25 mg/ml, 50 mg/ml</i> | 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 |
|--|------------------|----------------------------|
| <i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i> | 2 | |
| <i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg</i> | 2 | QL (30 per 30 days) |
| <i>morphine oral capsule, er multiphase 24 hr 75 mg, 90 mg</i> | 2 | QL (60 per 30 days) |
| <i>morphine oral capsule, extend. release (Kadian) pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i> | 2 | QL (60 per 30 days) |
| <i>morphine oral solution 10 mg/5 ml</i> | 2 | QL (700 per 30 days) |
| <i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i> | 2 | QL (300 per 30 days) |
| MORPHINE ORAL TABLET 15 MG, 30 MG | 2 | QL (180 per 30 days) |
| <i>morphine oral tablet extended release 100 (MS Contin) mg, 15 mg, 200 mg, 30 mg, 60 mg</i> | 2 | QL (90 per 30 days) |
| <i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i> | 2 | |
| <i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i> | 2 | |
| <i>oxycodone oral capsule 5 mg</i> | 2 | QL (180 per 30 days) |
| <i>oxycodone oral concentrate 20 mg/ml</i> | 2 | QL (180 per 30 days) |
| <i>oxycodone oral solution 5 mg/5 ml</i> | 2 | QL (1300 per 30 days) |
| <i>oxycodone oral tablet 10 mg, 20 mg</i> | 2 | QL (180 per 30 days) |
| <i>oxycodone oral tablet 15 mg, 30 mg, 5 mg (Roxicodone)</i> | 2 | QL (180 per 30 days) |
| <i>oxycodone oral tablet, oral only, ext. rel. 12 (OxyContin) hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> | 2 | ST; QL (90 per 30 days) |
| <i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i> | 2 | QL (1830 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg (Endocet)</i> | 2 | QL (360 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet (Percocet) 2.5-325 mg, 7.5-325 mg</i> | 2 | QL (360 per 30 days) |
| <i>oxycodone-aspirin oral tablet 4.8355-325 mg</i> | 2 | QL (360 per 30 days) |
| OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | 4 | ST; QL (90 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>oxymorphone oral tablet 10 mg, 5 mg</i> (Opana) | 2 | QL (180 per 30 days) |
| <i>reprexain oral tablet 10-200 mg, 2.5-200 mg, 5-200 mg</i> | 2 | QL (150 per 30 days) |
| <i>tencon oral tablet 50-325 mg</i> | 2 | QL (180 per 30 days) |
| <i>tramadol hcl er 300 mg tablet 300 mg</i> | 2 | QL (30 per 30 days) |
| <i>tramadol oral capsule,er biphase 24 hr 17-83 300 mg</i> (ConZip) | 2 | QL (30 per 30 days) |
| <i>tramadol oral capsule,er biphase 24 hr 25-75 100 mg, 200 mg</i> (ConZip) | 2 | QL (60 per 30 days) |
| <i>tramadol oral capsule,er biphase 24 hr 25-75 150 mg</i> | 2 | QL (60 per 30 days) |
| <i>tramadol oral tablet 50 mg</i> (Ultram) | 2 | QL (240 per 30 days) |
| <i>tramadol oral tablet extended release 24 hr 100 mg</i> | 2 | QL (90 per 30 days) |
| <i>tramadol oral tablet extended release 24 hr 200 mg</i> | 2 | QL (30 per 30 days) |
| <i>tramadol oral tablet, er multiphase 24 hr 300 mg</i> | 2 | QL (30 per 30 days) |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet) | 2 | QL (240 per 30 days) |
| <i>xylon 10 oral tablet 10-200 mg</i> | 2 | QL (150 per 30 days) |
| <i>zebutal oral capsule 50-325-40 mg</i> | 2 | QL (180 per 30 days) |
| Nonsteroidal Anti-Inflammatory Agents | | |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex) | 2 | |
| <i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i> | 2 | |
| <i>diclofenac potassium oral tablet 50 mg</i> | 2 | |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Voltaren-XR) | 2 | |
| <i>diclofenac sodium oral tablet,delayed release (drlec) 25 mg, 50 mg, 75 mg</i> | 2 | |
| <i>diclofenac sodium topical gel 1 %</i> (Voltaren) | 2 | |
| <i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50) | 2 | |
| <i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75) | 2 | |
| <i>diflunisal oral tablet 500 mg</i> | 2 | |
| <i>etodolac oral capsule 200 mg, 300 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>etodolac oral tablet 400 mg</i> (Lodine) | 2 | |
| <i>etodolac oral tablet 500 mg</i> | 2 | |
| <i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i> | 2 | |
| <i>fenoprofen oral tablet 600 mg</i> | 2 | |
| FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 % | 4 | PA; QL (60 per 30 days) |
| <i>flurbiprofen oral tablet 100 mg, 50 mg</i> | 2 | |
| <i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Profen IB) | 2 | |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | 2 | |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i> | 2 | |
| <i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i> | 2 | |
| <i>meclofenamate oral capsule 100 mg, 50 mg</i> | 2 | |
| <i>mefenamic acid oral capsule 250 mg</i> (Ponstel) | 2 | |
| <i>meloxicam oral suspension 7.5 mg/5 ml</i> | 2 | |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic) | 2 | |
| <i>nabumetone oral tablet 500 mg, 750 mg</i> | 2 | |
| <i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn) | 2 | |
| <i>naproxen oral tablet 250 mg, 375 mg</i> | 2 | |
| <i>naproxen oral tablet 500 mg</i> (Naprosyn) | 2 | |
| <i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i> (EC-Naprosyn) | 2 | |
| <i>naproxen sodium oral tablet 275 mg</i> | 2 | |
| <i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS) | 2 | |
| <i>oxaprozin oral tablet 600 mg</i> (Daypro) | 2 | |
| <i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene) | 2 | |
| <i>sulindac oral tablet 150 mg, 200 mg</i> | 2 | |
| <i>tolmetin oral capsule 400 mg</i> | 2 | |
| <i>tolmetin oral tablet 200 mg, 600 mg</i> | 2 | |
| Anesthetics | | |
| Local Anesthetics | | |
| <i>cocaine topical solution 4 %</i> | 2 | |
| <i>glydo mucous membrane jelly in applicator 2 %</i> | 2 | |
| <i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i> (Xylocaine-MPF) | 2 | PA BvD |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>lidocaine (pf) injection solution 15 mg/ml (1.5%), 5 mg/ml (0.5%)</i> (Xylocaine-MPF) | 2 | PA BvD; (PA for ESRD only) |
| <i>lidocaine (pf) injection solution 40 mg/ml (4%)</i> | 2 | PA BvD; (PA for ESRD only) |
| <i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2%)</i> | 2 | |
| <i>lidocaine hcl injection solution 10 mg/ml (1%)</i> (Xylocaine) | 2 | PA BvD |
| <i>lidocaine hcl injection solution 20 mg/ml (2%), 5 mg/ml (0.5%)</i> (Xylocaine) | 2 | PA BvD; (PA for ESRD only) |
| <i>lidocaine hcl mucous membrane jelly 2%</i> | 2 | |
| <i>lidocaine hcl mucous membrane solution 4% (40 mg/ml)</i> | 2 | |
| <i>lidocaine topical adhesive patch, medicated 5%</i> (Lidoderm) | 2 | PA |
| <i>lidocaine topical ointment 5%</i> | 2 | PA BvD; (PA for ESRD only) |
| <i>lidocaine viscous mucous membrane solution 2%</i> | 2 | |
| <i>lidocaine-prilocaine topical cream 2.5-2.5%</i> | 2 | PA BvD; (PA for ESRD only) |
| Anti-Addiction/Substance Abuse Treatment Agents | | |
| Anti-Addiction/Substance Abuse Treatment Agents | | |
| <i>acamprosate oral tablet, delayed release (drlec) 333 mg</i> | 2 | |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i> | 2 | PA; QL (90 per 30 days) |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i> | 2 | PA; QL (360 per 30 days) |
| <i>buprenorphine-naloxone sublingual tablet 8-2 mg</i> | 2 | PA; QL (90 per 30 days) |
| <i>buproban oral tablet extended release 12 hr 150 mg</i> | 2 | QL (60 per 30 days) |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> (Zyban) | 2 | QL (60 per 30 days) |
| CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG | 4 | QL (60 per 30 days) |
| CHANTIX ORAL TABLET 0.5 MG, 1 MG | 4 | QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------|
| CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42) | 4 | |
| <i>disulfiram oral tablet 250 mg, 500 mg</i> (Antabuse) | 2 | |
| <i>naloxone injection solution 0.4 mg/ml</i> | 2 | |
| <i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i> | 2 | |
| <i>naltrexone oral tablet 50 mg</i> (Revia) | 2 | |
| NARCAN NASAL SPRAY, NON-AEROSOL 2 MG/ACTUATION, 4 MG/ACTUATION | 3 | QL (4 per 28 days) |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML | 4 | |
| SUBOXONE SUBLINGUAL FILM 12-3 MG | 4 | PA; QL (60 per 30 days) |
| SUBOXONE SUBLINGUAL FILM 2-0.5 MG | 4 | PA; QL (360 per 30 days) |
| SUBOXONE SUBLINGUAL FILM 4-1 MG | 4 | PA; QL (180 per 30 days) |
| SUBOXONE SUBLINGUAL FILM 8-2 MG | 4 | PA; QL (90 per 30 days) |
| VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG | 5 | NM; NDS |
| Antianxiety Agents | | |
| Benzodiazepines | | |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML | 3 | QL (300 per 30 days) |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax) | 2 | QL (120 per 30 days) |
| <i>alprazolam oral tablet 2 mg</i> (Xanax) | 2 | QL (150 per 30 days) |
| <i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg</i> (Xanax XR) | 2 | QL (30 per 30 days) |
| <i>alprazolam oral tablet extended release 24 hr 2 mg</i> (Xanax XR) | 2 | QL (150 per 30 days) |
| <i>alprazolam oral tablet extended release 24 hr 3 mg</i> (Xanax XR) | 2 | QL (90 per 30 days) |
| <i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg</i> | 2 | QL (120 per 30 days) |
| <i>alprazolam oral tablet, disintegrating 2 mg</i> | 2 | QL (150 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin) | 2 | QL (120 per 30 days) |
| <i>clonazepam oral tablet 2 mg</i> (Klonopin) | 2 | QL (300 per 30 days) |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> | 2 | QL (120 per 30 days) |
| <i>clonazepam oral tablet, disintegrating 2 mg</i> | 2 | QL (300 per 30 days) |
| <i>clorazepate dipotassium oral tablet 15 mg</i> | 2 | QL (180 per 30 days) |
| <i>clorazepate dipotassium oral tablet 3.75 mg</i> | 2 | QL (120 per 30 days) |
| <i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab) | 2 | QL (120 per 30 days) |
| DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG | 4 | |
| DIASTAT RECTAL KIT 2.5 MG | 4 | |
| <i>diazepam intensol oral concentrate 5 mg/ml</i> | 2 | QL (240 per 30 days) |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i> | 2 | QL (1200 per 30 days) |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium) | 2 | QL (120 per 30 days) |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial) | 2 | |
| <i>diazepam rectal kit 2.5 mg</i> (Diastat) | 2 | |
| <i>estazolam oral tablet 1 mg, 2 mg</i> | 2 | QL (30 per 30 days) |
| <i>lorazepam 2 mg/ml oral concent 2 mg/ml</i> (Lorazepam Intensol) | 2 | QL (150 per 30 days) |
| <i>lorazepam injection solution 2 mg/ml</i> (Ativan) | 2 | QL (120 per 30 days) |
| <i>lorazepam injection syringe 2 mg/ml</i> | 2 | QL (120 per 30 days) |
| <i>lorazepam injection syringe 4 mg/ml</i> | 2 | QL (90 per 30 days) |
| <i>lorazepam intensol oral concentrate 2 mg/ml</i> | 2 | QL (150 per 30 days) |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan) | 2 | |
| ONFI ORAL SUSPENSION 2.5 MG/ML | 4 | PA NSO |
| ONFI ORAL TABLET 10 MG, 20 MG | 4 | PA NSO |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i> | 2 | QL (120 per 30 days) |
| <i>temazepam oral capsule 15 mg, 30 mg, 7.5 mg</i> (Restoril) | 2 | QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------------|
| Antibacterials | | |
| Aminoglycosides | | |
| <i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i> | 2 | |
| BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML | 5 | PA; NM; NDS; QL (224 per 56 days) |
| <i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i> | 2 | |
| <i>gentamicin injection solution 40 mg/ml</i> | 2 | |
| <i>gentamicin ped 20 mg/2 ml vial latex-free, sdv 20 mg/2 ml</i> | 2 | |
| <i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i> | 2 | |
| <i>neomycin oral tablet 500 mg</i> | 2 | |
| <i>streptomycin intramuscular recon soln 1 gram</i> | 2 | |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG | 5 | PA; NM; NDS; QL (224 per 56 days) |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi) | 5 | PA; NM; NDS; QL (280 per 56 days) |
| <i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i> | 2 | |
| <i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i> | 2 | |
| Antibacterials, Miscellaneous | | |
| <i>baciim intramuscular recon soln 50,000 unit</i> | 2 | |
| <i>bacitracin intramuscular recon soln 50,000 unit</i> (BACiiM) | 2 | |
| <i>chloramphenicol sod succinate intravenous recon soln 1 gram</i> | 2 | |
| <i>clindamycin 75 mg/5 ml soln 75 mg/5 ml</i> (Clindamycin Pediatric) | 2 | |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------|
| <i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i> (Cleocin in 5 % dextrose) | 2 | |
| <i>clindamycin pediatric oral recon soln 75 mg/5 ml</i> | 2 | |
| <i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i> | 2 | |
| <i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin) | 2 | |
| <i>clindamycin phosphate intravenous solution 600 mg/4 ml</i> (Cleocin) | 2 | |
| <i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral) | 2 | |
| CUBICIN INTRAVENOUS RECON SOLN 500 MG | 5 | NM; NDS |
| <i>daptomycin intravenous recon soln 500 mg</i> (Cubicin) | 2 | |
| <i>lincomycin injection solution 300 mg/ml</i> (Lincocin) | 2 | |
| <i>linezolid intravenous parenteral solution 600 mg/300 ml</i> (Zyvox) | 5 | PA; NM; NDS |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox) | 5 | PA; NM; NDS |
| <i>linezolid oral tablet 600 mg</i> (Zyvox) | 5 | PA; NM; NDS |
| <i>methenamine hippurate oral tablet 1 gram</i> (Hiprex) | 2 | |
| <i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.) | 2 | |
| <i>metronidazole oral capsule 375 mg</i> (Flagyl) | 2 | |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> (Flagyl) | 2 | |
| <i>moxifloxacin-sod.ace,sul-water intravenous piggyback 400 mg/250 ml</i> | 2 | |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> (Macrochantin) | 2 | |
| <i>nitrofurantoin monohydrate-cryst oral capsule 100 mg</i> (Macrobid) | 2 | |
| <i>polymyxin b sulfate injection recon soln 500,000 unit</i> | 2 | |
| SIVEXTRO INTRAVENOUS RECON SOLN 200 MG | 5 | PA; NM; NDS; QL (6 per 30 days) |
| SIVEXTRO ORAL TABLET 200 MG | 5 | PA; NM; NDS; QL (6 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| SYNERCID INTRAVENOUS RECON SOLN 500 MG | 5 | PA; NM; NDS |
| <i>trimethoprim oral tablet 100 mg</i> | 1 | GC |
| <i>vancomycin hcl 1g/200 ml bag 1 gram/200 ml</i> | 2 | |
| <i>vancomycin in 0.9% sodium cl intravenous solution 1.5 gram/500 ml</i> | 2 | |
| <i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 750 mg</i> | 2 | |
| <i>vancomycin intravenous recon soln 500 mg</i> | 2 | |
| <i>vancomycin oral capsule 125 mg, 250 mg (Vancocin)</i> | 2 | |
| Cephalosporins | | |
| <i>cefactor oral capsule 250 mg, 500 mg</i> | 2 | |
| <i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | 2 | |
| <i>cefactor oral tablet extended release 12 hr 500 mg</i> | 2 | |
| <i>cefadroxil oral capsule 500 mg</i> | 2 | |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> | 2 | |
| <i>cefadroxil oral tablet 1 gram</i> | 2 | |
| <i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i> | 2 | |
| <i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i> | 2 | |
| <i>cefdinir oral capsule 300 mg</i> | 2 | |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 2 | |
| <i>cefditoren pivoxil oral tablet 200 mg</i> | 2 | |
| <i>cefditoren pivoxil oral tablet 400 mg (Spectracef)</i> | 2 | |
| CEFEPIME 1 GM INJECTION 1 GRAM/50 ML | 2 | |
| <i>cefepime hcl 1 gm vial 10's, sdv 1 gram (Maxipime)</i> | 2 | |
| <i>cefepime hcl 2 gram vial latex/lf, sdv, outer 2 gram (Maxipime)</i> | 2 | |
| CEFEPIME INJECTION RECON SOLN 1 GRAM, 2 GRAM (Maxipime) | 2 | |
| CEFEPIME-DEXTROSE 2 GM/50 ML 2 GRAM/50 ML | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>cefotaxime injection recon soln 1 gram, 10 gram, 2 gram</i> (Claforan) | 2 | |
| <i>cefotaxime injection recon soln 500 mg</i> | 2 | |
| <i>cefotetan injection recon soln 1 gram, 2 gram</i> (Cefotan) | 2 | |
| <i>cefotetan intravenous recon soln 10 gram</i> | 2 | |
| <i>cefotetan-dextr 1 g duplex bag 1 gram/50 ml</i> | 2 | |
| <i>cefotetan-dextr 2 g duplex bag 2 gram/50 ml</i> | 2 | |
| <i>cefoxitin 2 gm piggyback bag 2 gram/50 ml</i> | 2 | |
| <i>cefoxitin 2 gm vial l/f, outer, s/dv 2 gram</i> | 2 | |
| <i>cefoxitin intravenous recon soln 1 gram, 10 gram</i> | 2 | |
| <i>cefoxitin intravenous recon soln 2 gram</i> | 2 | |
| <i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i> | 2 | |
| <i>cefpodoxime oral tablet 100 mg, 200 mg</i> | 2 | |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 2 | |
| <i>cefprozil oral tablet 250 mg, 500 mg</i> | 2 | |
| CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML | 2 | |
| <i>ceftazidime injection recon soln 1 gram, 6 gram</i> (TAZICEF) | 2 | |
| <i>ceftazidime injection recon soln 2 gram</i> (Fortaz) | 2 | |
| <i>ceftibuten oral capsule 400 mg</i> (Cedax) | 2 | |
| <i>ceftibuten oral suspension for reconstitution 180 mg/5 ml</i> (Cedax) | 2 | |
| <i>ceftriaxone 1 gm piggyback l/g, single use 1 gram/50 ml</i> | 2 | |
| <i>ceftriaxone injection recon soln 1 gram, 10 gram, 250 mg, 500 mg</i> | 2 | |
| <i>ceftriaxone intravenous recon soln 1 gram</i> | 2 | |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i> | 2 | |
| <i>cefuroxime sodium injection recon soln 750 mg</i> (Zinacef) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| <i>cefuroxime sodium intravenous recon soln</i> (Zinacef) 1.5 gram, 7.5 gram | 2 | |
| <i>cephalexin oral capsule 250 mg, 500 mg,</i> (Keflex) 750 mg | 2 | |
| <i>cephalexin oral suspension for</i> <i>reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 2 | |
| <i>cephalexin oral tablet 250 mg, 500 mg</i> | 2 | |
| SUPRAX ORAL CAPSULE 400 MG | 4 | |
| <i>tazicef injection recon soln 1 gram, 6</i> <i>gram</i> | 2 | |
| TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG | 4 | |
| ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM | 5 | NM; NDS |
| Macrolides | | |
| <i>azithromycin intravenous recon soln 500</i> (Zithromax) <i>mg</i> | 2 | |
| <i>azithromycin oral packet 1 gram</i> (Zithromax) | 2 | PA; (PA only w/ digoxin) |
| <i>azithromycin oral suspension for</i> (Zithromax) <i>reconstitution 100 mg/5 ml, 200 mg/5 ml</i> | 2 | PA; (PA only w/ digoxin) |
| <i>azithromycin oral tablet 250 mg (6</i> <i>pack), 500 mg (3 pack)</i> | 2 | PA; (PA only w/ digoxin) |
| <i>azithromycin oral tablet 250 mg, 600 mg</i> (Zithromax) | 2 | PA; (PA only w/ digoxin) |
| <i>azithromycin oral tablet 500 mg</i> (Zithromax TRI-PAK) | 2 | PA; (PA only w/ digoxin) |
| <i>clarithromycin oral suspension for</i> <i>reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 2 | PA; (PA only w/ digoxin) |
| <i>clarithromycin oral tablet 250 mg, 500</i> <i>mg</i> | 2 | PA; (PA only w/ digoxin) |
| <i>clarithromycin oral tablet extended</i> <i>release 24 hr 500 mg</i> | 2 | PA; (PA only w/ digoxin) |
| <i>e.e.s. 400 oral tablet 400 mg</i> | 2 | PA; (PA only w/ digoxin) |
| <i>ery-tab oral tablet, delayed release</i> <i>(drlec) 250 mg, 500 mg</i> | 2 | PA; (PA only w/ digoxin) |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG | 2 | PA; (PA only w/ digoxin) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------------|
| <i>erythrocin (as stearate) oral tablet 250 mg</i> | 2 | PA; (PA only w/ digoxin) |
| ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG | 3 | |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules) | 2 | PA |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400) | 2 | PA; (PA only w/ digoxin) |
| <i>erythromycin oral capsule, delayed release (drlec) 250 mg</i> | 2 | PA; (PA only w/ digoxin) |
| <i>erythromycin oral tablet 250 mg, 500 mg</i> | 2 | PA; (PA only w/ digoxin) |
| KETEK ORAL TABLET 300 MG, 400 MG | 4 | PA |
| PCE ORAL TABLET, PARTICLES/CRYSTALS 333 MG, 500 MG | 4 | PA; (PA only w/ digoxin) |
| Miscellaneous B-Lactam Antibiotics | | |
| <i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam) | 2 | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | 5 | PA; NM; NDS; QL (84 per 28 days) |
| <i>doripenem intravenous recon soln 250 mg, 500 mg</i> (Doribax) | 2 | |
| <i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i> (Primaxin IV) | 2 | |
| INVANZ INJECTION RECON SOLN 1 GRAM | 4 | |
| <i>meropenem intravenous recon soln 1 gram, 500 mg</i> (Merrem) | 2 | |
| Penicillins | | |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | 2 | |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i> | 2 | |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i> | 2 | |
| <i>amoxicillin oral tablet, er multiphase 24 hr 775 mg</i> (Moxatag) | 2 | |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i> | 2 | |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin) | 2 | |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600) | 2 | |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i> | 2 | |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin) | 2 | |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR) | 2 | |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i> | 2 | |
| <i>ampicillin oral capsule 250 mg, 500 mg</i> | 2 | |
| <i>ampicillin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 2 | |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i> | 2 | |
| <i>ampicillin sodium intravenous recon soln 2 gram</i> | 2 | |
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn) | 2 | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML | 4 | |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i> | 2 | |
| <i>nafcillin 2 gm vial 10's, latex-free 2 gram</i> | 2 | |
| <i>nafcillin injection recon soln 1 gram, 10 gram</i> | 2 | |
| <i>nafcillin intravenous recon soln 2 gram</i> | 2 | |
| <i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i> | 2 | |
| <i>oxacillin injection recon soln 10 gram, 2 gram</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>oxacillin intravenous recon soln 1 gram</i> | 2 | |
| <i>penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml</i> | 2 | |
| <i>penicillin g potassium injection recon soln 5 million unit (Pfizerpen-G)</i> | 2 | |
| <i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i> | 2 | |
| <i>penicillin gk 20 million unit 20 million unit (Pfizerpen-G)</i> | 2 | |
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i> | 2 | |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i> | 2 | |
| <i>pfizerpen-g injection recon soln 20 million unit</i> | 2 | |
| <i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram (Zosyn)</i> | 2 | |
| Quinolones | | |
| <i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg (Cipro XR)</i> | 2 | QL (30 per 30 days) |
| <i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i> | 2 | |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)</i> | 2 | |
| <i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i> | 2 | |
| <i>ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml (Cipro in D5W)</i> | 2 | |
| <i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml (Cipro)</i> | 2 | |
| <i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i> | 2 | |
| <i>levofloxacin intravenous solution 25 mg/ml</i> | 2 | |
| <i>levofloxacin oral solution 250 mg/10 ml</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> (Levaquin) | 2 | |
| <i>moxifloxacin oral tablet 400 mg</i> (Avelox) | 2 | |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i> | 2 | |
| Sulfonamides | | |
| <i>sulfadiazine oral tablet 500 mg</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim) | 2 | |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim) | 1 | GC |
| <i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS) | 1 | GC |
| <i>sulfasalazine oral tablet 500 mg</i> (Sulfazine) | 2 | |
| <i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i> (Azulfidine EN-tabs) | 2 | |
| <i>sulfatrim oral suspension 200-40 mg/5 ml</i> | 2 | |
| Tetracyclines | | |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i> | 2 | |
| <i>doxy-100 intravenous recon soln 100 mg</i> | 2 | |
| <i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100) | 2 | |
| <i>doxycycline hyclate oral capsule 100 mg</i> (Vibramycin) | 2 | |
| <i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox) | 2 | |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i> | 2 | |
| <i>doxycycline hyclate oral tablet, delayed release (drlec) 100 mg, 150 mg, 75 mg</i> | 2 | |
| <i>doxycycline hyclate oral tablet, delayed release (drlec) 200 mg, 50 mg</i> (Doryx) | 2 | |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> (Mondoxyne NL) | 2 | |
| <i>doxycycline monohydrate oral capsule 150 mg</i> | 2 | |
| <i>doxycycline monohydrate oral capsule 75 mg</i> (Monodox) | 2 | |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------------|
| <i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy) | 2 | |
| <i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i> | 2 | |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i> (Minocin) | 2 | |
| <i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i> | 2 | |
| <i>minocycline oral tablet extended release 24 hr 135 mg</i> | 2 | |
| <i>minocycline oral tablet extended release 24 hr 45 mg, 90 mg</i> | 2 | QL (30 per 30 days) |
| <i>tetracycline oral capsule 250 mg, 500 mg</i> | 2 | |
| <i>tigecycline intravenous recon soln 50 mg</i> (Tygacil) | 2 | |
| TYGACIL INTRAVENOUS RECON SOLN 50 MG | 4 | |
| Anticancer Agents | | |
| Anticancer Agents | | |
| ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG | 5 | PA NSO; NM; NDS |
| <i>adrucil 2,500 mg/50 ml vial outer, latex-free 2.5 gram/50 ml</i> | 2 | PA BvD |
| <i>adrucil intravenous solution 500 mg/10 ml</i> | 2 | PA BvD |
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG | 5 | PA NSO; NM; NDS |
| AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG | 5 | PA NSO; NM; NDS |
| ALECENSA ORAL CAPSULE 150 MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG | 5 | NM; NDS |
| ALUNBRIG ORAL TABLET 30 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>anastrozole oral tablet 1 mg</i> (Arimidex) | 2 | |
| ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML | 5 | PA NSO; NM; NDS |
| ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML | 5 | PA NSO; NM; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---------------------------------------|
| AVASTIN INTRAVENOUS SOLUTION 25 MG/ML, 25 MG/ML (16 ML) | 5 | NM; NDS |
| <i>azacitidine injection recon soln 100 mg</i> (Vidaza) | 5 | NM; NDS |
| BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML | 5 | PA NSO; NM; NDS |
| BELEODAQ INTRAVENOUS RECON SOLN 500 MG | 5 | PA NSO; NM; NDS |
| BENDEKA INTRAVENOUS SOLUTION 25 MG/ML | 5 | NM; NDS |
| <i>bexarotene oral capsule 75 mg</i> (Targretin) | 5 | NM; NDS |
| <i>bicalutamide oral tablet 50 mg</i> (Casodex) | 2 | |
| BICNU INTRAVENOUS RECON SOLN 100 MG | 4 | |
| <i>bleomycin injection recon soln 15 unit</i> (Bleo 15K) | 2 | PA BvD |
| <i>bleomycin injection recon soln 30 unit</i> | 2 | PA BvD |
| BLINCYTO INTRAVENOUS KIT 35 MCG | 5 | PA NSO; NM; NDS |
| BOSULIF ORAL TABLET 100 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| BOSULIF ORAL TABLET 500 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>busulfan intravenous solution 60 mg/10 ml</i> (Busulfex) | 2 | |
| BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML | 4 | |
| CABOMETYX ORAL TABLET 20 MG, 60 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| CABOMETYX ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 100 MG, 300 MG | 5 | PA NSO; NM; LA; NDS |
| <i>carboplatin intravenous solution 10 mg/ml</i> | 2 | |
| <i>cisplatin intravenous solution 1 mg/ml</i> | 2 | |
| <i>cladribine intravenous solution 10 mg/10 ml</i> | 2 | PA BvD |
| <i>clofarabine intravenous solution 20 mg/20 ml</i> (Clolar) | 5 | NM; NDS |
| CLOLAR INTRAVENOUS SOLUTION 20 MG/20 ML | 5 | PA NSO; NM; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| 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) | 5 | PA NSO; NM; NDS |
| COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG | 4 | |
| COTELLIC ORAL TABLET 20 MG | 5 | PA NSO; NM; LA; NDS; QL (90 per 30 days) |
| <i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i> | 2 | |
| CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG | 4 | PA BvD |
| CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML, 10 MG/ML (50 ML) | 5 | PA NSO; NM; NDS |
| <i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i> | 2 | PA BvD |
| <i>cytarabine 100 mg/5 ml vial plf, sdv, latex-free 100 mg/5 ml (20 mg/ml)</i> | 2 | PA BvD |
| <i>cytarabine injection solution 20 mg/ml</i> | 2 | PA BvD |
| <i>dacarbazine intravenous recon soln 100 mg, 200 mg</i> | 2 | |
| DARZALEX 400 MG/20 ML VIAL 20 MG/ML | 5 | PA NSO; NM; NDS |
| DARZALEX INTRAVENOUS SOLUTION 20 MG/ML | 5 | PA NSO; NM; LA; NDS |
| <i>daunorubicin intravenous solution 5 mg/ml</i> | 2 | |
| <i>decitabine intravenous recon soln 50 mg (Dacogen)</i> | 5 | PA NSO; NM; NDS |
| DEPOCYT (PF) INTRATHECAL SUSPENSION 50 MG/5 ML (10 MG/ML) | 4 | PA BvD |
| DOCEFREZ INTRAVENOUS RECON SOLN 20 MG, 80 MG | 5 | NM; NDS |
| <i>docetaxel 160 mg/16 ml vial mdv, sterile, llf 160 mg/16 ml (10 mg/ml)</i> | 5 | NM; NDS |
| <i>docetaxel intravenous solution 20 mg/ml, 80 mg/8 ml (10 mg/ml)</i> | 5 | NM; NDS |
| <i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml)</i> (Taxotere) | 5 | NM; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>doxorubicin 200 mg/100 ml vial latex-free 2 mg/ml</i> (Adriamycin) | 2 | PA BvD |
| <i>doxorubicin intravenous recon soln 10 mg, 50 mg</i> | 2 | PA BvD |
| <i>doxorubicin intravenous solution 50 mg/25 ml</i> (Adriamycin) | 2 | PA BvD |
| <i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Lipodox) | 2 | PA BvD |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | 4 | |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | 4 | |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | 4 | |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | 4 | |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) | 4 | |
| EMCYT ORAL CAPSULE 140 MG | 3 | |
| EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG | 5 | PA NSO; NM; NDS |
| <i>epirubicin intravenous recon soln 50 mg</i> | 2 | |
| <i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i> (Ellence) | 2 | |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML | 5 | NM; NDS |
| ERIVEDGE ORAL CAPSULE 150 MG | 5 | PA NSO; NM; LA; NDS; QL (30 per 30 days) |
| ERWINAZE INJECTION RECON SOLN 10,000 UNIT | 5 | PA NSO; NM; NDS |
| ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG | 4 | |
| <i>etoposide intravenous solution 20 mg/ml</i> (Toposar) | 2 | |
| <i>exemestane oral tablet 25 mg</i> (Aromasin) | 2 | |
| FARESTON ORAL TABLET 60 MG | 4 | |
| FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG | 5 | PA NSO; NM; NDS; QL (6 per 21 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------------|
| FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML | 5 | NM; NDS |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG | 4 | |
| <i>floxuridine injection recon soln 0.5 gram</i> | 2 | PA BvD |
| <i>fludarabine 50 mg/2 ml vial sub 50 mg/2 ml</i> | 2 | |
| <i>fludarabine intravenous recon soln 50 mg</i> | 2 | |
| <i>fluorouracil 5,000 mg/100 ml latex-free 5 gram/100 ml</i> (Acrucil) | 2 | PA BvD |
| <i>fluorouracil intravenous solution 1 gram/20 ml</i> | 2 | PA BvD |
| <i>fluorouracil intravenous solution 2.5 gram/50 ml, 500 mg/10 ml</i> (Acrucil) | 2 | PA BvD |
| <i>flutamide oral capsule 125 mg</i> | 2 | |
| FOLOTYN 20 MG/ML VIAL 20 MG/ML (1 ML) | 5 | NM; NDS |
| FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML) | 5 | NM; NDS |
| GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML | 5 | PA NSO; NM; NDS |
| <i>gemcitabine intravenous recon soln 1 gram, 200 mg</i> (Gemzar) | 5 | NM; NDS |
| <i>gemcitabine intravenous recon soln 2 gram</i> | 5 | NM; NDS |
| <i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i> | 5 | NM; NDS |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| GLEEVEC ORAL TABLET 100 MG, 400 MG | 5 | NM; NDS |
| GLEOSTINE ORAL CAPSULE 5 MG | 4 | |
| HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) | 5 | PA NSO; NM; NDS |
| HERCEPTIN INTRAVENOUS RECON SOLN 150 MG, 440 MG | 5 | PA BvD; NM; NDS |
| HEXALEN ORAL CAPSULE 50 MG | 5 | NM; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>hydroxyurea oral capsule 500 mg</i> (Hydrea) | 2 | |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | 5 | PA NSO; NM; NDS; QL (21 per 28 days) |
| ICLUSIG ORAL TABLET 15 MG, 45 MG | 5 | PA NSO; NM; NDS |
| <i>idarubicin intravenous solution 1 mg/ml</i> (Idamycin PFS) | 2 | |
| <i>ifosfamide 1 gml/20 ml vial sdv,pf,latex-free 1 gram/20 ml</i> | 2 | PA BvD |
| <i>ifosfamide intravenous recon soln 1 gram</i> (Ifex) | 2 | PA BvD |
| <i>ifosfamide-mesna intravenous kit 1-1 gram, 3,000-1,000 mg</i> | 2 | PA BvD |
| <i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec) | 2 | |
| IMBRUVICA ORAL CAPSULE 140 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| IMFINZI INTRAVENOUS SOLUTION 50 MG/ML, 50 MG/ML (10 ML) | 5 | PA NSO; NM; NDS |
| IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML | 5 | PA NSO; NM; NDS; QL (4 per 180 days) |
| IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML | 5 | PA NSO; NM; NDS; QL (8 per 28 days) |
| INLYTA ORAL TABLET 1 MG, 5 MG | 5 | PA NSO; NM; LA; NDS |
| IRESSA ORAL TABLET 250 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i> (Camptosar) | 2 | |
| <i>irinotecan intravenous solution 500 mg/25 ml</i> | 2 | |
| ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML | 5 | PA NSO; NM; NDS |
| IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG | 5 | PA NSO; NM; NDS |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 5 | PA NSO; NM; LA; NDS; QL (60 per 30 days) |
| JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION) | 5 | PA NSO; NM; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------------------|
| KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG | 5 | PA NSO; NM; NDS |
| KEYTRUDA INTRAVENOUS RECON SOLN 50 MG | 5 | PA NSO; NM; NDS |
| KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML) | 5 | PA NSO; NM; NDS |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG | 5 | PA NSO; NM; NDS; 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) | 5 | PA NSO; NM; NDS; QL (63 per 28 days) |
| KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG | 5 | PA NSO; NM; NDS |
| LARTRUVO INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA NSO; NM; NDS |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2) | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| <i>letrozole oral tablet 2.5 mg</i> (Femara) | 2 | |
| LEUKERAN ORAL TABLET 2 MG | 3 | |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i> | 2 | |
| <i>lipodox 50 intravenous suspension 2 mg/ml</i> | 2 | PA BvD |
| <i>lipodox intravenous suspension 2 mg/ml</i> | 2 | PA BvD |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG | 5 | NM; NDS |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG | 5 | NM; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG | 5 | NM; NDS |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG | 5 | NM; NDS |
| LYNPARZA ORAL CAPSULE 50 MG | 5 | PA NSO; NM; NDS; QL (448 per 28 days) |
| LYSODREN ORAL TABLET 500 MG | 3 | |
| MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL | 5 | PA NSO; NM; NDS |
| MATULANE ORAL CAPSULE 50 MG | 5 | NM; LA; NDS |
| <i>megestrol oral tablet 20 mg, 40 mg</i> | 2 | |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG | 5 | PA NSO; NM; LA; NDS; QL (90 per 30 days) |
| <i>melphalan hcl intravenous recon soln 50 mg</i> (Alkeran) | 2 | |
| <i>mercaptapurine oral tablet 50 mg</i> | 2 | |
| <i>methotrexate sodium (pf) injection recon soln 1 gram</i> | 2 | PA BvD |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i> | 2 | |
| <i>methotrexate sodium injection solution 25 mg/ml</i> | 2 | |
| <i>methotrexate sodium oral tablet 2.5 mg</i> | 2 | |
| <i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i> | 2 | PA BvD |
| <i>mitoxantrone intravenous concentrate 2 mg/ml</i> | 2 | |
| MUSTARGEN INJECTION RECON SOLN 10 MG | 4 | |
| NEXAVAR ORAL TABLET 200 MG | 5 | PA NSO; NM; LA; NDS; QL (120 per 30 days) |
| NILANDRON ORAL TABLET 150 MG | 3 | |
| <i>nilutamide oral tablet 150 mg</i> (Nilandron) | 2 | QL (60 per 30 days) |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 5 | PA NSO; NM; NDS; QL (3 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| NIPENT INTRAVENOUS RECON SOLN 10 MG | 4 | |
| ODOMZO ORAL CAPSULE 200 MG | 5 | PA NSO; NM; LA; NDS; QL (30 per 30 days) |
| ONCASPAR INJECTION SOLUTION 750 UNIT/ML | 5 | NM; NDS |
| ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML | 5 | PA NSO; NM; NDS |
| <i>onxol intravenous concentrate 6 mg/ml</i> | 2 | |
| OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML | 5 | PA NSO; NM; NDS |
| <i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i> | 2 | |
| <i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i> | 2 | |
| <i>paclitaxel intravenous concentrate 6 mg/ml</i> | 2 | |
| PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML) | 5 | NM; NDS |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | 5 | PA NSO; NM; LA; NDS; QL (21 per 28 days) |
| PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML) | 5 | PA NSO; NM; LA; NDS; QL (100 per 21 days) |
| PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT | 5 | NM; NDS |
| PURIXAN ORAL SUSPENSION 20 MG/ML | 4 | |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG | 5 | PA NSO; NM; LA; NDS |
| RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML | 5 | PA NSO; NM; NDS |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| RYDAPT ORAL CAPSULE 25 MG | 5 | PA NSO; NM; NDS; QL (112 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| SOLTAMOX ORAL SOLUTION 10 MG/5 ML | 4 | |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG | 5 | PA NSO; NM; NDS |
| STIVARGA ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG | 5 | PA NSO; NM; NDS |
| SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG | 5 | PA NSO; NM; NDS |
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG | 5 | PA NSO; NM; NDS |
| TABLOID ORAL TABLET 40 MG | 3 | |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | 5 | PA NSO; NM; LA; NDS; QL (120 per 30 days) |
| TAGRISSE ORAL TABLET 40 MG, 80 MG | 5 | PA NSO; NM; LA; NDS; QL (30 per 30 days) |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i> | 2 | |
| TARCEVA ORAL TABLET 100 MG, 150 MG | 5 | PA NSO; NM; LA; NDS; QL (30 per 30 days) |
| TARCEVA ORAL TABLET 25 MG | 5 | PA NSO; NM; LA; NDS; QL (90 per 30 days) |
| TARGRETIN TOPICAL GEL 1 % | 5 | NM; NDS |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML) | 5 | PA NSO; NM; NDS |
| TEMODAR INTRAVENOUS RECON SOLN 100 MG | 4 | |
| <i>teniposide intravenous solution 50 mg/5 ml</i> | 2 | |
| <i>thiotepa injection recon soln 15 mg</i> (Tepadina) | 2 | |
| <i>toposar intravenous solution 20 mg/ml</i> | 2 | |
| <i>topotecan hcl 4 mg/4 ml vial plf, suv, latex-free 4 mg/4 ml (1 mg/ml)</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------------|
| <i>topotecan intravenous recon soln 4 mg</i> (Hycamtin) | 2 | |
| TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST) | 5 | PA NSO; NM; NDS |
| TREANDA INTRAVENOUS RECON SOLN 100 MG | 5 | NM; NDS |
| TRELSTAR 11.25 MG VIAL INNER, SDV 11.25 MG | 5 | NM; NDS |
| TRELSTAR 22.5 MG VIAL INNER,SDV 22.5 MG | 5 | NM; NDS |
| TRELSTAR 3.75 MG VIAL INNER, SDV 3.75 MG | 5 | NM; NDS |
| TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 22.5 MG/2 ML, 3.75 MG/2 ML | 5 | NM; NDS |
| <i>tretinoin (chemotherapy) oral capsule 10 mg</i> | 5 | NM; NDS |
| TRISENOX INTRAVENOUS SOLUTION 10 MG/10 ML | 3 | |
| TYKERB ORAL TABLET 250 MG | 5 | PA NSO; NM; LA; NDS |
| UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML | 5 | PA NSO; NM; NDS; QL (40 per 30 days) |
| VALSTAR INTRAVESICAL SOLUTION 40 MG/ML | 4 | |
| VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) | 5 | PA NSO; NM; NDS |
| VELCADE INJECTION RECON SOLN 3.5 MG | 5 | PA NSO; NM; NDS |
| VENCLEXTA ORAL TABLET 10 MG | 4 | PA NSO; QL (60 per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG | 4 | PA NSO; QL (30 per 30 days) |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG | 5 | PA NSO; NM; NDS; QL (42 per 180 days) |
| <i>vinblastine intravenous solution 1 mg/ml</i> | 2 | PA BvD |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>vincasar pfs 2 mg/2 ml vial 2 mg/2 ml</i> | 2 | PA BvD |
| <i>vincasar pfs intravenous solution 1 mg/ml</i> | 2 | PA BvD |
| <i>vincristine 2 mg/2 ml vial p/f, sdv 2 mg/2 ml</i> (Vincasar PFS) | 2 | PA BvD |
| <i>vincristine intravenous solution 1 mg/ml</i> (Vincasar PFS) | 2 | PA BvD |
| <i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine) | 2 | |
| VOTRIENT ORAL TABLET 200 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 5 | PA NSO; NM; LA; NDS; QL (60 per 30 days) |
| XATMEP ORAL SOLUTION 2.5 MG/ML | 4 | PA NSO |
| XTANDI ORAL CAPSULE 40 MG | 5 | PA NSO; NM; LA; NDS; QL (120 per 30 days) |
| YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) | 5 | PA NSO; NM; NDS |
| YONDELIS INTRAVENOUS RECON SOLN 1 MG | 5 | PA NSO; NM; NDS |
| ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) | 5 | PA NSO; NM; NDS |
| ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM | 4 | |
| ZEJULA ORAL CAPSULE 100 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| ZELBORAF ORAL TABLET 240 MG | 5 | PA NSO; NM; LA; NDS; QL (240 per 30 days) |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG | 4 | |
| ZOLINZA ORAL CAPSULE 100 MG | 5 | NM; NDS |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| ZYKADIA ORAL CAPSULE 150 MG | 5 | PA NSO; NM; NDS; QL (150 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| ZYTIGA ORAL TABLET 250 MG | 5 | PA NSO; NM; LA; NDS; QL (120 per 30 days) |
| ZYTIGA ORAL TABLET 500 MG | 5 | PA NSO; NM; LA; NDS; QL (60 per 30 days) |
| Anticholinergic Agents | | |
| Antimuscarinics/Antispasmodics | | |
| <i>atropine injection solution 0.4 mg/ml, 1 mg/ml</i> | 2 | |
| <i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i> | 2 | |
| <i>atropine intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)</i> | 2 | |
| <i>propantheline oral tablet 15 mg</i> | 2 | |
| Anticonvulsants | | |
| Anticonvulsants | | |
| APTIOM ORAL TABLET 200 MG, 400 MG | 4 | PA NSO; QL (30 per 30 days) |
| APTIOM ORAL TABLET 600 MG, 800 MG | 4 | PA NSO; QL (60 per 30 days) |
| BANZEL ORAL SUSPENSION 40 MG/ML | 4 | PA NSO |
| BANZEL ORAL TABLET 200 MG, 400 MG | 4 | PA NSO |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML | 4 | PA NSO |
| BRIVIACT ORAL SOLUTION 10 MG/ML | 4 | PA NSO; QL (600 per 30 days) |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | 4 | PA NSO; QL (60 per 30 days) |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol) | 2 | |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol) | 2 | |
| <i>carbamazepine oral tablet 200 mg</i> (Tegretol) | 2 | |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR) | 2 | |
| <i>carbamazepine oral tablet, chewable 100 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| CELONTIN ORAL CAPSULE 300 MG | 4 | |
| DILANTIN EXTENDED ORAL CAPSULE 100 MG | 4 | |
| DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG | 3 | |
| DILANTIN ORAL CAPSULE 30 MG | 4 | |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles) | 2 | |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER) | 2 | |
| <i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> (Depakote) | 2 | |
| <i>epitol oral tablet 200 mg</i> | 2 | |
| <i>ethosuximide oral capsule 250 mg</i> (Zarontin) | 2 | |
| <i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin) | 2 | |
| <i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol) | 2 | |
| <i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol) | 2 | |
| <i>fosphenytoin injection solution 100 mg per 2 ml, 500 mg per 10 ml</i> (Cerebyx) | 2 | |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML | 4 | PA NSO; QL (720 per 30 days) |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 4 | PA NSO; QL (30 per 30 days) |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin) | 2 | |
| <i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin) | 2 | |
| <i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin) | 2 | |
| GABITRIL ORAL TABLET 12 MG, 16 MG | 3 | |
| LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7) | 4 | |
| LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14) | 4 | |
| LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7) | 4 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) | 4 | |
| LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) | 4 | |
| LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7) | 4 | |
| LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) | 4 | |
| LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) | 4 | |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal) | 2 | |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue)) | 2 | |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange)) | 2 | |
| <i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green)) | 2 | |
| <i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR) | 2 | |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal) | 2 | |
| <i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT) | 2 | |
| <i>lamotrigine oral tablets,dose pack 25 mg (35)</i> (Lamictal Starter (Blue) Kit) | 2 | |
| <i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i> | 2 | |
| <i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>levetiracetam oral solution 100 mg/ml</i> (Keppra) | 2 | |
| <i>levetiracetam oral tablet 1,000 mg</i> (Roweepra) | 2 | |
| <i>levetiracetam oral tablet 250 mg, 500 mg, 750 mg</i> (Keppra) | 2 | |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR) | 2 | |
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG | 3 | |
| LYRICA ORAL SOLUTION 20 MG/ML | 3 | |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal) | 2 | |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal) | 2 | |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG | 4 | |
| PEGANONE ORAL TABLET 250 MG | 3 | |
| <i>phenobarbital in 0.9 % sod chl intravenous solution 10 mg/ml (1 ml)</i> | 2 | |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i> | 2 | |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | 2 | |
| <i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i> | 2 | |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG | 4 | |
| <i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125) | 2 | |
| <i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs) | 2 | |
| <i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended) | 2 | |
| <i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek) | 2 | |
| <i>phenytoin sodium intravenous solution 50 mg/ml</i> | 2 | |
| <i>phenytoin sodium intravenous syringe 50 mg/ml</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG, 50 MG | 4 | PA NSO |
| <i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline) | 2 | |
| SABRIL ORAL POWDER IN PACKET 500 MG | 5 | PA NSO; NM; LA; NDS |
| SABRIL ORAL TABLET 500 MG | 5 | PA NSO; NM; LA; NDS |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG | 4 | ST |
| <i>tiagabine oral tablet 2 mg, 4 mg</i> (Gabitril) | 2 | |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax) | 2 | |
| <i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR) | 2 | PA NSO |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax) | 2 | |
| TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG | 4 | PA NSO |
| <i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i> (Depacon) | 2 | |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> (Depakene) | 2 | |
| <i>valproic acid oral capsule 250 mg</i> (Depakene) | 2 | |
| VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML | 4 | PA NSO |
| VIMPAT ORAL SOLUTION 10 MG/ML | 4 | PA NSO |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 4 | PA NSO |
| <i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran) | 2 | |
| <i>zonisamide oral capsule 50 mg</i> | 2 | |
| Antidementia Agents | | |
| Antidementia Agents | | |
| <i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept) | 2 | QL (30 per 30 days) |
| <i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i> | 2 | QL (30 per 30 days) |
| <i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> (Razadyne ER) | 2 | QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>galantamine oral solution 4 mg/ml</i> | 2 | |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> (Razadyne) | 2 | |
| <i>memantine oral solution 2 mg/ml</i> | 2 | |
| <i>memantine oral tablet 10 mg, 5 mg</i> (Namenda) | 2 | |
| <i>memantine oral tablets, dose pack 5-10 mg</i> (Namenda Titration Pak) | 2 | |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i> | 2 | |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i> (Exelon) | 2 | QL (30 per 30 days) |
| Antidepressants | | |
| Antidepressants | | |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | 2 | PA NSO; (PA Req for Ages 65 and Older; High Risk Med); AGE (Max 64 Years) |
| <i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i> | 2 | |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i> | 2 | (PA Req for Ages 65 and Older; High Risk Med) |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG | 4 | QL (30 per 30 days) |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i> | 2 | QL (180 per 30 days) |
| <i>bupropion hcl oral tablet extended release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR) | 2 | QL (60 per 30 days) |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL) | 2 | QL (30 per 30 days) |
| <i>citalopram oral solution 10 mg/5 ml</i> | 2 | QL (600 per 30 days) |
| <i>citalopram oral tablet 10 mg, 20 mg</i> (Celexa) | 1 | GC; QL (45 per 30 days) |
| <i>citalopram oral tablet 40 mg</i> (Celexa) | 1 | GC; QL (30 per 30 days) |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil) | 2 | PA NSO; (PA Req for Ages 65 and Older; High Risk Med); AGE (Max 64 Years) |
| <i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------|
| <i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i> | 2 | |
| DESVENLAFAXINE FUMARATE ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 50 MG | 4 | ST; QL (30 per 30 days) |
| DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG | 4 | ST; QL (30 per 30 days) |
| <i>desvenlafaxine oral tablet extended release 24hr 100 mg, 50 mg</i> (Khedezla) | 2 | ST; QL (30 per 30 days) |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq) | 2 | ST; QL (30 per 30 days) |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | 2 | |
| <i>doxepin oral concentrate 10 mg/ml</i> | 2 | |
| <i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta) | 2 | (Cymbalta); QL (60 per 30 days) |
| <i>duloxetine oral capsule, delayed release(drlec) 40 mg</i> (Irenka) | 2 | (Irenka); QL (60 per 30 days) |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR | 5 | NM; NDS; QL (30 per 30 days) |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i> | 2 | QL (600 per 30 days) |
| <i>escitalopram oxalate oral tablet 10 mg, 5 mg</i> (Lexapro) | 2 | QL (45 per 30 days) |
| <i>escitalopram oxalate oral tablet 20 mg</i> (Lexapro) | 2 | QL (30 per 30 days) |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) | 4 | PA NSO; QL (28 per 28 days) |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | 4 | PA NSO; QL (30 per 30 days) |
| <i>fluoxetine oral capsule 10 mg</i> (Prozac) | 2 | QL (90 per 30 days) |
| <i>fluoxetine oral capsule 20 mg</i> (Prozac) | 2 | QL (120 per 30 days) |
| <i>fluoxetine oral capsule 40 mg</i> (Prozac) | 2 | QL (60 per 30 days) |
| <i>fluoxetine oral capsule, delayed release(drlec) 90 mg</i> (Prozac Weekly) | 2 | QL (4 per 28 days) |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i> | 2 | QL (600 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>fluoxetine oral tablet 10 mg</i> (Sarafem) | 2 | QL (90 per 30 days) |
| <i>fluoxetine oral tablet 20 mg</i> (Sarafem) | 2 | QL (120 per 30 days) |
| FLUOXETINE ORAL TABLET 60 MG | 2 | QL (30 per 30 days) |
| <i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i> | 2 | QL (60 per 30 days) |
| <i>fluvoxamine oral tablet 100 mg</i> | 2 | QL (90 per 30 days) |
| <i>fluvoxamine oral tablet 25 mg</i> | 2 | QL (30 per 30 days) |
| <i>fluvoxamine oral tablet 50 mg</i> | 2 | QL (45 per 30 days) |
| FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG | 4 | QL (30 per 30 days) |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> (Tofranil) | 2 | PA NSO; (PA Req for Ages 65 and Older; High Risk Med); AGE (Max 64 Years) |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i> | 2 | PA NSO; (PA Req for Ages 65 and Older; High Risk Med); AGE (Max 64 Years) |
| <i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i> | 2 | |
| MARPLAN ORAL TABLET 10 MG | 3 | |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i> (Remeron) | 2 | QL (30 per 30 days) |
| <i>mirtazapine oral tablet 7.5 mg</i> | 2 | QL (30 per 30 days) |
| <i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab) | 2 | QL (30 per 30 days) |
| <i>nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i> | 2 | QL (60 per 30 days) |
| <i>nefazodone oral tablet 200 mg</i> | 2 | QL (90 per 30 days) |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor) | 1 | GC |
| <i>nortriptyline oral solution 10 mg/5 ml</i> | 2 | |
| <i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> (Symbyax) | 2 | QL (30 per 30 days) |
| OLEPTRO ER ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG | 4 | PA NSO; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>paroxetine hcl oral tablet 10 mg, 40 mg</i> (Paxil) | 1 | GC; QL (45 per 30 days) |
| <i>paroxetine hcl oral tablet 20 mg</i> (Paxil) | 1 | GC; QL (30 per 30 days) |
| <i>paroxetine hcl oral tablet 30 mg</i> (Paxil) | 1 | GC; QL (60 per 30 days) |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i> (Paxil CR) | 2 | QL (30 per 30 days) |
| <i>paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg</i> (Paxil CR) | 2 | QL (60 per 30 days) |
| PAXIL ORAL SUSPENSION 10 MG/5 ML | 4 | |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> | 2 | |
| PEXEVA ORAL TABLET 10 MG, 40 MG | 4 | QL (45 per 30 days) |
| PEXEVA ORAL TABLET 20 MG | 4 | QL (30 per 30 days) |
| PEXEVA ORAL TABLET 30 MG | 4 | QL (60 per 30 days) |
| <i>phenelzine oral tablet 15 mg</i> (Nardil) | 2 | |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG | 4 | ST; QL (30 per 30 days) |
| <i>protriptyline oral tablet 10 mg, 5 mg</i> | 2 | |
| <i>sertraline oral concentrate 20 mg/ml</i> (Zoloft) | 2 | QL (300 per 30 days) |
| <i>sertraline oral tablet 100 mg</i> (Zoloft) | 1 | GC; QL (60 per 30 days) |
| <i>sertraline oral tablet 25 mg, 50 mg</i> (Zoloft) | 1 | GC; QL (45 per 30 days) |
| SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG | 4 | PA NSO; (PA Req for Ages 65 and Older; High Risk Med); AGE (Max 64 Years) |
| <i>tranlycypromine oral tablet 10 mg</i> (Parnate) | 2 | |
| <i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i> | 1 | GC |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i> (Surmontil) | 2 | PA NSO; (PA Req for Ages 65 and Older; High Risk Med); AGE (Max 64 Years) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | 4 | PA NSO; QL (30 per 30 days) |
| <i>venlafaxine oral capsule, extended release</i> (Effexor XR) 24hr 150 mg, 37.5 mg, 75 mg | 2 | QL (30 per 30 days) |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | 2 | QL (90 per 30 days) |
| <i>venlafaxine oral tablet extended release</i> 24hr 150 mg, 225 mg, 37.5 mg, 75 mg | 2 | QL (30 per 30 days) |
| VIIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG | 4 | PA NSO; QL (30 per 30 days) |
| VIIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23) | 4 | PA NSO; QL (30 per 180 days) |
| Antidiabetic Agents | | |
| Antidiabetic Agents, Miscellaneous | | |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose) | 2 | QL (90 per 30 days) |
| ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG | 3 | QL (60 per 30 days) |
| ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG | 3 | QL (30 per 30 days) |
| BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML | 4 | ST; QL (4 per 28 days) |
| BYDUREON SUBCUTANEOUS SUSPENSION, EXTENDED REL RECON 2 MG | 4 | ST; QL (4 per 28 days) |
| CYCLOSET ORAL TABLET 0.8 MG | 4 | PA; QL (180 per 30 days) |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | 4 | PA; QL (30 per 30 days) |
| INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG | 3 | ST; QL (60 per 30 days) |
| INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG | 3 | ST; QL (60 per 30 days) |
| INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 50-500 MG | 3 | ST; QL (120 per 30 days) |
| INVOKANA ORAL TABLET 100 MG, 300 MG | 3 | ST; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------------|
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG | 3 | QL (60 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG | 3 | QL (30 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG | 3 | QL (60 per 30 days) |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | QL (30 per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | 3 | ST; QL (30 per 30 days) |
| KORLYM ORAL TABLET 300 MG | 5 | PA; NM; LA; NDS; QL (120 per 30 days) |
| <i>metformin oral tablet 1,000 mg</i> (Glucophage) | 1 | GC; QL (75 per 30 days) |
| <i>metformin oral tablet 500 mg</i> (Glucophage) | 1 | GC; QL (150 per 30 days) |
| <i>metformin oral tablet 850 mg</i> (Glucophage) | 1 | GC; QL (90 per 30 days) |
| <i>metformin oral tablet extended release 24 hr 500 mg</i> (Glucophage XR) | 2 | QL (120 per 30 days) |
| <i>metformin oral tablet extended release 24 hr 750 mg</i> (Glucophage XR) | 2 | QL (60 per 30 days) |
| <i>migliitol oral tablet 100 mg, 25 mg, 50 mg</i> (Glyset) | 2 | QL (90 per 30 days) |
| <i>nateglinide oral tablet 120 mg, 60 mg</i> (Starlix) | 2 | QL (90 per 30 days) |
| <i>pioglitazone oral tablet 15 mg</i> (Actos) | 1 | GC; QL (90 per 30 days) |
| <i>pioglitazone oral tablet 30 mg, 45 mg</i> (Actos) | 1 | GC; QL (30 per 30 days) |
| <i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> (Actoplus MET) | 2 | QL (90 per 30 days) |
| <i>repaglinide oral tablet 0.5 mg</i> | 2 | QL (120 per 30 days) |
| <i>repaglinide oral tablet 1 mg</i> (Prandin) | 2 | QL (120 per 30 days) |
| <i>repaglinide oral tablet 2 mg</i> (Prandin) | 2 | QL (240 per 30 days) |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML | 3 | PA; QL (10.8 per 28 days) |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML | 3 | 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 | 3 | ST; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| TANZEUM SUBCUTANEOUS PEN INJECTOR 30 MG/0.5 ML, 50 MG/0.5 ML | 3 | ST |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML | 4 | PA |
| VICTOZA | 3 | ST |
| Insulins | | |
| LANTUS SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | |
| LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | |
| LEVEMIR FLEXTOUCH SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | |
| LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | 3 | |
| NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 3 | |
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML | 3 | |
| NOVOLOG FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | 3 | |
| NOVOLOG MIX 70-30 FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | 3 | |
| NOVOLOG MIX 70-30 SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) | 3 | |
| NOVOLOG PENFILL SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | 3 | |
| NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | |
| TOUJEO SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) | 3 | ST; QL (15 per 30 days) |
| Sulfonylureas | | |
| <i>chlorpropamide oral tablet 100 mg</i> | 2 | PA; QL (225 per 30 days); AGE (Max 64 Years) |
| <i>chlorpropamide oral tablet 250 mg</i> | 2 | PA; QL (90 per 30 days); AGE (Max 64 Years) |
| <i>glimepiride oral tablet 1 mg</i> (Amaryl) | 1 | GC; QL (240 per 30 days) |
| <i>glimepiride oral tablet 2 mg</i> (Amaryl) | 1 | GC; QL (120 per 30 days) |
| <i>glimepiride oral tablet 4 mg</i> (Amaryl) | 1 | GC; QL (60 per 30 days) |
| <i>glipizide oral tablet 10 mg</i> (Glucotrol) | 1 | GC; QL (120 per 30 days) |
| <i>glipizide oral tablet 5 mg</i> (Glucotrol) | 1 | GC; QL (240 per 30 days) |
| <i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL) | 2 | QL (60 per 30 days) |
| <i>glipizide oral tablet extended release 24hr 2.5 mg</i> (Glucotrol XL) | 2 | QL (240 per 30 days) |
| <i>glipizide oral tablet extended release 24hr 5 mg</i> (Glucotrol XL) | 2 | QL (120 per 30 days) |
| <i>glipizide-metformin oral tablet 2.5-250 mg</i> | 2 | QL (240 per 30 days) |
| <i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> | 2 | QL (120 per 30 days) |
| <i>glyburide micronized oral tablet 1.5 mg</i> (Glynase) | 2 | PA; QL (240 per 30 days); AGE (Max 64 Years) |
| <i>glyburide micronized oral tablet 3 mg</i> (Glynase) | 2 | PA; QL (120 per 30 days); AGE (Max 64 Years) |
| <i>glyburide micronized oral tablet 6 mg</i> (Glynase) | 2 | PA; QL (60 per 30 days); AGE (Max 64 Years) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>glyburide oral tablet 1.25 mg</i> | 2 | PA; QL (480 per 30 days); AGE (Max 64 Years) |
| <i>glyburide oral tablet 2.5 mg</i> | 2 | PA; QL (240 per 30 days); AGE (Max 64 Years) |
| <i>glyburide oral tablet 5 mg</i> | 2 | PA; QL (120 per 30 days); AGE (Max 64 Years) |
| <i>glyburide-metformin oral tablet 1.25-250 mg</i> | 2 | PA; QL (240 per 30 days); AGE (Max 64 Years) |
| <i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> (Glucovance) | 2 | PA; QL (120 per 30 days); AGE (Max 64 Years) |
| <i>tolazamide oral tablet 250 mg</i> | 2 | QL (120 per 30 days) |
| <i>tolazamide oral tablet 500 mg</i> | 2 | QL (60 per 30 days) |
| <i>tolbutamide oral tablet 500 mg</i> | 1 | GC; QL (180 per 30 days) |
| Antifungals | | |
| Antifungals | | |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | 5 | PA BvD; NM; NDS |
| AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG | 5 | PA BvD; NM; NDS |
| <i>amphotericin b injection recon soln 50 mg</i> | 2 | PA BvD |
| CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG | 5 | NM; NDS |
| <i>ciclopirox topical cream 0.77 %</i> (Loprox (as olamine)) | 2 | |
| <i>ciclopirox topical gel 0.77 %</i> | 2 | |
| <i>ciclopirox topical shampoo 1 %</i> (Loprox) | 2 | |
| <i>ciclopirox topical solution 8 %</i> (Penlac) | 2 | |
| <i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine)) | 2 | |
| <i>clotrimazole mucous membrane troche 10 mg</i> | 2 | |
| <i>clotrimazole topical cream 1 %</i> (Clotrimazole AF) | 2 | |
| <i>clotrimazole topical solution 1 %</i> | 2 | |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i> (Lotrisone) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>clotrimazole-betamethasone topical lotion 1-0.05 %</i> | 2 | |
| <i>econazole topical cream 1 %</i> | 2 | |
| ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG | 5 | PA; NM; NDS |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i> | 2 | |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan) | 2 | |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan) | 2 | |
| <i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon) | 5 | NM; NDS |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i> | 2 | |
| <i>griseofulvin microsize oral tablet 500 mg</i> | 2 | |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> (Gris-PEG (ultramicrosize)) | 2 | |
| <i>itraconazole oral capsule 100 mg</i> (Sporanox Pulsepak) | 2 | PA |
| <i>ketoconazole oral tablet 200 mg</i> | 2 | |
| <i>ketoconazole topical cream 2 %</i> | 2 | |
| <i>ketoconazole topical foam 2 %</i> (Extina) | 2 | |
| <i>ketoconazole topical shampoo 2 %</i> (Nizoral) | 2 | |
| <i>miconazole-3 vaginal suppository 200 mg</i> | 2 | |
| <i>naftifine topical cream 1 %</i> | 2 | |
| <i>naftifine topical cream 2 %</i> (Naftin) | 2 | |
| NAFTIN TOPICAL GEL 1 %, 2 % | 3 | |
| NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML | 5 | PA; NM; NDS |
| NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) | 5 | PA; NM; NDS |
| NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG | 5 | PA; NM; NDS |
| <i>nyamyc topical powder 100,000 unit/gram</i> | 2 | |
| <i>nystatin oral suspension 100,000 unit/ml</i> | 2 | |
| <i>nystatin oral tablet 500,000 unit</i> | 2 | |
| <i>nystatin topical cream 100,000 unit/gram</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>nystatin topical ointment 100,000 unit/gram</i> | 2 | |
| <i>nystatin topical powder 100,000 unit/gram</i> (Nyata) | 2 | |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i> | 2 | |
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i> | 2 | |
| <i>nystop topical powder 100,000 unit/gram</i> | 2 | |
| <i>terbinafine hcl oral tablet 250 mg</i> (Lamisil) | 2 | |
| <i>voriconazole intravenous solution 200 mg</i> (Vfend IV) | 2 | |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend) | 5 | NM; NDS |
| <i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend) | 5 | NM; NDS |
| Antigout Agents | | |
| Antigout Agents, Other | | |
| <i>allopurinol oral tablet 100 mg, 300 mg</i> (Zyloprim) | 1 | GC |
| <i>colchicine oral capsule 0.6 mg</i> (Mitigare) | 2 | QL (60 per 30 days) |
| <i>colchicine oral tablet 0.6 mg</i> (Colcrys) | 2 | QL (60 per 30 days) |
| <i>probenecid oral tablet 500 mg</i> | 2 | |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i> | 2 | |
| ULORIC ORAL TABLET 40 MG, 80 MG | 4 | ST; QL (30 per 30 days) |
| ZURAMPIC ORAL TABLET 200 MG | 4 | PA; QL (30 per 30 days) |
| Antihistamines | | |
| Antihistamines | | |
| <i>cetirizine oral solution 1 mg/ml</i> (Children's Aller-Tec) | 2 | (Rx product only) |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i> | 2 | PA; AGE (Max 64 Years) |
| <i>cyproheptadine oral tablet 4 mg</i> | 2 | PA; AGE (Max 64 Years) |
| <i>desloratadine oral tablet 5 mg</i> (Clarinet) | 2 | QL (30 per 30 days) |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i> | 2 | |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i> | 2 | |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | 2 | |
| <i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>levocetirizine oral tablet 5 mg</i> (Xyzal) | 2 | |
| <i>promethazine oral syrup 6.25 mg/5 ml</i> | 2 | PA; AGE (Max 64 Years) |
| Anti-Infectives (Skin And Mucous Membrane) | | |
| Anti-Infectives (Skin And Mucous Membrane) | | |
| <i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin) | 2 | |
| CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 % | 3 | |
| <i>metronidazole vaginal gel 0.75 %</i> (Metrogel Vaginal) | 2 | |
| <i>terconazole vaginal cream 0.4 %</i> (Terazol 7) | 2 | |
| <i>terconazole vaginal cream 0.8 %</i> | 2 | |
| <i>terconazole vaginal suppository 80 mg</i> | 2 | |
| Antimigraine Agents | | |
| Antimigraine Agents | | |
| <i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i> (Axert) | 2 | QL (16 per 28 days) |
| CAFERGOT ORAL TABLET 1-100 MG | 3 | |
| <i>dihydroergotamine injection solution 1 mg/ml</i> (D.H.E.45) | 2 | |
| <i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal) | 2 | |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i> (Cafergot) | 2 | |
| MIGERGOT RECTAL SUPPOSITORY 2-100 MG | 2 | |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i> (Amerge) | 2 | QL (16 per 28 days) |
| <i>rizatriptan oral tablet 10 mg, 5 mg</i> (Maxalt) | 2 | QL (16 per 28 days) |
| <i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i> (Maxalt-MLT) | 2 | QL (16 per 28 days) |
| <i>sumatriptan nasal spray,non-aerosol 20 mg/lactuation, 5 mg/lactuation</i> (Imitrex) | 2 | QL (16 per 28 days) |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex) | 2 | QL (16 per 28 days) |
| <i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Kit Refill) | 2 | QL (8 per 28 days) |
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i> (Imitrex STATdose Pen) | 2 | QL (8 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| <i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> (Alsuma) | 2 | QL (8 per 28 days) |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex) | 2 | QL (8 per 28 days) |
| <i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i> | 2 | QL (8 per 28 days) |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig) | 2 | QL (16 per 28 days) |
| <i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i> (Zomig ZMT) | 2 | QL (16 per 28 days) |
| Antimycobacterials | | |
| Antimycobacterials | | |
| CAPASTAT INJECTION RECON SOLN 1 GRAM | 4 | |
| <i>cycloserine oral capsule 250 mg</i> | 2 | |
| <i>dapsone oral tablet 100 mg, 25 mg</i> | 2 | |
| <i>ethambutol oral tablet 100 mg</i> | 2 | |
| <i>ethambutol oral tablet 400 mg</i> (Myambutol) | 2 | |
| <i>isoniazid injection solution 100 mg/ml</i> | 2 | |
| <i>isoniazid oral solution 50 mg/5 ml</i> | 2 | |
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | 2 | |
| PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM | 4 | |
| PRIFTIN ORAL TABLET 150 MG | 3 | |
| <i>pyrazinamide oral tablet 500 mg</i> | 2 | |
| <i>rifabutin oral capsule 150 mg</i> (Mycobutin) | 2 | |
| <i>rifampin intravenous recon soln 600 mg</i> (Rifadin) | 2 | |
| <i>rifampin oral capsule 150 mg, 300 mg</i> (Rifadin) | 2 | |
| RIFATER ORAL TABLET 50-120-300 MG | 4 | |
| SIRTURO ORAL TABLET 100 MG | 5 | PA; NM; NDS |
| TRECTOR ORAL TABLET 250 MG | 4 | |
| Antinausea Agents | | |
| Antinausea Agents | | |
| AKYNZEO ORAL CAPSULE 300-0.5 MG | 4 | PA; QL (2 per 28 days) |
| ALOXI INTRAVENOUS SOLUTION 0.25 MG/5 ML | 4 | PA |
| ANZEMET ORAL TABLET 100 MG, 50 MG | 4 | 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>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i> (Emend) | 2 | PA |
| <i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend) | 2 | PA |
| <i>compro rectal suppository 25 mg</i> | 2 | |
| <i>dimenhydrinate injection solution 50 mg/ml</i> | 2 | |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol) | 2 | PA; QL (60 per 30 days) |
| EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG | 4 | PA |
| EMEND ORAL CAPSULE, DOSE PACK 125 MG (1)- 80 MG (2) | 4 | PA |
| <i>granisetron (pf) intravenous solution 100 mcg/ml</i> | 2 | |
| <i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i> | 2 | |
| <i>granisetron hcl oral tablet 1 mg</i> | 2 | PA BvD |
| <i>meclizine oral tablet 12.5 mg</i> | 2 | |
| <i>meclizine oral tablet 25 mg</i> (Motion Relief (meclizine)) | 2 | |
| <i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i> | 2 | |
| <i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i> | 2 | |
| <i>ondansetron hcl oral solution 4 mg/5 ml</i> (Zofran (as hydrochloride)) | 2 | PA BvD |
| <i>ondansetron hcl oral tablet 24 mg</i> | 2 | PA BvD |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> (Zofran (as hydrochloride)) | 2 | PA BvD |
| <i>ondansetron in 0.9 % sod chlor intravenous piggyback 8 mg/50 ml</i> | 2 | |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i> (Zofran ODT) | 2 | PA BvD |
| <i>phenadoz rectal suppository 12.5 mg, 25 mg</i> | 2 | |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> | 2 | |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine) | 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 |
|---|------------------|----------------------------|
| <i>prochlorperazine rectal suppository 25 mg</i> (Compazine) | 2 | |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i> | 2 | |
| <i>promethazine rectal suppository 12.5 mg</i> (Phenadoz) | 2 | |
| <i>promethazine rectal suppository 25 mg, 50 mg</i> (Phenergan) | 2 | |
| <i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i> | 2 | |
| TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1.5 MG (1 MG OVER 3 DAYS) | 4 | |
| VARUBI ORAL TABLET 90 MG | 4 | PA; QL (4 per 28 days) |
| Antiparasite Agents | | |
| Antiparasite Agents | | |
| ALBENZA ORAL TABLET 200 MG | 3 | |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML | 4 | PA |
| ALINIA ORAL TABLET 500 MG | 4 | PA |
| <i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron) | 5 | NM; NDS |
| <i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone) | 2 | |
| <i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric) | 2 | |
| BILTRICIDE ORAL TABLET 600 MG | 3 | |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i> | 2 | |
| COARTEM ORAL TABLET 20-120 MG | 4 | |
| DARAPRIM ORAL TABLET 25 MG | 3 | |
| EMVERM ORAL TABLET,CHEWABLE 100 MG | 3 | PA; QL (12 per 30 days) |
| <i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil) | 2 | |
| <i>ivermectin oral tablet 3 mg</i> (Stromectol) | 2 | |
| <i>mefloquine oral tablet 250 mg</i> | 2 | |
| NEBUPENT INHALATION RECON SOLN 300 MG | 4 | PA BvD |
| <i>paromomycin oral capsule 250 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| PENTAM INJECTION RECON SOLN 300 MG | 4 | |
| PRIMAQUINE ORAL TABLET 26.3 MG | 2 | |
| <i>quinine sulfate oral capsule 324 mg</i> (Qualaquin) | 2 | PA |
| <i>tinidazole oral tablet 250 mg</i> | 2 | |
| <i>tinidazole oral tablet 500 mg</i> (Tindamax) | 2 | |
| Antiparkinsonian Agents | | |
| Antiparkinsonian Agents | | |
| <i>amantadine hcl oral capsule 100 mg</i> | 2 | |
| <i>amantadine hcl oral solution 50 mg/5 ml</i> | 2 | |
| <i>amantadine hcl oral tablet 100 mg</i> | 2 | |
| APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML | 5 | NM; LA; NDS |
| AZILECT ORAL TABLET 0.5 MG, 1 MG | 4 | QL (30 per 30 days) |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i> | 2 | |
| <i>bromocriptine oral capsule 5 mg</i> (Parlodel) | 2 | |
| <i>bromocriptine oral tablet 2.5 mg</i> (Parlodel) | 2 | |
| <i>cabergoline oral tablet 0.5 mg</i> | 2 | |
| <i>carbidopa oral tablet 25 mg</i> (Lodosyn) | 2 | |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet) | 2 | |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> (Sinemet CR) | 2 | |
| <i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i> | 2 | |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50) | 2 | |
| <i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75) | 2 | |
| <i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100) | 2 | |
| <i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125) | 2 | |
| <i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------------|
| <i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200) | 2 | |
| <i>entacapone oral tablet 200 mg</i> (Comtan) | 2 | |
| 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 | 4 | ST |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex) | 2 | |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect) | 2 | QL (30 per 30 days) |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> (Requip) | 2 | |
| <i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i> (Requip XL) | 2 | |
| <i>selegiline hcl oral capsule 5 mg</i> (Eldepryl) | 2 | |
| <i>selegiline hcl oral tablet 5 mg</i> | 2 | |
| <i>tolcapone oral tablet 100 mg</i> (Tasmar) | 2 | |
| <i>trihexyphenidyl oral elixir 0.4 mg/ml</i> | 2 | PA; AGE (Max 64 Years) |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i> | 2 | PA; AGE (Max 64 Years) |
| Antipsychotic Agents | | |
| Antipsychotic Agents | | |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG | 5 | PA NSO; NM; NDS; QL (1 per 28 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG | 5 | PA NSO; NM; NDS; QL (1 per 28 days) |
| ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG | 4 | PA NSO; QL (1 per 7 days) |
| <i>aripiprazole oral solution 1 mg/ml</i> | 2 | |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify) | 2 | QL (30 per 30 days) |
| <i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i> | 5 | NM; NDS; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML | 5 | PA NSO; NM; NDS; QL (3.9 per 56 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML | 5 | PA NSO; NM; NDS; (1 syringe); QL (1.6 per 28 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML | 5 | PA NSO; NM; NDS; (1 syringe); QL (2.4 per 28 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML | 5 | PA NSO; NM; NDS; (1 syringe); QL (3.2 per 28 days) |
| <i>chlorpromazine injection solution 25 mg/ml</i> | 2 | |
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i> | 2 | |
| <i>clozapine oral tablet 100 mg, 25 mg</i> (Clozaril) | 2 | |
| <i>clozapine oral tablet 200 mg, 50 mg</i> | 2 | |
| <i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i> (FazaClo) | 2 | |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 4 | QL (60 per 30 days) |
| FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)- 6MG(2) | 4 | QL (8 per 28 days) |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i> | 2 | |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i> | 2 | |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i> | 2 | |
| <i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i> | 2 | |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> | 2 | |
| GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.) | 3 | QL (60 per 30 days) |
| <i>haloperidol dec 50 mg/ml vial 50 mg/ml</i> (Haldol Decanoate) | 2 | |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml</i> (Haldol Decanoate) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>haloperidol decanoate intramuscular solution 50 mg/ml</i> (Haldol Decanoate) | 2 | |
| <i>haloperidol lactate injection solution 5 mg/ml</i> (Haldol) | 2 | |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i> | 2 | |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> | 2 | |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 5 | PA NSO; NM; NDS; (1 syringe); QL (0.75 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML | 5 | PA NSO; NM; NDS; (1 syringe); QL (1 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | 5 | PA NSO; NM; NDS; (1 syringe); QL (1.5 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 4 | PA NSO; (1 syringe); QL (0.25 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | 5 | PA NSO; NM; NDS; (1 syringe); QL (0.5 per 28 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML | 5 | PA NSO; NM; NDS; (1 syringe); QL (0.88 per 84 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML | 5 | PA NSO; NM; NDS; (1 syringe); QL (1.32 per 84 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML | 5 | PA NSO; NM; NDS; (1 syringe); QL (1.75 per 84 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML | 5 | PA NSO; NM; NDS; (1 syringe); QL (2.63 per 84 days) |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG | 4 | PA NSO; QL (30 per 30 days) |
| LATUDA ORAL TABLET 80 MG | 4 | PA NSO; QL (60 per 30 days) |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>molindone oral tablet 10 mg, 25 mg, 5 mg</i> | 2 | |
| NUPLAZID ORAL TABLET 17 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| <i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa) | 2 | QL (120 per 30 days) |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa) | 2 | QL (30 per 30 days) |
| <i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis) | 2 | QL (30 per 30 days) |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> (Invega) | 2 | QL (30 per 30 days) |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega) | 2 | QL (60 per 30 days) |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> | 2 | |
| <i>pimozide oral tablet 1 mg, 2 mg</i> (Orap) | 2 | |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Seroquel) | 2 | QL (90 per 30 days) |
| <i>quetiapine oral tablet 300 mg, 400 mg</i> (Seroquel) | 2 | QL (60 per 30 days) |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR) | 2 | QL (60 per 30 days) |
| <i>quetiapine oral tablet extended release 24 hr 200 mg</i> (Seroquel XR) | 2 | QL (30 per 30 days) |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML | 4 | PA NSO; QL (2 per 28 days) |
| RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML | 5 | PA NSO; NM; NDS; QL (2 per 28 days) |
| <i>risperidone oral solution 1 mg/ml</i> (Risperdal) | 2 | QL (480 per 30 days) |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Risperdal) | 2 | QL (60 per 30 days) |
| <i>risperidone oral tablet 4 mg</i> (Risperdal) | 2 | QL (120 per 30 days) |
| <i>risperidone oral tablet, disintegrating 0.25 mg</i> | 2 | QL (60 per 30 days) |
| <i>risperidone oral tablet, disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Risperdal M-TAB) | 2 | QL (60 per 30 days) |
| <i>risperidone oral tablet, disintegrating 4 mg</i> (Risperdal M-TAB) | 2 | QL (120 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG | 3 | PA NSO; QL (60 per 30 days) |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG | 3 | |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | 2 | PA NSO; (PA Req for Ages 65 and Older; High Risk Med); AGE (Max 64 Years) |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 2 | |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> | 2 | |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | 4 | |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6) | 4 | PA NSO; QL (7 per 180 days) |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon) | 2 | QL (60 per 30 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | 4 | PA NSO; QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG | 5 | PA NSO; NM; NDS; QL (2 per 28 days) |
| Antivirals (Systemic) | | |
| Antiretrovirals | | |
| <i>abacavir oral tablet 300 mg</i> (Ziagen) | 2 | QL (60 per 30 days) |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom) | 2 | QL (30 per 30 days) |
| <i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir) | 5 | NM; NDS; QL (60 per 30 days) |
| APTIVUS ORAL CAPSULE 250 MG | 4 | QL (120 per 30 days) |
| APTIVUS ORAL SOLUTION 100 MG/ML | 4 | QL (380 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|
| ATRIPLA ORAL TABLET 600-200-300 MG | 5 | NM; NDS; QL (30 per 30 days) |
| COMPLERA ORAL TABLET 200-25-300 MG | 5 | NM; NDS; QL (30 per 30 days) |
| CRIXIVAN ORAL CAPSULE 200 MG | 3 | QL (270 per 30 days) |
| CRIXIVAN ORAL CAPSULE 400 MG | 3 | QL (180 per 30 days) |
| DESCOVY ORAL TABLET 200-25 MG | 5 | NM; NDS; QL (30 per 30 days) |
| <i>didanosine oral capsule, delayed release (drlec) 125 mg, 200 mg, 250 mg, 400 mg</i> (Videx EC) | 2 | QL (30 per 30 days) |
| EDURANT ORAL TABLET 25 MG | 5 | NM; NDS; QL (30 per 30 days) |
| EMTRIVA ORAL CAPSULE 200 MG | 3 | QL (30 per 30 days) |
| EMTRIVA ORAL SOLUTION 10 MG/ML | 3 | QL (850 per 30 days) |
| EPZICOM ORAL TABLET 600-300 MG | 5 | NM; NDS; QL (30 per 30 days) |
| EVOTAZ ORAL TABLET 300-150 MG | 5 | NM; NDS; QL (30 per 30 days) |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG | 5 | NM; NDS; QL (60 per 30 days) |
| GENVOYA ORAL TABLET 150-150-200-10 MG | 5 | NM; NDS; QL (30 per 30 days) |
| INTELENCE ORAL TABLET 100 MG | 5 | NM; NDS; QL (60 per 30 days) |
| INTELENCE ORAL TABLET 200 MG | 4 | QL (60 per 30 days) |
| INTELENCE ORAL TABLET 25 MG | 4 | QL (120 per 30 days) |
| INVIRASE ORAL CAPSULE 200 MG | 5 | NM; NDS; QL (300 per 30 days) |
| INVIRASE ORAL TABLET 500 MG | 5 | NM; NDS; QL (120 per 30 days) |
| ISENTRESS HD ORAL TABLET 600 MG | 5 | NM; NDS; QL (60 per 30 days) |
| ISENTRESS ORAL POWDER IN PACKET 100 MG | 4 | QL (60 per 30 days) |
| ISENTRESS ORAL TABLET 400 MG | 5 | NM; NDS; QL (120 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------------|
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG | 5 | NM; NDS; QL (180 per 30 days) |
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG | 3 | QL (120 per 30 days) |
| KALETRA ORAL SOLUTION 400- 100 MG/5 ML | 5 | NM; NDS; QL (480 per 30 days) |
| KALETRA ORAL TABLET 100-25 MG | 4 | QL (300 per 30 days) |
| KALETRA ORAL TABLET 200-50 MG | 5 | NM; NDS; QL (120 per 30 days) |
| <i>lamivudine oral solution 10 mg/ml</i> (Epivir) | 2 | QL (960 per 30 days) |
| <i>lamivudine oral tablet 100 mg</i> (Epivir HBV) | 2 | |
| <i>lamivudine oral tablet 150 mg</i> (Epivir) | 2 | QL (60 per 30 days) |
| <i>lamivudine oral tablet 300 mg</i> (Epivir) | 2 | QL (30 per 30 days) |
| <i>lamivudine-zidovudine oral tablet 150- 300 mg</i> (Combivir) | 2 | QL (60 per 30 days) |
| LEXIVA ORAL SUSPENSION 50 MG/ML | 4 | QL (1800 per 30 days) |
| LEXIVA ORAL TABLET 700 MG | 4 | QL (120 per 30 days) |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra) | 2 | QL (480 per 30 days) |
| <i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune) | 2 | QL (1200 per 30 days) |
| <i>nevirapine oral tablet 200 mg</i> (Viramune) | 2 | QL (60 per 30 days) |
| <i>nevirapine oral tablet extended release 24 hr 100 mg</i> (Viramune XR) | 2 | QL (90 per 30 days) |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i> (Viramune XR) | 2 | QL (30 per 30 days) |
| NORVIR ORAL CAPSULE 100 MG | 3 | QL (360 per 30 days) |
| NORVIR ORAL SOLUTION 80 MG/ML | 3 | QL (480 per 30 days) |
| NORVIR ORAL TABLET 100 MG | 3 | QL (360 per 30 days) |
| ODEFSEY ORAL TABLET 200-25-25 MG | 5 | NM; NDS; QL (30 per 30 days) |
| PREZCOBIX ORAL TABLET 800-150 MG-MG | 5 | NM; NDS; QL (30 per 30 days) |
| PREZISTA ORAL SUSPENSION 100 MG/ML | 5 | NM; NDS; QL (400 per 30 days) |
| PREZISTA ORAL TABLET 150 MG, 75 MG | 5 | NM; NDS |
| PREZISTA ORAL TABLET 400 MG, 600 MG | 5 | NM; NDS; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------|
| PREZISTA ORAL TABLET 800 MG | 5 | NM; NDS; QL (30 per 30 days) |
| RESCRIPTOR ORAL TABLET 200 MG | 3 | QL (180 per 30 days) |
| RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG | 3 | QL (360 per 30 days) |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML | 4 | |
| REYATAZ ORAL CAPSULE 150 MG, 200 MG | 4 | QL (60 per 30 days) |
| REYATAZ ORAL CAPSULE 300 MG | 4 | QL (30 per 30 days) |
| REYATAZ ORAL POWDER IN PACKET 50 MG | 4 | QL (180 per 30 days) |
| SELZENTRY ORAL SOLUTION 20 MG/ML | 5 | NM; NDS; QL (1800 per 30 days) |
| SELZENTRY ORAL TABLET 150 MG, 75 MG | 5 | NM; NDS; QL (60 per 30 days) |
| SELZENTRY ORAL TABLET 25 MG | 5 | NM; NDS; QL (240 per 30 days) |
| SELZENTRY ORAL TABLET 300 MG | 5 | NM; NDS; QL (120 per 30 days) |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> (Zerit) | 2 | QL (60 per 30 days) |
| <i>stavudine oral recon soln 1 mg/ml</i> (Zerit) | 2 | QL (2400 per 30 days) |
| STRIBILD ORAL TABLET 150-150-200-300 MG | 5 | NM; NDS; QL (30 per 30 days) |
| SUSTIVA ORAL CAPSULE 200 MG | 4 | QL (90 per 30 days) |
| SUSTIVA ORAL CAPSULE 50 MG | 4 | QL (180 per 30 days) |
| SUSTIVA ORAL TABLET 600 MG | 4 | QL (30 per 30 days) |
| TIVICAY ORAL TABLET 10 MG | 4 | QL (60 per 30 days) |
| TIVICAY ORAL TABLET 25 MG, 50 MG | 5 | NM; NDS; QL (60 per 30 days) |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 5 | NM; NDS; QL (30 per 30 days) |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG | 5 | NM; NDS; QL (30 per 30 days) |
| VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL) | 3 | QL (1200 per 30 days) |
| VIRACEPT ORAL TABLET 250 MG | 5 | NM; NDS; QL (270 per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------------|
| VIRACEPT ORAL TABLET 625 MG | 5 | NM; NDS; QL (120 per 30 days) |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | 4 | QL (240 per 30 days) |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG | 3 | QL (30 per 30 days) |
| VITEKTA ORAL TABLET 150 MG, 85 MG | 5 | NM; NDS; QL (30 per 30 days) |
| ZERIT ORAL RECON SOLN 1 MG/ML | 4 | QL (2400 per 30 days) |
| ZIAGEN ORAL SOLUTION 20 MG/ML | 3 | QL (960 per 30 days) |
| <i>zidovudine oral capsule 100 mg</i> (Retrovir) | 2 | QL (180 per 30 days) |
| <i>zidovudine oral syrup 10 mg/ml</i> (Retrovir) | 2 | QL (1920 per 30 days) |
| <i>zidovudine oral tablet 300 mg</i> | 2 | QL (60 per 30 days) |
| Antivirals, Miscellaneous | | |
| <i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir) | 2 | PA BvD |
| <i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i> (Tamiflu) | 2 | |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | 3 | |
| <i>rimantadine oral tablet 100 mg</i> (Flumadine) | 2 | |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML | 5 | PA; NM; NDS |
| TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG | 3 | |
| TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML | 3 | |
| Hcv Antivirals | | |
| HARVONI ORAL TABLET 90-400 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| SOVALDI ORAL TABLET 400 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| ZEPATIER ORAL TABLET 50-100 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| Interferons | | |
| INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) | 4 | |
| INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML | 4 | |
| PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML | 5 | NM; NDS |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 5 | NM; NDS |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | 5 | NM; NDS |
| PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML | 5 | NM; NDS |
| PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML | 5 | NM; NDS |
| SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG | 5 | PA NSO; NM; NDS |
| Nucleosides And Nucleotides | | |
| <i>acyclovir oral capsule 200 mg</i> (Zovirax) | 2 | |
| <i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax) | 2 | |
| <i>acyclovir oral tablet 400 mg, 800 mg</i> (Zovirax) | 2 | |
| <i>acyclovir sodium intravenous recon soln 500 mg</i> | 2 | PA BvD |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i> | 2 | PA BvD |
| <i>adefovir oral tablet 10 mg</i> (Hepsera) | 5 | NM; NDS |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | 5 | NM; NDS |
| <i>cidofovir intravenous solution 75 mg/ml</i> | 2 | |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude) | 5 | NM; NDS; QL (30 per 30 days) |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>ganciclovir sodium intravenous recon soln</i> (Cytovene) 500 mg | 2 | PA BvD |
| REBETOL ORAL SOLUTION 40 MG/ML | 4 | |
| <i>ribasphere oral capsule</i> 200 mg | 2 | |
| <i>ribasphere oral tablet</i> 200 mg, 400 mg, 600 mg | 2 | |
| <i>ribasphere ribapak oral tablets, dose pack</i> 200 mg (7)- 400 mg (7), 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28) | 2 | |
| <i>ribavirin inhalation recon soln</i> 6 gram (Virazole) | 5 | PA; NM; NDS |
| <i>ribavirin oral capsule</i> 200 mg (Ribasphere) | 2 | |
| <i>ribavirin oral tablet</i> 200 mg (Ribasphere) | 2 | |
| TYZEKA ORAL TABLET 600 MG | 4 | |
| <i>valacyclovir oral tablet</i> 1 gram, 500 mg (Valtrex) | 2 | |
| <i>valganciclovir oral tablet</i> 450 mg (Valcyte) | 5 | NM; NDS |
| VEMLIDY ORAL TABLET 25 MG | 3 | QL (30 per 30 days) |
| VIRAZOLE INHALATION RECON SOLN 6 GRAM | 5 | PA; NM; NDS |
| Blood Products/Modifiers/Volume Expanders | | |
| Anticoagulants | | |
| COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG | 4 | |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG | 3 | |
| <i>enoxaparin subcutaneous solution</i> 300 mg/3 ml (Lovenox) | 2 | QL (28 per 14 days) |
| <i>enoxaparin subcutaneous syringe</i> 100 mg/ml (Lovenox) | 2 | (28 syringes); QL (28 per 14 days) |
| <i>enoxaparin subcutaneous syringe</i> 120 mg/0.8 ml, 80 mg/0.8 ml (Lovenox) | 2 | (28 syringes); QL (22.4 per 14 days) |
| <i>enoxaparin subcutaneous syringe</i> 150 mg/ml (Lovenox) | 5 | NM; NDS; (28 syringes); QL (28 per 14 days) |
| <i>enoxaparin subcutaneous syringe</i> 30 mg/0.3 ml (Lovenox) | 2 | (28 syringes); QL (8.4 per 14 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------------|
| <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox) | 2 | (28 syringes); QL (11.2 per 14 days) |
| <i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox) | 2 | (28 syringes); QL (16.8 per 14 days) |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra) | 5 | NM; NDS; QL (11.2 per 14 days) |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra) | 2 | QL (7 per 14 days) |
| <i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra) | 5 | NM; NDS; QL (5.6 per 14 days) |
| <i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra) | 5 | NM; NDS; QL (8.4 per 14 days) |
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i> | 2 | |
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i> | 2 | |
| <i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i> | 2 | |
| <i>heparin (porcine) injection solution 1,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i> | 2 | PA BvD; (PA for ESRD only) |
| <i>heparin (porcine) injection solution 10,000 unit/ml</i> | 2 | |
| <i>heparin 25,000 unit/250 ml (100 unit/ml)-0.45% nacl bag l/f,inner,single-use 25,000 unit/250 ml</i> | 2 | |
| HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML | 2 | |
| <i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i> | 2 | PA BvD; (PA for ESRD only) |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i> | 2 | PA BvD; (PA for ESRD only) |
| <i>heparin-0.45% nacl 25,000 units/500 ml (50 units/ml) bag l/f,outer,single-use 25,000 unit/500 ml</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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 | GC |
| PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG | 4 | |
| <i>warfarin oral tablet 1 mg, 10 mg, 3 mg</i> (Coumadin) | 1 | GC |
| <i>warfarin oral tablet 2 mg, 2.5 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven) | 1 | GC |
| XARELTO ORAL TABLET 10 MG | 3 | QL (30 per 30 days) |
| XARELTO ORAL TABLET 15 MG, 20 MG | 3 | |
| XARELTO ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9) | 3 | |
| 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 | 4 | PA |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML | 4 | PA |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) | 5 | PA; NM; LA; NDS |
| EPOGEN 10,000 UNITS/ML VIAL SDV, P/F, OUTER 10,000 UNIT/ML | 3 | PA; QL (12 per 28 days) |
| EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 3 | PA; QL (12 per 28 days) |
| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 5 | PA; NM; NDS |
| LEUKINE INJECTION RECON SOLN 250 MCG | 5 | PA; NM; NDS |
| MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML) | 5 | NM; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML | 5 | PA; NM; NDS |
| NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | 5 | PA; NM; NDS |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 5 | PA; NM; NDS |
| NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 5 | PA; NM; NDS |
| 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 | 4 | PA; QL (12 per 28 days) |
| PROCRIT INJECTION SOLUTION 40,000 UNIT/ML | 4 | PA; QL (6 per 28 days) |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG | 5 | PA; NM; NDS |
| Hematologic Agents, Miscellaneous | | |
| <i>aminocaproic acid intravenous solution 250 mg/ml</i> | 2 | |
| <i>anagrelide oral capsule 0.5 mg</i> (Agrylin) | 2 | |
| <i>anagrelide oral capsule 1 mg</i> | 2 | |
| <i>protamine intravenous solution 10 mg/ml</i> | 2 | PA BvD; (PA for ESRD only) |
| <i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> (Cyklokapron) | 2 | |
| <i>tranexamic acid oral tablet 650 mg</i> (Lysteda) | 2 | |
| Platelet-Aggregation Inhibitors | | |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> (Aggrenox) | 2 | |
| BRILINTA ORAL TABLET 60 MG, 90 MG | 3 | |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | 2 | |
| <i>clopidogrel oral tablet 75 mg</i> (Plavix) | 2 | |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> | 2 | |
| EFFIENT ORAL TABLET 10 MG, 5 MG | 4 | QL (30 per 30 days) |
| <i>pentoxifylline oral tablet extended release 400 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>ticlopidine oral tablet 250 mg</i> | 2 | |
| ZONTIVITY ORAL TABLET 2.08 MG | 4 | PA |
| Caloric Agents | | |
| Caloric Agents | | |
| AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | 4 | PA BvD |
| AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 % | 4 | PA BvD |
| AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 % | 4 | PA BvD |
| AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | 4 | PA BvD |
| AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % | 4 | PA BvD |
| AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 % | 4 | PA BvD |
| AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 % | 4 | PA BvD |
| AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 % | 4 | PA BvD |
| AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 % | 4 | PA BvD |
| AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | 4 | PA BvD |
| AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 % | 4 | PA BvD |
| AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 % | 4 | PA BvD |
| CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % | 4 | PA BvD |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>cysteine (l-cysteine) intravenous solution 50 mg/ml</i> | 2 | PA BvD |
| <i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i> | 2 | PA BvD |
| <i>dextrose 20 % in water (d20w) intravenous parenteral solution 20 %</i> | 2 | PA BvD |
| <i>dextrose 25 % in water (d25w) intravenous syringe</i> | 2 | PA BvD |
| <i>dextrose 40 % in water (d40w) intravenous parenteral solution 40 %</i> | 2 | PA BvD |
| <i>dextrose 5 % in ringer's intravenous parenteral solution 5 %</i> | 2 | |
| <i>dextrose 5 % in water (d5w) intravenous parenteral solution</i> | 2 | |
| <i>dextrose 50 % in water (d50w) intravenous parenteral solution</i> | 2 | PA BvD |
| <i>dextrose 50 % in water (d50w) intravenous syringe</i> | 2 | PA BvD |
| <i>dextrose 70 % in water (d70w) intravenous parenteral solution</i> | 2 | PA BvD |
| INTRALIPID INTRAVENOUS EMULSION 20 % | 3 | PA BvD |
| INTRALIPID INTRAVENOUS EMULSION 30 % | 4 | PA BvD |
| NUTRILIPID INTRAVENOUS EMULSION 20 % | 4 | PA BvD |
| PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | 4 | PA BvD |
| PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION 6 % | 4 | PA BvD |
| PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION | 4 | PA BvD |
| TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | 4 | PA BvD |
| TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | 3 | PA BvD |
| Cardiovascular Agents | | |
| Alpha-Adrenergic Agents | | |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> (Catapres) | 1 | GC |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1) | 2 | |
| <i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2) | 2 | |
| <i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3) | 2 | |
| <i>clorpres oral tablet 0.1-15 mg, 0.2-15 mg, 0.3-15 mg</i> | 2 | |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura) | 2 | |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i> | 2 | |
| NORTHERA ORAL CAPSULE 100 MG | 5 | PA; NM; NDS; QL (90 per 30 days) |
| NORTHERA ORAL CAPSULE 200 MG, 300 MG | 5 | PA; NM; NDS; QL (180 per 30 days) |
| <i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep) | 2 | |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress) | 2 | |
| Angiotensin II Receptor Antagonists | | |
| BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG | 4 | QL (30 per 30 days) |
| BENICAR ORAL TABLET 20 MG, 40 MG | 4 | QL (30 per 30 days) |
| BENICAR ORAL TABLET 5 MG | 4 | QL (60 per 30 days) |
| <i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i> (Atacand) | 2 | QL (60 per 30 days) |
| <i>candesartan oral tablet 32 mg</i> (Atacand) | 2 | QL (30 per 30 days) |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg</i> (Atacand HCT) | 2 | QL (60 per 30 days) |
| <i>candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg</i> (Atacand HCT) | 2 | QL (30 per 30 days) |
| EDARBI ORAL TABLET 40 MG, 80 MG | 4 | QL (30 per 30 days) |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG | 4 | QL (30 per 30 days) |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | 4 | PA; QL (60 per 30 days) |
| <i>eprosartan oral tablet 600 mg</i> | 2 | QL (45 per 30 days) |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro) | 2 | QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide) | 2 | QL (30 per 30 days) |
| <i>losartan oral tablet 100 mg</i> (Cozaar) | 1 | GC; QL (45 per 30 days) |
| <i>losartan oral tablet 25 mg, 50 mg</i> (Cozaar) | 1 | GC; QL (60 per 30 days) |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar) | 1 | GC; QL (30 per 30 days) |
| <i>olmesartan oral tablet 20 mg, 40 mg</i> (Benicar) | 2 | QL (30 per 30 days) |
| <i>olmesartan oral tablet 5 mg</i> (Benicar) | 2 | QL (60 per 30 days) |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT) | 2 | QL (30 per 30 days) |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis) | 2 | QL (30 per 30 days) |
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> (Twynsta) | 2 | QL (30 per 30 days) |
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT) | 2 | QL (30 per 30 days) |
| <i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i> (Diovan) | 2 | QL (60 per 30 days) |
| <i>valsartan oral tablet 320 mg</i> (Diovan) | 2 | QL (30 per 30 days) |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i> (Diovan HCT) | 2 | QL (60 per 30 days) |
| <i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i> (Diovan HCT) | 2 | QL (30 per 30 days) |
| Angiotensin-Converting Enzyme Inhibitors | | |
| <i>benazepril oral tablet 10 mg, 5 mg</i> | 1 | GC; QL (60 per 30 days) |
| <i>benazepril oral tablet 20 mg, 40 mg</i> (Lotensin) | 1 | GC; QL (60 per 30 days) |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT) | 2 | QL (60 per 30 days) |
| <i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i> | 2 | QL (60 per 30 days) |
| <i>captopril oral tablet 100 mg, 12.5 mg</i> | 2 | QL (120 per 30 days) |
| <i>captopril oral tablet 25 mg, 50 mg</i> | 2 | QL (90 per 30 days) |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 50-15 mg</i> | 2 | QL (90 per 30 days) |
| <i>captopril-hydrochlorothiazide oral tablet 25-25 mg, 50-25 mg</i> | 2 | QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec) | 1 | GC; QL (60 per 30 days) |
| <i>enalaprilat intravenous solution 1.25 mg/ml</i> | 2 | QL (120 per 30 days) |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic) | 1 | GC; QL (60 per 30 days) |
| <i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i> | 1 | GC; QL (60 per 30 days) |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i> | 1 | GC; QL (60 per 30 days) |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i> | 2 | QL (120 per 30 days) |
| <i>lisinopril oral tablet 10 mg, 20 mg</i> (Prinivil) | 1 | GC; QL (60 per 30 days) |
| <i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg, 5 mg</i> (Zestril) | 1 | GC; QL (60 per 30 days) |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic) | 1 | GC; QL (60 per 30 days) |
| <i>moexipril oral tablet 15 mg, 7.5 mg</i> | 2 | |
| <i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i> | 2 | QL (60 per 30 days) |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i> | 2 | QL (60 per 30 days) |
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril) | 1 | GC; QL (60 per 30 days) |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic) | 2 | QL (60 per 30 days) |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace) | 1 | GC; QL (60 per 30 days) |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> | 1 | GC; QL (60 per 30 days) |
| Antiarrhythmic Agents | | |
| <i>amiodarone intravenous solution 50 mg/ml</i> | 2 | |
| <i>amiodarone intravenous syringe 150 mg/3 ml</i> | 2 | |
| <i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone) | 2 | |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn) | 2 | |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i> | 2 | |
| <i>lidocaine (pf) in d7.5w intrathecal solution 50 mg/ml (5 %)</i> | 2 | |
| <i>lidocaine (pf) intravenous syringe 50 mg/5 ml (1 %)</i> | 2 | |
| <i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 8 mg/ml (0.8 %)</i> | 2 | |
| <i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i> | 2 | |
| MULTAQ ORAL TABLET 400 MG | 3 | |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> | 2 | |
| <i>procainamide injection solution 100 mg/ml, 500 mg/ml</i> | 2 | |
| <i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR) | 2 | |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i> | 2 | |
| <i>quinidine gluconate injection solution 80 mg/ml</i> | 2 | |
| <i>quinidine gluconate oral tablet extended release 324 mg</i> | 2 | |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i> | 2 | |
| Beta-Adrenergic Blocking Agents | | |
| <i>acebutolol oral capsule 200 mg, 400 mg</i> | 1 | GC |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin) | 1 | GC |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100) | 2 | |
| <i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50) | 2 | |
| <i>betaxolol oral tablet 10 mg, 20 mg</i> | 2 | |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> | 2 | |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> (Ziac) | 1 | GC |

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>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg) | 1 | GC |
| <i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i> (Brevibloc) | 2 | PA BvD |
| INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG | 3 | |
| <i>labetalol intravenous solution 5 mg/ml</i> | 2 | |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i> | 2 | |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL) | 2 | |
| <i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i> | 2 | |
| <i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i> (Lopressor HCT) | 2 | |
| <i>metoprolol tartrate intravenous solution 5 mg/5 ml</i> (Lopressor) | 1 | GC |
| <i>metoprolol tartrate intravenous syringe 5 mg/5 ml</i> | 1 | GC |
| <i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor) | 1 | GC |
| <i>metoprolol tartrate oral tablet 25 mg</i> | 1 | GC |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard) | 2 | |
| <i>nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg</i> (Corzide) | 2 | |
| <i>pindolol oral tablet 10 mg, 5 mg</i> | 2 | |
| <i>propranolol intravenous solution 1 mg/ml</i> | 2 | |
| <i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA) | 2 | |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i> | 2 | |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | 2 | |
| <i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i> | 2 | |
| <i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> | 2 | |
| <i>sotalol 120 mg tablet 120 mg</i> (Sotalol AF) | 2 | |
| <i>sotalol af oral tablet 120 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>sotalol oral tablet 160 mg</i> (Sotalol AF) | 2 | |
| <i>sotalol oral tablet 240 mg</i> (Betapace) | 2 | |
| <i>sotalol oral tablet 80 mg</i> (Sorine) | 2 | |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i> | 2 | |
| Calcium-Channel Blocking Agents | | |
| <i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> | 2 | |
| <i>diltiazem 24hr er 180 mg cap 180 mg</i> (Cardizem CD) | 2 | |
| <i>diltiazem 24hr er 360 mg cap 360 mg</i> (Cardizem CD) | 2 | |
| <i>diltiazem hcl intravenous recon soln 100 mg</i> | 2 | |
| <i>diltiazem hcl intravenous solution 5 mg/ml</i> | 2 | |
| <i>diltiazem hcl oral capsule, extended release 180 mg, 360 mg</i> (Taztia XT) | 2 | |
| <i>diltiazem hcl oral capsule, extended release 420 mg</i> (Tiazac) | 2 | |
| <i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i> | 2 | |
| <i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 240 mg</i> (Cartia XT) | 2 | |
| <i>diltiazem hcl oral capsule, extended release 24hr 300 mg</i> (Cardizem CD) | 2 | |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem) | 2 | |
| <i>diltiazem hcl oral tablet 90 mg</i> | 2 | |
| <i>diltiazem hcl oral tablet extended release 24 hr 180 mg</i> (Matzim LA) | 2 | |
| <i>diltiazem hcl oral tablet extended release 24 hr 240 mg, 300 mg, 360 mg, 420 mg</i> (Cardizem LA) | 2 | |
| <i>dilt-xr oral capsule, ext release degradable 120 mg, 180 mg, 240 mg</i> | 2 | |
| <i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 2 | |
| <i>taztia xt oral capsule, extended release 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> | 2 | |
| <i>verapamil intravenous solution 2.5 mg/ml</i> | 2 | |
| <i>verapamil intravenous syringe 2.5 mg/ml</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>verapamil oral capsule, 24 hr er pellet ct</i> (Verelan PM) 100 mg, 200 mg, 300 mg | 2 | |
| <i>verapamil oral capsule,ext rel. pellets 24 hr</i> (Verelan) 120 mg, 180 mg, 240 mg, 360 mg | 2 | |
| <i>verapamil oral tablet 120 mg, 80 mg</i> (Calan) | 2 | |
| <i>verapamil oral tablet 40 mg</i> | 2 | |
| <i>verapamil oral tablet extended release</i> (Calan SR) 120 mg, 180 mg, 240 mg | 2 | |
| Cardiovascular Agents, Miscellaneous | | |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG | 4 | PA; QL (60 per 30 days) |
| DEMSEER ORAL CAPSULE 250 MG | 5 | PA; NM; NDS |
| <i>digitek oral tablet 125 mcg, 250 mcg</i> | 2 | |
| <i>digoxin 0.25 mg/ml syringe 250 mcg/ml</i> | 2 | |
| <i>digoxin injection solution 250 mcg/ml</i> (Lanoxin) | 2 | |
| DIGOXIN ORAL SOLUTION 50 MCG/ML | 2 | |
| <i>digoxin oral tablet 125 mcg</i> (Digitek) | 2 | |
| <i>digoxin oral tablet 250 mcg</i> (Digox) | 2 | |
| <i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i> | 2 | PA BvD |
| <i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml), 500 mg/40 ml (12.5 mg/ml)</i> | 2 | PA BvD |
| <i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 800 mg/250 ml (3,200 mcg/ml)</i> | 2 | PA BvD |
| <i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml), 800 mg/10 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml)</i> | 2 | PA BvD |
| <i>ephedrine sulfate injection solution 50 mg/ml</i> | 2 | |
| <i>epinephrine hcl (pf) injection solution 1 mg/ml (1 ml)</i> | 2 | |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr 2-Pak) | 2 | QL (2 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>epinephrine injection auto-injector 0.3 %</i> | 2 | GENERIC FOR ADRENACLICK; QL (2 per 30 days) |
| <i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Adrenaclick) | 2 | GENERIC FOR EPIPEN; QL (2 per 30 days) |
| <i>epinephrine injection solution 1 mg/ml (1 ml)</i> (Adrenalin) | 2 | |
| <i>epinephrine injection syringe 0.1 mg/ml</i> | 2 | |
| EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML | 3 | QL (2 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 (2 per 30 days) |
| <i>ethamolin intravenous solution 5 %</i> | 2 | |
| FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML | 5 | PA; NM; LA; NDS; QL (18 per 30 days) |
| <i>hydralazine injection solution 20 mg/ml</i> | 2 | |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | 2 | |
| LANOXIN ORAL TABLET 125 MCG, 187.5 MCG, 250 MCG, 62.5 MCG | 4 | |
| <i>milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)</i> | 2 | PA BvD |
| <i>milrinone intravenous solution 1 mg/ml</i> | 2 | PA BvD |
| <i>norepinephrine bitartrate intravenous solution 1 mg/ml</i> (Levophed (bitartrate)) | 2 | PA BvD |
| <i>papaverine injection solution 30 mg/ml</i> | 2 | |
| RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG | 4 | |
| Dihydropyridines | | |
| <i>afeditab cr oral tablet extended release 30 mg, 60 mg</i> | 2 | |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc) | 1 | GC |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> (Lotrel) | 2 | |
| <i>amlodipine-benazepril oral capsule 2.5-10 mg</i> | 2 | |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge) | 2 | |
| <i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT) | 2 | |
| <i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i> | 2 | |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i> | 2 | |
| <i>nicardipine intravenous solution 25 mg/10 ml</i> (Cardene IV) | 2 | |
| <i>nicardipine oral capsule 20 mg, 30 mg</i> | 2 | |
| <i>nifedical xl oral tablet extended release 24hr 30 mg, 60 mg</i> | 2 | |
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL) | 2 | |
| <i>nifedipine oral tablet extended release 30 mg, 60 mg</i> (Afeditab CR) | 2 | |
| <i>nifedipine oral tablet extended release 90 mg</i> (Adalat CC) | 2 | |
| <i>nimodipine oral capsule 30 mg</i> | 2 | |
| <i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular) | 2 | |
| <i>nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg</i> | 2 | |
| Diuretics | | |
| ALDACTAZIDE ORAL TABLET 50-50 MG | 4 | |
| <i>amiloride oral tablet 5 mg</i> | 2 | |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | 2 | |
| <i>bumetanide injection solution 0.25 mg/ml</i> | 2 | |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i> | 2 | |
| <i>chlorothiazide oral tablet 250 mg, 500 mg</i> | 2 | |
| <i>chlorothiazide sodium intravenous recon soln 500 mg</i> (Diuril IV) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | 2 | |
| <i>furosemide injection solution 10 mg/ml</i> | 2 | |
| <i>furosemide injection syringe 10 mg/ml</i> | 2 | |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> | 2 | |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg (Lasix)</i> | 1 | GC |
| <i>hydrochlorothiazide oral capsule 12.5 mg (Microzide)</i> | 1 | GC |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | 1 | GC |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i> | 1 | GC |
| <i>methyclothiazide oral tablet 5 mg</i> | 2 | |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | 2 | |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone)</i> | 2 | |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg (Aldactazide)</i> | 2 | |
| <i>toremide oral tablet 10 mg, 20 mg (Demadex)</i> | 2 | |
| <i>toremide oral tablet 100 mg, 5 mg</i> | 2 | |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg (Dyazide)</i> | 1 | GC |
| <i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i> | 2 | |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg (Maxzide-25mg)</i> | 1 | GC |
| <i>triamterene-hydrochlorothiazid oral tablet 75-50 mg (Maxzide)</i> | 1 | GC |
| Dyslipidemics | | |
| <i>amlodipine-atorvastatin 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 (Caduet)</i> | 2 | QL (30 per 30 days) |
| <i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i> | 2 | QL (30 per 30 days) |
| <i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg (Lipitor)</i> | 1 | GC; QL (45 per 30 days) |
| <i>atorvastatin oral tablet 80 mg (Lipitor)</i> | 1 | GC; QL (30 per 30 days) |
| <i>cholestyramine light oral powder 4 gram</i> | 2 | |
| <i>cholestyramine light oral powder in packet 4 gram</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------------|
| <i>cholestyramine packet outer 4 gram</i> (Questran) | 2 | |
| <i>colestipol hcl granules packet 5 gram</i> (Colestid) | 2 | |
| <i>colestipol oral granules 5 gram</i> (Colestid) | 2 | |
| <i>colestipol oral tablet 1 gram</i> (Colestid) | 2 | |
| <i>ezetimibe oral tablet 10 mg</i> (Zetia) | 2 | |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10) | 4 | ST; QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20) | 4 | ST; QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40) | 4 | ST; QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80) | 4 | ST; QL (30 per 30 days) |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i> | 2 | |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor) | 2 | |
| <i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen) | 2 | |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i> | 2 | |
| <i>fenofibric acid (choline) oral capsule, delayed release(drlec) 135 mg, 45 mg</i> (Trilipix) | 2 | |
| <i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor) | 2 | |
| <i>fluvastatin oral capsule 20 mg, 40 mg</i> (Lescol) | 2 | QL (60 per 30 days) |
| <i>gemfibrozil oral tablet 600 mg</i> (Lopid) | 2 | |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| KYNAMRO SUBCUTANEOUS SYRINGE 200 MG/ML | 5 | PA; NM; LA; NDS; QL (4 per 28 days) |
| <i>lovastatin oral tablet 10 mg, 20 mg</i> | 1 | GC; QL (45 per 30 days) |
| <i>lovastatin oral tablet 40 mg</i> | 1 | GC; QL (60 per 30 days) |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release) | 2 | |
| <i>niacor oral tablet 500 mg</i> | 2 | |
| NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 500 MG, 750 MG | 4 | ST; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza) | 2 | |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML | 3 | PA; QL (2 per 28 days) |
| PRALUENT SYRINGE SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/ML | 3 | PA; QL (2 per 28 days) |
| <i>pravastatin oral tablet 10 mg</i> | 2 | QL (45 per 30 days) |
| <i>pravastatin oral tablet 20 mg, 40 mg</i> (Pravachol) | 2 | QL (45 per 30 days) |
| <i>pravastatin oral tablet 80 mg</i> (Pravachol) | 2 | QL (30 per 30 days) |
| <i>prevalite oral powder 4 gram</i> | 2 | |
| <i>prevalite packet outer 4 gram</i> | 2 | |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML | 3 | PA; QL (3.5 per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML | 3 | PA; QL (3 per 28 days) |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML | 3 | PA; QL (3 per 28 days) |
| <i>rosuvastatin oral tablet 10 mg, 20 mg, 5 mg</i> (Crestor) | 2 | QL (45 per 30 days) |
| <i>rosuvastatin oral tablet 40 mg</i> (Crestor) | 2 | QL (30 per 30 days) |
| <i>simvastatin oral tablet 10 mg, 20 mg, 5 mg</i> (Zocor) | 1 | GC; QL (45 per 30 days) |
| <i>simvastatin oral tablet 40 mg</i> (Zocor) | 1 | PA; GC; (PA only w/ amiodarone); QL (45 per 30 days) |
| <i>simvastatin oral tablet 80 mg</i> (Zocor) | 1 | PA; GC; (PA only w/ amiodarone); QL (30 per 30 days) |
| VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM | 4 | QL (120 per 30 days) |
| VYTORIN 10-10 ORAL TABLET 10-10 MG | 4 | ST; QL (30 per 30 days) |
| VYTORIN 10-20 ORAL TABLET 10-20 MG | 4 | ST; QL (30 per 30 days) |
| VYTORIN 10-40 ORAL TABLET 10-40 MG | 4 | ST; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| VYTORIN 10-80 ORAL TABLET 10-80 MG | 4 | ST; QL (30 per 30 days) |
| WELCHOL ORAL POWDER IN PACKET 3.75 GRAM | 4 | |
| WELCHOL ORAL TABLET 625 MG | 4 | |
| ZETIA ORAL TABLET 10 MG | 3 | |
| Renin-Angiotensin-Aldosterone System Inhibitors | | |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra) | 2 | |
| TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG | 4 | |
| TEKTURNA ORAL TABLET 150 MG, 300 MG | 4 | QL (30 per 30 days) |
| Vasodilators | | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i> | 2 | |
| <i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose) | 2 | |
| <i>isosorbide dinitrate oral tablet extended release 40 mg</i> (ISOCHRON) | 2 | |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> | 2 | |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i> | 2 | |
| <i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> | 2 | |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i> | 2 | |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR | 3 | |
| <i>nitroglycerin in 5% dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i> | 2 | |
| <i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i> | 2 | |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat) | 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 |
|--|------------------|--------------------------------------|
| <i>nitroglycerin transdermal patch 24 hour</i> (Nitro-Dur) 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr | 2 | |
| <i>nitroglycerin translingual spray, non-aerosol</i> 400 mcg/spray (Nitrolingual) | 2 | |
| NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG | 3 | |
| PROGLYCEM ORAL SUSPENSION 50 MG/ML | 3 | |
| Central Nervous System Agents | | |
| Central Nervous System Agents | | |
| AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG | 5 | PA; NM; LA; NDS; QL (60 per 30 days) |
| <i>atomoxetine oral capsule</i> 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg (Strattera) | 2 | PA |
| AUBAGIO ORAL TABLET 14 MG | 5 | NM; NDS; QL (28 per 28 days) |
| AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG | 5 | NM; NDS |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | 5 | NM; NDS |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | 5 | NM; NDS |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | 5 | NM; NDS |
| <i>caffeine citrate intravenous solution</i> 60 mg/3 ml (20 mg/ml) (Cafcit) | 2 | |
| <i>caffeine citrate oral solution</i> 60 mg/3 ml (20 mg/ml) | 2 | |
| <i>caffeine-sodium benzoate injection solution</i> 250 mg/ml (125 mg/ml caffeine) | 2 | |
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML | 5 | NM; NDS |
| <i>dexmethylphenidate oral capsule, er biphasic</i> 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg (Focalin XR) | 2 | |
| <i>dexmethylphenidate oral tablet</i> 10 mg, 2.5 mg, 5 mg (Focalin) | 2 | |
| <i>dextroamphetamine oral capsule, extended release</i> 10 mg, 15 mg, 5 mg (Dexedrine Spansule) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>dextroamphetamine oral solution 5 mg/5 ml</i> (ProCentra) | 2 | |
| <i>dextroamphetamine oral tablet 10 mg, 5 mg</i> (Zenzedi) | 2 | |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> (Adderall XR) | 2 | |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall) | 2 | |
| EXTAVIA SUBCUTANEOUS KIT 0.3 MG | 5 | NM; NDS; QL (14 per 28 days) |
| <i>flumazenil intravenous solution 0.1 mg/ml</i> | 2 | |
| GILENYA ORAL CAPSULE 0.5 MG | 5 | NM; NDS |
| <i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER) | 2 | PA |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i> | 2 | |
| <i>lithium carbonate oral tablet 300 mg</i> | 2 | |
| <i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid) | 2 | |
| <i>lithium carbonate oral tablet extended release 450 mg</i> | 2 | |
| <i>lithium citrate oral solution 8 meq/5 ml</i> | 2 | |
| <i>methamphetamine oral tablet 5 mg</i> (Desoxyn) | 2 | PA |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | 2 | |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 20 mg, 40 mg</i> (Ritalin LA) | 2 | |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin) | 2 | |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin) | 2 | |
| <i>methylphenidate hcl oral tablet extended release 10 mg</i> | 2 | |
| <i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER) | 2 | |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i> (Concerta) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------------|
| <i>methylphenidate hcl oral tablet, chewable</i> (Methylin) 10 mg, 2.5 mg, 5 mg | 2 | |
| NUEDEXTA ORAL CAPSULE 20-10 MG | 4 | PA |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML | 5 | NM; NDS; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML | 5 | NM; NDS; QL (1 per 28 days) |
| RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML | 5 | PA; NM; NDS; QL (2800 per 28 days) |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML | 5 | NM; NDS |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) | 5 | NM; NDS |
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) | 5 | NM; NDS |
| <i>riluzole oral tablet 50 mg</i> (Rilutek) | 2 | |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | 3 | |
| SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) | 3 | |
| STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG | 4 | PA |
| TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG | 5 | NM; LA; NDS |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine) | 5 | NM; NDS |
| Contraceptives | | |
| Contraceptives | | |
| <i>altavera (28) oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>alyacen 1/35 (28) oral tablet 1-35 mcg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 2 | |
| <i>amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> | 2 | |
| <i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 2 | |
| <i>apri oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i> | 2 | |
| <i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 2 | |
| <i>aubra oral tablet 0.1-20 mg-mcg</i> | 2 | |
| <i>aviane oral tablet 0.1-20 mg-mcg</i> | 2 | |
| <i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 2 | |
| <i>balziva (28) oral tablet 0.4-35 mg-mcg</i> | 2 | |
| <i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 2 | |
| <i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | 2 | |
| <i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | 2 | |
| <i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 2 | |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i> | 2 | |
| <i>camila oral tablet 0.35 mg</i> | 2 | |
| <i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> | 2 | |
| <i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 2 | |
| <i>caziant (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i> | 2 | |
| <i>cryselle (28) oral tablet 0.3-30 mg-mcg</i> | 2 | |
| <i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i> | 2 | |
| <i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 2 | |
| <i>cyred oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 2 | |
| <i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 2 | |
| <i>deblitane oral tablet 0.35 mg</i> | 2 | |
| <i>delyla (28) oral tablet 0.1-20 mg-mcg</i> | 2 | |
| <i>desog-e.estradiolle.estradiol oral tablet (Viorele (28)) 0.15-0.02 mgx21 /0.01 mg x 5</i> | 2 | |
| <i>desogestrel-ethinyl estradiol oral tablet (Emoquette) 0.15-0.03 mg</i> | 2 | |
| <i>drosiprenone-e.estradiol-lm.fa oral tablet (Beyaz) 3-0.02-0.451 mg (24) (4)</i> | 2 | |
| <i>drosiprenone-ethinyl estradiol oral tablet (Nikki (28)) 3-0.02 mg</i> | 2 | |
| <i>drosiprenone-ethinyl estradiol oral tablet (Ocella) 3-0.03 mg</i> | 2 | |
| <i>elinest oral tablet 0.3-30 mg-mcg</i> | 2 | |
| ELLA ORAL TABLET 30 MG | 3 | |
| <i>emoquette oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | 2 | |
| <i>enskyce oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>errin oral tablet 0.35 mg</i> | 2 | |
| <i>estarylla oral tablet 0.25-35 mg-mcg</i> | 2 | |
| <i>ethynodiol diac-eth estradiol oral tablet (Zovia 1/50E (28)) 1-50 mg-mcg</i> | 2 | |
| <i>falmina (28) oral tablet 0.1-20 mg-mcg</i> | 2 | |
| <i>fayosim oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> | 2 | |
| <i>femynor oral tablet 0.25-35 mg-mcg</i> | 2 | |
| <i>gianvi (28) oral tablet 3-0.02 mg</i> | 2 | |
| <i>gildagia oral tablet 0.4-35 mg-mcg</i> | 2 | |
| <i>gildess 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | 2 | |
| <i>gildess 1/20 (21) oral tablet 1-20 mg-mcg</i> | 2 | |
| <i>gildess 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | 2 | |
| <i>gildess fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>gildess fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 2 | |
| <i>heather oral tablet 0.35 mg</i> | 2 | |
| <i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg</i> | 2 | |
| <i>isibloom oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>jencycla oral tablet 0.35 mg</i> | 2 | |
| <i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg</i> | 2 | |
| <i>jolivette oral tablet 0.35 mg</i> | 2 | |
| <i>juleber oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | 2 | |
| <i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i> | 2 | |
| <i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | 2 | |
| <i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 2 | |
| <i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | 2 | |
| <i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i> | 2 | |
| <i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 2 | |
| <i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i> | 2 | |
| <i>kimidess (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 2 | |
| <i>kurvelo oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (Amethia Lo) | 2 | |
| <i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Camrese) | 2 | |
| <i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | 2 | |
| <i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i> | 2 | |
| <i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | 2 | |
| <i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 2 | |
| <i>larissia oral tablet 0.1-20 mg-mcg</i> | 2 | |
| <i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i> | 2 | |
| <i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i> | 2 | |
| <i>lessina oral tablet 0.1-20 mg-mcg</i> | 2 | |
| <i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | 2 | |
| <i>levonor-eth estrad 0.15-0.03 outer 0.15-0.03 mg</i> (Levora 0.15/30 (28)) | 2 | |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Vienva) | 2 | |
| <i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i> (Amethyst) | 2 | |
| <i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg</i> (Quasense) | 2 | |
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse) | 2 | |
| <i>levora-28 oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>lomedica 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | 2 | |
| <i>loryna (28) oral tablet 3-0.02 mg</i> | 2 | |
| <i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i> | 2 | |
| <i>lutra (28) oral tablet 0.1-20 mg-mcg</i> | 2 | |
| <i>lyza oral tablet 0.35 mg</i> | 2 | |
| <i>marlissa oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | 2 | |
| <i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i> | 2 | |
| <i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | 2 | |
| <i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 2 | |
| <i>mono-linyah oral tablet 0.25-35 mg-mcg</i> | 2 | |
| <i>mononessa (28) oral tablet 0.25-35 mg-mcg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>myzilra oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | 2 | |
| <i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i> | 2 | |
| <i>necon 1/35 (28) oral tablet 1-35 mg-mcg</i> | 2 | |
| <i>necon 1/50 (28) oral tablet 1-50 mg-mcg</i> | 2 | |
| <i>necon 10/11 (28) oral tablet 0.5-35/1-35 mg-mcg/mg-mcg</i> | 2 | |
| <i>necon 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 2 | |
| <i>nikki (28) oral tablet 3-0.02 mg</i> | 2 | |
| <i>nora-be oral tablet 0.35 mg</i> | 2 | |
| <i>norethindrone (contraceptive) oral tablet (Deblitane) 0.35 mg</i> | 2 | |
| <i>norethindrone ac-eth estradiol oral tablet (Microgestin 1/20 (21)) 1-20 mg-mcg</i> | 2 | |
| <i>norethindrone-e.estradiol-iron oral tablet (Lomedia 24 Fe) 1 mg-20 mcg (24)/75 mg (4)</i> | 2 | |
| <i>norgestimate-ethinyl estradiol oral tablet (Tri-Lo-Sprintec) 0.18/0.215/0.25 mg-25 mcg</i> | 2 | |
| <i>norgestimate-ethinyl estradiol oral tablet (Tri-Previfem (28)) 0.18/0.215/0.25 mg-35 mcg (28)</i> | 2 | |
| <i>norgestimate-ethinyl estradiol oral tablet (Mononessa (28)) 0.25-35 mg-mcg</i> | 2 | |
| <i>norlyda oral tablet 0.35 mg</i> | 2 | |
| <i>norlyroc oral tablet 0.35 mg</i> | 2 | |
| <i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i> | 2 | |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i> | 2 | |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> | 2 | |
| <i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 2 | |
| NUVARING VAGINAL RING 0.12-0.015 MG/24 HR | 3 | |
| <i>ocella oral tablet 3-0.03 mg</i> | 2 | |
| <i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i> | 2 | |
| <i>orsythia oral tablet 0.1-20 mg-mcg</i> | 2 | |
| <i>philith oral tablet 0.4-35 mg-mcg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 2 | |
| <i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i> | 2 | |
| <i>portia oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>previfem oral tablet 0.25-35 mg-mcg</i> | 2 | |
| <i>quasense oral tablets,dose pack,3 month 0.15 mg-30 mcg</i> | 2 | |
| <i>rajani oral tablet 3-0.02-0.451 mg (24) (4)</i> | 2 | |
| <i>reclipsen (28) oral tablet 0.15-0.03 mg</i> | 2 | |
| <i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> | 2 | |
| <i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg</i> | 2 | |
| <i>sharobel oral tablet 0.35 mg</i> | 2 | |
| <i>sprintec (28) oral tablet 0.25-35 mg-mcg</i> | 2 | |
| <i>sronyx oral tablet 0.1-20 mg-mcg</i> | 2 | |
| <i>syeda oral tablet 3-0.03 mg</i> | 2 | |
| <i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 2 | |
| <i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> | 2 | |
| <i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | 2 | |
| <i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | 2 | |
| <i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> | 2 | |
| <i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | 2 | |
| <i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | 2 | |
| <i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | 2 | |
| <i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | 2 | |
| <i>trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | 2 | |
| <i>trinessa lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | 2 | |
| <i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | 2 | |
| <i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | 2 | |
| <i>velivet triphasic regimen (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i> | 2 | |
| <i>vestura (28) oral tablet 3-0.02 mg</i> | 2 | |
| <i>vienva oral tablet 0.1-20 mg-mcg</i> | 2 | |
| <i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 2 | |
| <i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i> | 2 | |
| <i>wera (28) oral tablet 0.5-35 mg-mcg</i> | 2 | |
| <i>wymzya fe oral tablet, chewable 0.4mg- 35mcg(21) and 75 mg (7)</i> | 2 | |
| <i>xulane transdermal patch weekly 150-35 mcg/24 hr</i> | 2 | |
| <i>zarah oral tablet 3-0.03 mg</i> | 2 | |
| <i>zenchent (28) oral tablet 0.4-35 mg-mcg</i> | 2 | |
| <i>zenchent fe oral tablet, chewable 0.4mg- 35mcg(21) and 75 mg (7)</i> | 2 | |
| <i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i> | 2 | |
| <i>zovia 1/50e (28) oral tablet 1-50 mg-mcg</i> | 2 | |
| Dental And Oral Agents | | |
| Dental And Oral Agents | | |
| <i>cevimeline oral capsule 30 mg (Evoxac)</i> | 2 | |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 % (Periogard)</i> | 2 | |
| <i>denta 5000 plus dental cream 1.1 %</i> | 2 | |
| <i>dentagel dental gel 1.1 %</i> | 2 | |
| <i>fluoride (sodium) dental solution 0.2 % (PreviDent)</i> | 2 | |
| FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % | 2 | |
| <i>oralone dental paste 0.1 %</i> | 2 | |
| <i>periogard mucous membrane mouthwash 0.12 %</i> | 2 | |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg (Salagen (pilocarpine))</i> | 2 | |
| <i>sf 5000 plus dental cream 1.1 %</i> | 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 |
|--|-----------|----------------------------------|
| <i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone) | 2 | |
| Dermatological Agents | | |
| Dermatological Agents, Other | | |
| 8-MOP ORAL CAPSULE 10 MG | 4 | |
| ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG | 3 | |
| <i>acitretin oral capsule 10 mg, 17.5 mg</i> (Soriatane) | 5 | PA; NM; NDS; QL (60 per 30 days) |
| <i>acitretin oral capsule 25 mg</i> (Soriatane) | 5 | PA; NM; NDS |
| <i>acyclovir topical ointment 5 %</i> (Zovirax) | 2 | |
| ALCOHOL PADS TOPICAL PADS, MEDICATED | 2 | |
| ALCOHOL PREP PADS | 2 | |
| <i>ammonium lactate topical cream 12 %</i> (Geri-Hydrolac) | 2 | |
| <i>ammonium lactate topical lotion 12 %</i> (Skin Treatment) | 2 | |
| <i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i> | 2 | |
| <i>calcipotriene scalp solution 0.005 %</i> | 2 | |
| <i>calcipotriene topical cream 0.005 %</i> (Dovonex) | 2 | |
| <i>calcipotriene topical ointment 0.005 %</i> (Calcitrene) | 2 | |
| <i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i> (Taclonex) | 2 | |
| <i>calcitrene topical ointment 0.005 %</i> | 2 | |
| <i>calcitriol topical ointment 3 mcg/gram</i> (Vectical) | 2 | |
| <i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | 2 | |
| CONDYLOX TOPICAL GEL 0.5 % | 3 | |
| DENAVIR TOPICAL CREAM 1 % | 4 | QL (5 per 30 days) |
| <i>diclofenac sodium topical gel 3 %</i> (Solaraze) | 5 | NM; NDS |
| DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML | 5 | PA; NM; NDS; QL (8 per 28 days) |
| <i>fluorouracil topical cream 0.5 %</i> (Carac) | 2 | |
| <i>fluorouracil topical cream 5 %</i> (Efudex) | 2 | |
| <i>fluorouracil topical solution 2 %, 5 %</i> | 2 | |
| <i>imiquimod topical cream in packet 5 %</i> (Aldara) | 2 | |
| LEVULAN TOPICAL SOLUTION 20 % | 4 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------|
| <i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> (Oxsoralen Ultra) | 2 | |
| <i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | 2 | |
| OXSORALEN TOPICAL LOTION 1 % | 4 | |
| PANRETIN TOPICAL GEL 0.1 % | 5 | NM; NDS |
| PICATO TOPICAL GEL 0.015 % | 4 | PA NSO; QL (3 per 30 days) |
| PICATO TOPICAL GEL 0.05 % | 4 | PA NSO; QL (2 per 30 days) |
| <i>podocon topical liquid 25 %</i> | 2 | |
| <i>podofilox topical solution 0.5 %</i> | 2 | |
| <i>potassium hydroxide topical solution 5 %</i> | 2 | |
| REGRANEX TOPICAL GEL 0.01 % | 5 | NM; NDS |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | 3 | |
| TOLAK TOPICAL CREAM 4 % | 4 | |
| UVADEX INJECTION SOLUTION 20 MCG/ML | 4 | |
| VALCHLOR TOPICAL GEL 0.016 % | 5 | PA NSO; NM; NDS |
| <i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | 2 | |
| ZOVIRAX TOPICAL CREAM 5 % | 4 | QL (5 per 30 days) |
| ZYCLARA 3.75% CREAM PUMP 3.75 % | 4 | |
| ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 % | 4 | |
| ZYCLARA TOPICAL CREAM IN PACKET 3.75 % | 4 | |
| Dermatological Antibacterials | | |
| <i>clindamycin phosphate topical foam 1 %</i> (Evoclin) | 2 | |
| <i>clindamycin phosphate topical gel 1 %</i> (Clindagel) | 2 | |
| <i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T) | 2 | |
| <i>clindamycin phosphate topical solution 1 %</i> (Cleocin T) | 2 | |
| <i>clindamycin phosphate topical swab 1 %</i> (Clindacin P) | 2 | |
| <i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %</i> (Duac) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %</i> (Benzaclin) | 2 | |
| <i>ery pads topical swab 2 %</i> | 2 | |
| <i>erythromycin with ethanol topical gel 2 %</i> (Erygel) | 2 | |
| <i>erythromycin with ethanol topical solution 2 %</i> | 2 | |
| <i>erythromycin with ethanol topical swab 2 %</i> (Ery Pads) | 2 | |
| <i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Aktipak) | 2 | |
| <i>gentamicin topical cream 0.1 %</i> | 2 | |
| <i>gentamicin topical ointment 0.1 %</i> | 2 | |
| <i>metronidazole topical cream 0.75 %</i> (MetroCream) | 2 | |
| <i>metronidazole topical gel 0.75 %</i> (Rosadan) | 2 | |
| <i>metronidazole topical gel 1 %</i> (Metrogel) | 2 | |
| <i>metronidazole topical lotion 0.75 %</i> (MetroLotion) | 2 | |
| <i>mupirocin calcium topical cream 2 %</i> (Bactroban) | 2 | |
| <i>mupirocin topical ointment 2 %</i> (Centany) | 2 | |
| <i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i> (Neosporin GU Irrigant) | 2 | |
| <i>rosadan topical cream 0.75 %</i> | 2 | |
| <i>selenium sulfide topical lotion 2.5 %</i> | 2 | |
| <i>selenium sulfide topical shampoo 2.25 %</i> | 2 | |
| <i>silver nitrate topical ointment 10 %</i> | 2 | |
| <i>silver nitrate topical solution 0.5 %, 10 %, 25 %, 50 %</i> | 2 | |
| <i>silver sulfadiazine topical cream 1 %</i> (Thermazene) | 2 | |
| <i>ssd topical cream 1 %</i> | 2 | |
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron) | 2 | |
| Dermatological Anti-Inflammatory Agents | | |
| <i>ala-cort topical cream 1 %, 2.5 %</i> | 2 | |
| <i>ala-scalp topical lotion 2 %</i> | 2 | |
| <i>alclometasone topical cream 0.05 %</i> | 2 | |
| <i>alclometasone topical ointment 0.05 %</i> | 2 | |
| <i>amcinonide topical cream 0.1 %</i> | 2 | |
| <i>amcinonide topical lotion 0.1 %</i> | 2 | |
| <i>amcinonide topical ointment 0.1 %</i> | 2 | |
| <i>betamethasone dipropionate topical cream 0.05 %</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>betamethasone dipropionate topical lotion 0.05 %</i> | 2 | |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> | 2 | |
| <i>betamethasone valerate topical cream 0.1 %</i> | 2 | |
| <i>betamethasone valerate topical foam 0.12 %</i> (Luxiq) | 2 | |
| <i>betamethasone valerate topical lotion 0.1 %</i> | 2 | |
| <i>betamethasone valerate topical ointment 0.1 %</i> | 2 | |
| <i>betamethasone, augmented topical cream 0.05 %</i> (Diprolene AF) | 2 | |
| <i>betamethasone, augmented topical gel 0.05 %</i> | 2 | |
| <i>betamethasone, augmented topical lotion 0.05 %</i> | 2 | |
| <i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene) | 2 | |
| <i>clobetasol 0.05% cream 0.05 %</i> (Temovate) | 2 | |
| <i>clobetasol scalp solution 0.05 %</i> (Cormax) | 2 | |
| <i>clobetasol topical foam 0.05 %</i> (Olux) | 2 | |
| <i>clobetasol topical gel 0.05 %</i> | 2 | |
| <i>clobetasol topical lotion 0.05 %</i> (Clobex) | 2 | |
| <i>clobetasol topical ointment 0.05 %</i> (Temovate) | 2 | |
| <i>clobetasol topical shampoo 0.05 %</i> (Clodan) | 2 | |
| <i>clobetasol topical spray, non-aerosol 0.05 %</i> (Clobex) | 2 | |
| <i>clobetasol-emollient topical cream 0.05 %</i> | 2 | |
| <i>clocortolone pivalate topical cream 0.1 %</i> (Cloderm) | 2 | |
| <i>cormax scalp solution 0.05 %</i> | 2 | |
| <i>desonide topical cream 0.05 %</i> (Tridesilon) | 2 | |
| <i>desonide topical lotion 0.05 %</i> (DesOwen) | 2 | |
| <i>desonide topical ointment 0.05 %</i> | 2 | |
| <i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort) | 2 | |
| <i>desoximetasone topical gel 0.05 %</i> (Topicort) | 2 | |
| <i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>diflorasone topical cream 0.05 %</i> (Psorcon) | 2 | |
| <i>diflorasone topical ointment 0.05 %</i> | 2 | |
| ELIDEL TOPICAL CREAM 1 % | 4 | PA |
| EUCRISA TOPICAL OINTMENT 2 % | 4 | PA |
| <i>fluocinolone topical cream 0.01 %</i> | 2 | |
| <i>fluocinolone topical cream 0.025 %</i> (Synalar) | 2 | |
| <i>fluocinolone topical oil 0.01 %</i> (Derma-Smoothe/FS Body Oil) | 2 | |
| <i>fluocinolone topical ointment 0.025 %</i> (Synalar) | 2 | |
| <i>fluocinolone topical solution 0.01 %</i> (Synalar) | 2 | |
| <i>fluocinonide topical cream 0.05 %</i> | 2 | |
| <i>fluocinonide topical gel 0.05 %</i> | 2 | |
| <i>fluocinonide topical ointment 0.05 %</i> | 2 | |
| <i>fluocinonide topical solution 0.05 %</i> | 2 | |
| <i>fluocinonide-e topical cream 0.05 %</i> | 2 | |
| <i>fluticasone topical cream 0.05 %</i> (Cutivate) | 2 | |
| <i>fluticasone topical lotion 0.05 %</i> (Cutivate) | 2 | |
| <i>fluticasone topical ointment 0.005 %</i> | 2 | |
| <i>halobetasol propionate topical cream 0.05 %</i> (Ultravate) | 2 | |
| <i>halobetasol propionate topical ointment 0.05 %</i> (Ultravate) | 2 | |
| <i>hydrocortisone buty 0.1% cream 0.1 %</i> (Locoid) | 2 | |
| <i>hydrocortisone butyrate topical ointment 0.1 %</i> (Locoid) | 2 | |
| <i>hydrocortisone butyrate topical solution 0.1 %</i> (Locoid) | 2 | |
| <i>hydrocortisone butyr-emollient topical cream 0.1 %</i> (Locoid Lipocream) | 2 | |
| <i>hydrocortisone topical cream 1 %</i> (Hydrocream) | 2 | |
| <i>hydrocortisone topical cream 2.5 %</i> (Ala-Cort) | 2 | |
| <i>hydrocortisone topical lotion 2.5 %</i> | 2 | |
| <i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC)) | 2 | |
| <i>hydrocortisone topical ointment 2.5 %</i> | 2 | |
| <i>hydrocortisone valerate topical cream 0.2 %</i> | 2 | |
| <i>hydrocortisone valerate topical ointment 0.2 %</i> | 2 | |
| <i>mometasone topical cream 0.1 %</i> (Elocon) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>mometasone topical ointment 0.1 %</i> (Elocon) | 2 | |
| <i>mometasone topical solution 0.1 %</i> | 2 | |
| <i>prednicarbate topical cream 0.1 %</i> (Dermatop) | 2 | |
| <i>prednicarbate topical ointment 0.1 %</i> (Dermatop) | 2 | |
| PROCTOFOAM HC RECTAL FOAM 1-1 % | 4 | |
| <i>procto-med hc topical cream with perineal applicator 2.5 %</i> | 2 | |
| <i>procto-pak topical cream with perineal applicator 1 %</i> | 2 | |
| <i>proctosol hc topical cream with perineal applicator 2.5 %</i> | 2 | |
| <i>proctozone-hc topical cream with perineal applicator 2.5 %</i> | 2 | |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic) | 2 | |
| <i>triamcinolone acetonide topical cream 0.025 %, 0.5 %</i> | 2 | |
| <i>triamcinolone acetonide topical cream 0.1 %</i> (Triderm) | 2 | |
| <i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i> | 2 | |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | 2 | |
| <i>trianex topical ointment 0.05 %</i> | 2 | |
| <i>triderm topical cream 0.1 %</i> | 2 | |
| Dermatological Retinoids | | |
| <i>adapalene topical cream 0.1 %</i> (Differin) | 2 | |
| <i>adapalene topical gel 0.1 %, 0.3 %</i> (Differin) | 2 | |
| <i>avita topical cream 0.025 %</i> | 2 | PA |
| <i>avita topical gel 0.025 %</i> | 2 | PA |
| FABIOR TOPICAL FOAM 0.1 % | 4 | PA |
| <i>tazarotene topical cream 0.1 %</i> (Tazorac) | 2 | |
| TAZORAC TOPICAL CREAM 0.05 %, 0.1 % | 4 | PA |
| TAZORAC TOPICAL GEL 0.05 %, 0.1 % | 4 | PA |
| <i>tretinoin gel micro 0.04% tube 0.04 %</i> (Retin-A Micro) | 2 | PA |
| <i>tretinoin gel micro 0.1% tube 0.1 %</i> (Retin-A Micro) | 2 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i> (Retin-A Micro Pump) | 2 | PA |
| <i>tretinoin topical cream 0.025 %</i> (Avita) | 2 | PA |
| <i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A) | 2 | PA |
| <i>tretinoin topical gel 0.01 %</i> (Retin-A) | 2 | PA |
| <i>tretinoin topical gel 0.025 %</i> (Avita) | 2 | PA |
| <i>tretinoin topical gel 0.05 %</i> (Atralin) | 2 | PA |
| Scabicides And Pediculicides | | |
| <i>lindane topical lotion 1 %</i> | 2 | |
| <i>lindane topical shampoo 1 %</i> | 2 | |
| <i>malathion topical lotion 0.5 %</i> (Ovide) | 2 | |
| <i>permethrin topical cream 5 %</i> (Elimite) | 2 | |
| <i>spinosad topical suspension 0.9 %</i> (Natroba) | 2 | |
| Devices | | |
| Devices | | |
| ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" | 3 | |
| BD INSULIN SYR 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64" | 2 | |
| BD INSULIN SYR 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64" | 2 | |
| BD INSULIN SYR 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64" | 2 | |
| BD ULTRA-FINE PEN NDL 8MMX31G SHORT 31 GAUGE X 5/16" | 2 | |
| GAUZE PAD TOPICAL BANDAGE 2 X 2 " | 2 | |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE (Ultrilet Insulin Syringe) | 2 | |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2" (BD Insulin Syringe Safety-Lok) | 2 | |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE (Monoject Syringe) | 2 | |
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" (Insupen) | 2 | |
| STERILE PADS 2" X 2" 2 X 2 " | 2 | |
| VGO 40 DISPOSABLE DEVICE | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Enzyme Replacement/Modifiers | | |
| Enzyme Replacement/Modifiers | | |
| ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML | 5 | NM; NDS |
| ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML | 5 | PA; NM; NDS |
| CEREZYME INTRAVENOUS RECON SOLN 400 UNIT | 5 | PA; NM; NDS |
| 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 | 3 | |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | 4 | LA |
| ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML | 5 | PA; NM; NDS |
| ELELYSO INTRAVENOUS RECON SOLN 200 UNIT | 5 | PA; NM; LA; NDS |
| ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG | 5 | PA; NM; NDS |
| FABRAZYME INTRAVENOUS RECON SOLN 35 MG | 5 | PA; NM; NDS |
| KUVAN ORAL POWDER IN PACKET 100 MG | 5 | PA; NM; LA; NDS |
| KUVAN ORAL POWDER IN PACKET 500 MG | 5 | PA; NM; NDS |
| KUVAN ORAL TABLET,SOLUBLE 100 MG | 5 | PA; NM; LA; NDS |
| MYOZYME INTRAVENOUS RECON SOLN 50 MG | 5 | PA; NM; NDS |
| NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML | 5 | PA; NM; NDS |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG | 5 | NM; NDS |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | 5 | PA; NM; NDS |
| STRENSIQ SUBCUTANEOUS SOLUTION 100 MG/ML, 40 MG/ML | 5 | PA; NM; LA; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| VPRIV INTRAVENOUS RECON SOLN 400 UNIT | 5 | PA; NM; NDS |
| ZAVESCA ORAL CAPSULE 100 MG | 5 | PA; NM; LA; NDS |
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 - 55,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-68,000 -109,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000- 16,000 UNIT, 40,000-136,000-218,000 UNIT, 5,000-17,000 -27,000 UNIT | 3 | |
| Eye, Ear, Nose, Throat Agents | | |
| Eye, Ear, Nose, Throat Agents, Miscellaneous | | |
| AKTEN (PF) OPHTHALMIC GEL 3.5 % | 4 | |
| <i>alcaine ophthalmic drops 0.5 %</i> | 2 | |
| ALOMIDE OPHTHALMIC DROPS 0.1 % | 4 | |
| <i>altacaine ophthalmic drops 0.5 %</i> | 2 | |
| <i>apraclonidine ophthalmic drops 0.5 %</i> (Iopidine) | 2 | |
| <i>atropine ophthalmic drops 1 %</i> | 2 | |
| <i>atropine ophthalmic ointment 1 %</i> | 2 | |
| <i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i> | 2 | |
| <i>azelastine nasal spray,non-aerosol 0.15 %</i> (Astepro) (205.5 mcg) | 2 | |
| <i>azelastine ophthalmic drops 0.05 %</i> | 2 | |
| <i>carteolol ophthalmic drops 1 %</i> | 1 | GC |
| <i>cromolyn ophthalmic drops 4 %</i> | 2 | |
| <i>cyclopentolate ophthalmic drops 0.5 %, 1 %, 2 %</i> (Cyclogyl) | 2 | |
| CYSTARAN OPHTHALMIC DROPS 0.44 % | 5 | NM; NDS |
| <i>epinastine ophthalmic drops 0.05 %</i> (Elestat) | 2 | |
| <i>flucaine ophthalmic drops 0.25-0.5 %</i> | 2 | |
| <i>homatropaire ophthalmic drops 5 %</i> | 2 | |
| <i>homatropine hbr ophthalmic drops 5 %</i> (Homatropaire) | 2 | |
| <i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 0.06 %</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>naphazoline ophthalmic drops 0.1 %</i> | 2 | |
| <i>olopatadine nasal spray,non-aerosol 0.6 %</i> (Patanase) | 2 | |
| <i>olopatadine ophthalmic drops 0.1 %</i> (Patanol) | 2 | |
| <i>olopatadine ophthalmic drops 0.2 %</i> (Pataday) | 2 | |
| PATADAY OPHTHALMIC DROPS 0.2 % | 3 | |
| <i>phenylephrine hcl ophthalmic drops 10 %, 2.5 %</i> | 2 | |
| <i>proparacaine ophthalmic drops 0.5 %</i> | 2 | |
| TETCAINE OPHTHALMIC DROPS 0.5 % | 2 | |
| <i>tetracaine hcl ophthalmic drops 0.5 %</i> (Altacaine) | 2 | |
| <i>tropicamide ophthalmic drops 0.5 %</i> | 2 | |
| <i>tropicamide ophthalmic drops 1 %</i> (Mydriacyl) | 2 | |
| TYZINE NASAL DROPS 0.1 % | 3 | |
| TYZINE NASAL SPRAY, NON-AEROSOL 0.1 % | 4 | |
| Eye, Ear, Nose, Throat Anti-Infectives Agents | | |
| <i>acetazol hc otic drops 1-2 %</i> | 2 | |
| <i>acetic acid otic solution 2 %</i> | 2 | |
| AZASITE OPHTHALMIC DROPS 1 % | 4 | |
| <i>bacitracin ophthalmic ointment 500 unit/gram</i> | 2 | |
| <i>bacitracin-polymyxin b ophthalmic ointment 500-10,000 unit/gram</i> (Polycin) | 2 | |
| BESIVANCE OPHTHALMIC DROPS,SUSPENSION 0.6 % | 4 | |
| <i>bleph-10 ophthalmic drops 10 %</i> | 2 | |
| BLEPHAMIDE OPHTHALMIC DROPS,SUSPENSION 10-0.2 % | 4 | |
| BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % | 3 | |
| CILOXAN OPHTHALMIC OINTMENT 0.3 % | 3 | |
| CIPRODEX OTIC DROPS,SUSPENSION 0.3-0.1 % | 3 | |
| <i>ciprofloxacin hcl ophthalmic drops 0.3 %</i> (Ciloxan) | 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 |
|---|------------------|----------------------------|
| <i>ciprofloxacin hcl otic dropperette 0.2 %</i> (Cetraxal) | 2 | |
| <i>erythromycin ophthalmic ointment 5 mg/gram (0.5 %)</i> | 2 | |
| <i>gatifloxacin ophthalmic drops 0.5 %</i> (Zymaxid) | 2 | |
| <i>gentak ophthalmic ointment 0.3 % (3 mg/gram)</i> | 2 | |
| <i>gentamicin ophthalmic drops 0.3 %</i> | 2 | |
| <i>gentamicin ophthalmic ointment 0.3 % (3 mg/gram)</i> (Gentak) | 2 | |
| <i>hydrocortisone-acetic acid otic drops 1-2 %</i> | 2 | |
| <i>levofloxacin ophthalmic drops 0.5 %</i> | 2 | |
| <i>moxifloxacin ophthalmic drops 0.5 %</i> (Vigamox) | 2 | |
| <i>neomycin-bacitracin-poly-hc ophthalmic ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC) | 2 | |
| <i>neomycin-bacitracin-polymyxin ophthalmic ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin) | 2 | |
| <i>neomycin-polymyxin b-dexameth ophthalmic drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol) | 2 | |
| <i>neomycin-polymyxin b-dexameth ophthalmic ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol) | 2 | |
| <i>neomycin-polymyxin-gramicidin ophthalmic drops 1.75 mg-10,000 unit-0.025mg/ml</i> | 2 | |
| <i>neomycin-polymyxin-hc ophthalmic drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i> | 2 | |
| <i>neomycin-polymyxin-hc otic drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i> | 2 | |
| <i>neomycin-polymyxin-hc otic solution 3.5-10,000-1 mg/ml-unit/ml-%</i> | 2 | |
| <i>neo-polycin hc ophthalmic ointment 3.5-400-10,000 mg-unit/g-1%</i> | 2 | |
| <i>ofloxacin ophthalmic drops 0.3 %</i> (Ocuflox) | 2 | |
| <i>ofloxacin otic drops 0.3 %</i> (Floxin) | 2 | |
| <i>polymyxin b sulf-trimethoprim ophthalmic drops 10,000 unit- 1 mg/ml</i> (Polytrim) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| PRED-G OPHTHALMIC DROPS,SUSPENSION 0.3-1 % | 4 | |
| <i>sulfacetamide sodium ophthalmic drops 10 %</i> (Bleph-10) | 2 | |
| <i>sulfacetamide sodium ophthalmic ointment 10 %</i> | 2 | |
| <i>sulfacetamide-prednisolone ophthalmic drops 10 %-0.23 % (0.25 %)</i> | 2 | |
| TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % | 3 | |
| TOBRADEX ST OPHTHALMIC DROPS,SUSPENSION 0.3-0.05 % | 4 | |
| <i>tobramycin ophthalmic drops 0.3 %</i> (Tobrex) | 2 | |
| <i>tobramycin-dexamethasone ophthalmic drops,suspension 0.3-0.1 %</i> (TobraDex) | 2 | |
| <i>trifluridine ophthalmic drops 1 %</i> (Viroptic) | 2 | |
| VIGAMOX OPHTHALMIC DROPS 0.5 % | 4 | |
| ZIRGAN OPHTHALMIC GEL 0.15 % | 4 | |
| Eye, Ear, Nose, Throat Anti-Inflammatory Agents | | |
| ALOCRILOPHTHALMIC DROPS 2 % | 4 | |
| ALREX OPHTHALMIC DROPS,SUSPENSION 0.2 % | 4 | |
| <i>bromfenac ophthalmic drops 0.09 %</i> | 2 | |
| <i>budesonide nasal spray,non-aerosol 32 mcglactuation</i> (Rhinocort Allergy) | 2 | |
| <i>dexamethasone sodium phosphate ophthalmic drops 0.1 %</i> | 1 | GC |
| <i>diclofenac sodium ophthalmic drops 0.1 %</i> | 2 | |
| DUREZOL OPHTHALMIC DROPS 0.05 % | 4 | |
| FLAREX OPHTHALMIC DROPS,SUSPENSION 0.1 % | 4 | |
| <i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i> | 2 | |
| <i>fluocinolone acetonide oil otic drops 0.01 %</i> (DermOtic Oil) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>fluorometholone ophthalmic drops,suspension 0.1 %</i> (FML Liquifilm) | 2 | |
| <i>flurbiprofen sodium ophthalmic drops 0.03 %</i> (Ocufen) | 1 | GC |
| <i>fluticasone nasal spray,suspension 50 mcglactuation</i> (ClariSpray) | 2 | |
| FML FORTE OPHTHALMIC DROPS,SUSPENSION 0.25 % | 4 | |
| FML S.O.P. OPHTHALMIC OINTMENT 0.1 % | 4 | |
| <i>ketorolac ophthalmic drops 0.4 %</i> (Acular LS) | 2 | |
| <i>ketorolac ophthalmic drops 0.5 %</i> (Acular) | 2 | |
| LOTEMAX OPHTHALMIC DROPS,SUSPENSION 0.5 % | 4 | |
| MAXIDEX OPHTHALMIC DROPS,SUSPENSION 0.1 % | 4 | |
| <i>mometasone nasal spray,non-aerosol 50 mcglactuation</i> (Nasonex) | 2 | |
| <i>prednisolone acetate ophthalmic drops,suspension 1 %</i> (Pred Forte) | 2 | |
| <i>prednisolone sodium phosphate ophthalmic drops 1 %</i> | 2 | |
| RESTASIS MULTIDOSE OPHTHALMIC DROPS 0.05 % | 4 | |
| RESTASIS OPHTHALMIC DROPPERETTE 0.05 % | 4 | |
| <i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i> (Nasacort) | 2 | |
| XIIDRA OPHTHALMIC DROPPERETTE 5 % | 4 | |
| Gastrointestinal Agents | | |
| Antiulcer Agents And Acid Suppressants | | |
| <i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i> (Prevpac) | 2 | |
| CARAFATE ORAL SUSPENSION 100 MG/ML | 4 | |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i> | 2 | |
| <i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine)) | 2 | |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>esomeprazole magnesium oral capsule, delayed release (drlec) 20 mg, 40 mg</i> (Nexium) | 2 | ST |
| <i>esomeprazole sodium intravenous recon soln 20 mg</i> | 2 | PA |
| <i>esomeprazole sodium intravenous recon soln 40 mg</i> (Nexium IV) | 2 | PA |
| <i>famotidine (pf) intravenous solution 20 mg/2 ml</i> | 2 | |
| <i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i> | 2 | |
| <i>famotidine 20 mg/2 ml vial latex-free, plf, sdv 20 mg/2 ml</i> | 2 | |
| <i>famotidine 40 mg/4 ml vial 25's, outer 10 mg/ml</i> | 2 | |
| <i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i> (Pepcid) | 2 | |
| <i>famotidine oral tablet 20 mg</i> (Heartburn Relief (famotidine)) | 1 | GC |
| <i>famotidine oral tablet 40 mg</i> (Pepcid) | 1 | GC |
| <i>lansoprazole oral capsule, delayed release (drlec) 15 mg</i> (Prevacid 24Hr) | 2 | |
| <i>lansoprazole oral capsule, delayed release (drlec) 30 mg</i> (Prevacid) | 2 | |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec) | 2 | |
| NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 20 MG, 40 MG | 4 | ST |
| <i>nizatidine oral capsule 150 mg, 300 mg</i> | 2 | |
| <i>nizatidine oral solution 150 mg/10 ml</i> | 2 | |
| <i>omeprazole oral capsule, delayed release (drlec) 10 mg, 20 mg, 40 mg</i> | 1 | GC |
| <i>pantoprazole intravenous recon soln 40 mg</i> (Protonix) | 2 | |
| <i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i> (Protonix) | 1 | GC |
| PROTONIX INTRAVENOUS RECON SOLN 40 MG | 4 | |
| <i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i> (Aciphex) | 2 | |
| <i>ranitidine hcl oral syrup 15 mg/ml</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------------|
| <i>ranitidine hcl oral tablet 150 mg</i> (Acid Control (ranitidine)) | 1 | GC |
| <i>ranitidine hcl oral tablet 300 mg</i> (Zantac) | 1 | GC |
| <i>sucralfate oral tablet 1 gram</i> (Carafate) | 2 | |
| Gastrointestinal Agents, Other | | |
| AMITIZA ORAL CAPSULE 24 MCG, 8 MCG | 4 | QL (60 per 30 days) |
| BUPHENYL ORAL TABLET 500 MG | 5 | NM; NDS |
| CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG | 5 | PA; NM; NDS |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG | 5 | PA; NM; NDS |
| <i>constulose oral solution 10 gram/15 ml</i> | 2 | |
| <i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom) | 2 | |
| <i>dicyclomine oral capsule 10 mg</i> (Bentyl) | 2 | |
| <i>dicyclomine oral solution 10 mg/5 ml</i> | 2 | |
| <i>dicyclomine oral tablet 20 mg</i> | 2 | |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i> | 2 | |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil) | 2 | |
| <i>enulose oral solution 10 gram/15 ml</i> | 2 | |
| GATTEX 5 MG 30-VIAL KIT 5 MG | 5 | PA; NM; LA; NDS; QL (30 per 30 days) |
| GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG | 5 | PA; NM; LA; NDS; QL (30 per 30 days) |
| <i>generlac oral solution 10 gram/15 ml</i> | 2 | |
| <i>glycopyrrolate injection solution 0.2 mg/ml</i> (Robinul) | 2 | |
| <i>glycopyrrolate oral tablet 1 mg</i> (Robinul) | 2 | |
| <i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte) | 2 | |
| <i>kionex 15 gml/60 ml suspension 15-19.3 gram/60 ml</i> | 2 | |
| <i>kionex oral powder</i> | 2 | |
| <i>lactulose oral solution 10 gram/15 ml</i> (Generlac) | 2 | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | 3 | QL (30 per 30 days) |
| <i>loperamide oral capsule 2 mg</i> (Imodium A-D) | 2 | |
| <i>methscopolamine oral tablet 2.5 mg, 5 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------------------|
| <i>metoclopramide hcl injection solution 5 mg/ml</i> | 2 | |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i> | 2 | QL (1800 per 30 days) |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan) | 1 | GC |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | 3 | QL (30 per 30 days) |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML | 5 | PA; NM; NDS; QL (525 per 30 days) |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML | 4 | PA; QL (18 per 30 days) |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML | 4 | PA; (1 per day); QL (18 per 30 days) |
| RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML | 4 | PA; (1 per day); QL (12 per 30 days) |
| <i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl) | 5 | NM; NDS |
| <i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i> | 2 | |
| <i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i> | 2 | |
| <i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i> | 2 | |
| <i>ursodiol oral capsule 300 mg</i> (Actigall) | 2 | |
| <i>ursodiol oral tablet 250 mg</i> (URSO 250) | 2 | |
| <i>ursodiol oral tablet 500 mg</i> (URSO Forte) | 2 | |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM | 4 | PA; QL (30 per 30 days) |
| XERMELO ORAL TABLET 250 MG | 5 | PA; NM; NDS; QL (90 per 30 days) |
| Laxatives | | |
| <i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> | 2 | |
| <i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> | 2 | |
| <i>gavilyte-h and bisacodyl oral kit 5-210 mg-gram</i> | 2 | |
| <i>gavilyte-n oral recon soln 420 gram</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM | 4 | |
| MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM | 4 | |
| OSMOPREP ORAL TABLET 1.5 GRAM | 4 | |
| <i>peg 3350-electrolytes oral recon soln 236- 22.74-6.74 -5.86 gram</i> (Golytely) | 2 | |
| <i>peg 3350-electrolytes oral recon soln 240- 22.72-6.72 -5.84 gram</i> (Colyte with Flavor Packs) | 2 | |
| <i>peg-electrolyte soln oral recon soln 420 gram</i> (TriLyte With Flavor Packets) | 2 | |
| <i>polyethylene glycol 3350 oral powder 17 gram/dose</i> (GlycoLax) | 2 | |
| <i>polyethylene glycol 3350 oral powder in packet 17 gram</i> (Gavilax) | 2 | |
| PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM | 4 | |
| SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM | 4 | |
| <i>trilyte with flavor packets oral recon soln 420 gram</i> | 2 | |
| Phosphate Binders | | |
| <i>calcium acetate oral capsule 667 mg</i> | 2 | |
| <i>calcium acetate oral tablet 667 mg</i> (Calphron) | 2 | |
| <i>eliphos oral tablet 667 mg</i> | 2 | |
| FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG | 3 | |
| FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG | 4 | |
| <i>magnebind 400 oral tablet 400-200-1 mg</i> | 2 | |
| RENAGEL ORAL TABLET 400 MG, 800 MG | 3 | |
| RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM | 4 | |
| RENVELA ORAL TABLET 800 MG | 4 | |
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela) | 2 | |
| <i>sevelamer carbonate oral tablet 800 mg</i> (Renvela) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------|
| VELPHORO ORAL TABLET,CHEWABLE 500 MG | 5 | NM; NDS |
| Genitourinary Agents | | |
| Antispasmodics, Urinary | | |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> (Urecholine) | 2 | |
| <i>flavoxate oral tablet 100 mg</i> | 2 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG | 3 | QL (30 per 30 days) |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i> | 2 | |
| <i>oxybutynin chloride oral tablet 5 mg</i> | 2 | |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> (Ditropan XL) | 2 | |
| <i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> (Detrol LA) | 2 | QL (30 per 30 days) |
| <i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol) | 2 | |
| <i>trospium oral capsule,extended release 24hr 60 mg</i> | 2 | |
| <i>trospium oral tablet 20 mg</i> | 2 | |
| VESICARE ORAL TABLET 10 MG, 5 MG | 3 | |
| Genitourinary Agents, Miscellaneous | | |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral) | 1 | GC |
| <i>dutasteride oral capsule 0.5 mg</i> (Avodart) | 2 | |
| <i>finasteride oral tablet 5 mg</i> (Proscar) | 1 | GC |
| <i>tamsulosin oral capsule,extended release 24hr 0.4 mg</i> (Flomax) | 1 | GC |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 1 | GC |
| Heavy Metal Antagonists | | |
| Heavy Metal Antagonists | | |
| <i>deferoxamine injection recon soln 2 gram, 500 mg</i> (Desferal) | 2 | PA BvD; (PA for ESRD only) |
| DEPEN TITRATABS ORAL TABLET 250 MG | 4 | |
| EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG | 5 | PA; NM; LA; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| FERRIPROX ORAL TABLET 500 MG | 5 | PA; NM; LA; NDS |
| JADENU ORAL TABLET 180 MG, 360 MG, 90 MG | 5 | PA; NM; NDS |
| <i>sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)</i> | 2 | |
| SYPRINE ORAL CAPSULE 250 MG | 5 | PA; NM; NDS |
| Hormonal Agents, Stimulant/Replacement/Modifying | | |
| Androgens | | |
| ANADROL-50 ORAL TABLET 50 MG | 3 | |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR | 4 | |
| ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %) | 3 | |
| ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM) | 3 | |
| <i>androxy oral tablet 10 mg</i> | 2 | |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | 2 | |
| METHITEST ORAL TABLET 10 MG | 4 | |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin) | 2 | |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone) | 2 | |
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i> | 2 | |
| <i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram lactuation</i> (Fortesta) | 2 | |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo) | 2 | |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i> (AndroGel) | 2 | |
| <i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i> (Vogelxo) | 2 | |
| Estrogens And Antiestrogens | | |
| <i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| DUAVEE ORAL TABLET 0.45-20 MG | 4 | PA |
| ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM) | 4 | |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace) | 2 | |
| <i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.075 mg/24 hr</i> (Alora) | 2 | |
| <i>estradiol transdermal patch semiweekly 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.1 mg/24 hr</i> (Vivelle-Dot) | 2 | |
| <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) | 2 | |
| <i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen) | 2 | |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (Activella) | 2 | |
| ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) | 4 | |
| <i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i> | 2 | |
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR | 4 | QL (1 per 90 days) |
| <i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | 2 | |
| <i>jinteli oral tablet 1-5 mg-mcg</i> | 2 | |
| <i>lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg</i> | 2 | |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG | 4 | |
| <i>mimvey lo oral tablet 0.5-0.1 mg</i> | 2 | |
| <i>mimvey oral tablet 1-0.5 mg</i> | 2 | |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv) | 2 | |
| PREMARIN INJECTION RECON SOLN 25 MG | 3 | |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | 3 | |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------------|
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) | 3 | |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | 3 | |
| <i>raloxifene oral tablet 60 mg</i> (Evista) | 2 | |
| VAGIFEM VAGINAL TABLET 10 MCG | 4 | |
| <i>yuvafem vaginal tablet 10 mcg</i> | 2 | |
| Glucocorticoids/Mineralocorticoids | | |
| <i>a-hydrocort injection recon soln 100 mg</i> | 2 | PA BvD |
| <i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan) | 2 | PA BvD |
| <i>cortisone oral tablet 25 mg</i> | 2 | PA BvD |
| <i>deltasone oral tablet 20 mg</i> | 2 | |
| DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML | 4 | |
| <i>dexamethasone oral elixir 0.5 mg/5 ml</i> | 2 | PA BvD |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | 2 | PA BvD |
| <i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i> | 2 | PA BvD |
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML | 5 | PA; NM; NDS |
| EMFLAZA ORAL TABLET 18 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| EMFLAZA ORAL TABLET 30 MG, 6 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| EMFLAZA ORAL TABLET 36 MG | 5 | PA; NM; NDS |
| <i>fludrocortisone oral tablet 0.1 mg</i> | 2 | |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef) | 2 | PA BvD |
| KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML | 4 | |
| <i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol) | 2 | PA BvD |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol) | 2 | PA BvD |
| <i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak)) | 2 | PA BvD |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i> | 2 | PA BvD |
| <i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> (Solu-Medrol) | 2 | PA BvD |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml)</i> | 2 | PA BvD |
| <i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred) | 2 | PA BvD |
| <i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT) | 2 | PA BvD |
| <i>prednisone oral solution 5 mg/5 ml</i> | 2 | PA BvD |
| <i>prednisone oral tablet 1 mg, 2.5 mg, 5 mg, 50 mg</i> | 2 | PA BvD |
| <i>prednisone oral tablet 10 mg</i> | 2 | PA BvD |
| <i>prednisone oral tablet 20 mg</i> (Deltasone) | 2 | PA BvD |
| <i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i> | 2 | |
| SOLU-CORTEF (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML | 3 | PA BvD |
| SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML | 3 | PA BvD |
| SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 500 MG/4 ML | 3 | PA BvD |
| SOLU-MEDROL 1,000 MG VIAL 1,000 MG/8 ML | 3 | PA BvD |
| Pituitary | | |
| CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT (Pregnyl) | 2 | PA |
| <i>desmopressin injection solution 4 mcg/ml</i> (DDAVP) | 2 | |
| <i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i> (DDAVP) | 2 | |
| <i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i> | 2 | |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML | 4 | PA |
| GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 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 | 5 | PA; NM; NDS |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) | 5 | PA; NM; NDS |
| HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) | 5 | PA; NM; NDS |
| HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG | 5 | PA; NM; NDS |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | 5 | NM; NDS |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG | 5 | NM; NDS |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) | 5 | NM; NDS |
| 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) | 4 | 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) | 4 | PA |
| NUTROPIN AQ SUBCUTANEOUS CARTRIDGE 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML) | 4 | PA |
| <i>octreotide acet 50 mcg/ml syr outer, single-dose, 10 50 mcg/ml (1 ml)</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i> (Sandostatin) | 5 | NM; NDS |
| <i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml</i> (Sandostatin) | 2 | |
| <i>octreotide acetate injection solution 50 mcg/ml</i> (Sandostatin) | 2 | |
| OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | 5 | PA; NM; NDS |
| OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG | 5 | PA; NM; NDS |
| SAIZEN CLICK.EASY SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.) | 5 | PA; NM; NDS |
| SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG | 5 | PA; NM; NDS |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | 5 | PA; NM; NDS |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML | 5 | NM; NDS |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 5 | NM; LA; NDS |
| SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY) | 4 | PA |
| VANTAS IMPLANT KIT 50 MG (50 MCG/DAY) | 4 | |
| <i>vasopressin injection solution 20 unit/ml</i> | 2 | |
| VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML | 2 | |
| ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG | 5 | PA; NM; NDS |
| ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG | 4 | PA |
| ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG | 5 | PA; NM; NDS |
| Progestins | | |
| CRINONE VAGINAL GEL 4% | 4 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| DEPO-PROVERA INTRAMUSCULAR SOLUTION 400 MG/ML | 4 | |
| <i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i> | 5 | NM; NDS |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera) | 2 | |
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera) | 2 | |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera) | 2 | |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i> | 2 | |
| <i>megestrol oral suspension 625 mg/5 ml</i> (Megace ES) | 2 | |
| <i>norethindrone acetate oral tablet 5 mg</i> (Aygestin) | 2 | |
| <i>progesterone in oil intramuscular oil 50 mg/ml</i> | 2 | |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium) | 2 | |
| Thyroid And Antithyroid Agents | | |
| <i>levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg</i> | 2 | |
| <i>levothyroxine oral tablet 100 mcg, 125 mcg, 137 mcg, 150 mcg, 200 mcg, 25 mcg, 75 mcg, 88 mcg</i> (Levoxyl) | 2 | |
| <i>levothyroxine oral tablet 112 mcg, 300 mcg, 50 mcg</i> (Unithroid) | 2 | |
| <i>levothyroxine oral tablet 175 mcg</i> (Synthroid) | 2 | |
| 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 | 4 | |
| <i>liothyronine intravenous solution 10 mcg/ml</i> (Triostat) | 2 | |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel) | 2 | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole) | 2 | |
| <i>propylthiouracil oral tablet 50 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------------|
| 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 | 4 | |
| 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 | 4 | |
| 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) | 5 | PA; NM; NDS; QL (40 per 30 days) |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | 5 | PA; NM; NDS; QL (3.6 per 28 days) |
| ANTIVENIN LATRODECTUS MACTANS INJECTION RECON SOLN 6,000 UNIT | 4 | |
| ANTIVENIN, MICRURUS FULVIUS INJECTION RECON SOLN | 4 | |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | 5 | NM; LA; NDS |
| ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG | 4 | PA BvD |
| ATGAM INTRAVENOUS SOLUTION 50 MG/ML | 3 | |
| AZASAN ORAL TABLET 100 MG, 75 MG | 4 | PA BvD |
| <i>azathioprine oral tablet 50 mg</i> (Imuran) | 2 | PA BvD |
| <i>azathioprine sodium injection recon soln 100 mg</i> | 2 | PA BvD |
| BIVIGAM INTRAVENOUS SOLUTION 10 % | 5 | PA; NM; NDS |
| CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM | 5 | PA; NM; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG | 4 | PA BvD |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) | 5 | PA; NM; NDS; (3 vials/syringes); QL (6 per 28 days) |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | 5 | PA; NM; NDS; (3 vials/syringes); QL (6 per 28 days) |
| CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %) | 5 | PA; NM; NDS |
| <i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune) | 2 | PA BvD |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Neoral) | 2 | PA BvD |
| <i>cyclosporine modified oral capsule 50 mg</i> (Gengraf) | 2 | PA BvD |
| <i>cyclosporine modified oral solution 100 mg/ml</i> (Neoral) | 2 | PA BvD |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune) | 2 | PA BvD |
| ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) | 5 | PA; NM; NDS; (8 vials); QL (4 per 14 days) |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51) | 5 | PA; NM; NDS; (8 syringes); QL (4 per 14 days) |
| ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML) | 5 | PA; NM; NDS; (4 syringes); QL (4 per 14 days) |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML) | 5 | PA; NM; NDS; (4 syringes); QL (4 per 14 days) |
| ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG | 4 | PA BvD |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 % | 5 | PA; NM; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| GAMASTAN S/D INTRAMUSCULAR SOLUTION 15- 18 % RANGE, 15-18 % RANGE (10 ML), 15-18 % RANGE (2 ML) | 3 | PA |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 % | 5 | PA; NM; NDS |
| GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM | 5 | PA; NM; NDS |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 % | 5 | PA; NM; NDS |
| GAMUNEX-C 20 GRAM/200 ML VIAL P/F,LTX-FR,SUV, OUTER 20 GRAM/200 ML (10 %) | 5 | PA; NM; NDS |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %) | 5 | PA; NM; NDS |
| <i>gengraf oral capsule 100 mg, 25 mg, 50 mg</i> | 2 | PA BvD |
| <i>gengraf oral solution 100 mg/ml</i> | 2 | PA BvD |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) | 5 | PA; NM; NDS |
| HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK) | 5 | PA; NM; NDS; QL (6 per 28 days) |
| HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 5 | PA; NM; NDS; (Starter Kit); QL (6 per 28 days) |
| HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 5 | PA; NM; NDS; QL (6 per 28 days) |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 5 | PA; NM; NDS; QL (6 per 28 days) |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML | 5 | PA; NM; NDS; QL (2 per 28 days) |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | 5 | PA; NM; NDS; QL (6 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| HYQVIA IG COMPONENT 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 %) | 5 | PA; NM; NDS |
| 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 %) | 5 | PA; NM; NDS |
| ILARIS (PF) SUBCUTANEOUS RECON SOLN 180 MG/1.2 ML (150 MG/ML) | 5 | PA; NM; LA; NDS; QL (2 per 28 days) |
| ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML | 5 | PA; NM; LA; NDS; QL (2 per 28 days) |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | 5 | PA; NM; NDS |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava) | 2 | |
| <i>mycophenolate mofetil hcl intravenous recon soln 500 mg</i> (CellCept Intravenous) | 2 | PA BvD |
| <i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept) | 2 | PA BvD |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept) | 2 | PA BvD |
| <i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept) | 2 | PA BvD |
| <i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i> (Myfortic) | 2 | PA BvD |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG | 5 | PA NSO; NM; NDS |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML | 5 | PA; NM; NDS; QL (4 per 28 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML | 5 | PA; NM; NDS; QL (1.6 per 28 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML | 5 | PA; NM; NDS; QL (2.8 per 28 days) |
| OTEZLA ORAL TABLET 30 MG | 5 | PA; NM; LA; NDS; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) | 5 | PA; NM; NDS; QL (60 per 30 days) |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19) | 5 | PA; NM; LA; NDS; QL (60 per 30 days) |
| PRIVIGEN INTRAVENOUS SOLUTION 10 % | 5 | PA; NM; NDS |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML | 4 | PA BvD |
| RAPAMUNE ORAL SOLUTION 1 MG/ML | 4 | PA BvD |
| RIDAURA ORAL CAPSULE 3 MG | 3 | |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML | 5 | PA; NM; NDS; QL (4 per 28 days) |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML | 5 | PA; NM; NDS; (1 syringe); QL (0.5 per 28 days) |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML | 5 | PA; NM; NDS; QL (4 per 28 days) |
| SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML | 5 | PA; NM; NDS; QL (0.5 per 28 days) |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune) | 2 | PA BvD |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | 5 | PA; NM; NDS |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf) | 2 | PA BvD |
| THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG | 5 | NM; NDS |
| TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML | 5 | PA; NM; LA; NDS |
| VARIZIG 125 UNIT VIAL SDV, INNER 125 UNIT | 4 | |
| VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML | 4 | |
| XELJANZ ORAL TABLET 5 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| ZINPLAVA INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA; NM; NDS |
| ZORTRESS ORAL TABLET 0.25 MG | 4 | PA NSO |
| ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG | 5 | PA NSO; NM; NDS |
| Vaccines | | |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 3 | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 3 | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 3 | |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG | 4 | |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML | 4 | |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML | 3 | |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML | 3 | |
| CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE 20-20 MCG/0.5 ML | 3 | |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML | 3 | |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML | 3 | PA BvD |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML | 3 | PA BvD |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.5 ML | 3 | PA BvD |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML | 3 | PA BvD |
| GARDASIL (PF) INTRAMUSCULAR SUSPENSION 20-40-40-20 MCG/0.5 ML | 3 | |
| GARDASIL (PF) INTRAMUSCULAR SYRINGE 20- 40-40-20 MCG/0.5 ML | 3 | |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML | 4 | |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 4 | |
| HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML | 3 | |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML | 3 | |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 3 | |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT | 3 | PA BvD |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML | 3 | |
| IPOL INJECTION SUSPENSION 40- 8-32 UNIT/0.5 ML | 3 | |
| IPOL INJECTION SYRINGE 40-8-32 UNIT/0.5 ML | 3 | |
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML | 3 | |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML | 3 | |
| MENHIBRIX (PF) INTRAMUSCULAR RECON SOLN 5-2.5 MCG/0.5 ML | 4 | |
| MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN 50 MCG | 3 | |
| MENOMUNE - A/C/Y/W-135 SUBCUTANEOUS RECON SOLN 50 MCG | 3 | |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML | 3 | |
| MENVEO MENA COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG /0.5 ML (FINAL) | 4 | |
| MENVEO MENCYW-135 COMPNT (PF) INTRAMUSCULAR RECON SOLN 5 MCG X 3/ 0.5 ML (FINAL) | 4 | |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML | 3 | |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML | 3 | |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 | 3 | |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML | 4 | |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT | 3 | PA BvD |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML | 3 | PA BvD |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML | 3 | PA BvD |
| RECOMBIVAX HB 5 MCG/0.5 ML VL OUTER, P/F, SDV 5 MCG/0.5 ML | 3 | PA BvD |
| ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML | 3 | |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML | 3 | |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML | 4 | |
| TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML | 3 | |
| TETANUS-DIPHThERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML | 2 | |
| THERACYS INTRAVESICAL SUSPENSION FOR RECONSTITUTION 81 MG | 4 | |
| TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG | 4 | |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 4 | |
| TWINRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT -20 MCG/ML | 3 | |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML | 3 | |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML | 3 | |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML | 4 | |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML | 4 | |
| VAQTA 25 UNITS/0.5 ML VIAL SDV, OUTER 25 UNIT/0.5 ML | 4 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML | 3 | |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML | 3 | |
| ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML | 3 | |
| Inflammatory Bowel Disease Agents | | |
| Inflammatory Bowel Disease Agents | | |
| <i>alosectron oral tablet 0.5 mg, 1 mg</i> (Lotronex) | 2 | QL (60 per 30 days) |
| ASACOL HD ORAL TABLET, DELAYED RELEASE (DR/EC) 800 MG | 4 | |
| <i>balsalazide oral capsule 750 mg</i> (Colazal) | 2 | |
| <i>budesonide oral capsule, delayed, extend. release 3 mg</i> (Entocort EC) | 5 | NM; NDS |
| CANASA RECTAL SUPPOSITORY 1,000 MG | 4 | |
| <i>colocort rectal enema 100 mg/60 ml</i> | 2 | |
| DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG | 3 | |
| DIPENTUM ORAL CAPSULE 250 MG | 4 | |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema) | 2 | |
| <i>mesalamine 4 gm/60 ml enema u-d, 7x60ml, outer 4 gram/60 ml</i> (sfRowasa) | 2 | |
| <i>mesalamine oral tablet, delayed release (drlec) 800 mg</i> (Asacol HD) | 2 | |
| <i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> (Rowasa) | 2 | |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG | 4 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------|
| Irrigating Solutions | | |
| Irrigating Solutions | | |
| <i>acetic acid irrigation solution 0.25 %</i> | 2 | |
| LACTATED RINGERS IRRIGATION SOLUTION | 2 | |
| <i>ringer's irrigation solution</i> | 2 | |
| <i>sodium chloride irrigation solution 0.9 %</i> (Sterile Saline) | 2 | |
| <i>sorbitol irrigation solution 3 %, 3.3 %</i> | 2 | |
| <i>sorbitol-mannitol urethral solution 2.7- 0.54 g/100 ml</i> | 2 | |
| <i>water for irrigation, sterile irrigation solution</i> (Curity Sterile Water) | 2 | |
| Metabolic Bone Disease Agents | | |
| Metabolic Bone Disease Agents | | |
| <i>alendronate oral solution 70 mg/75 ml</i> | 2 | |
| <i>alendronate oral tablet 10 mg, 5 mg</i> | 1 | GC; QL (30 per 30 days) |
| <i>alendronate oral tablet 35 mg</i> | 1 | GC; QL (4 per 28 days) |
| <i>alendronate oral tablet 40 mg</i> | 2 | |
| <i>alendronate oral tablet 70 mg</i> (Fosamax) | 1 | GC; QL (4 per 28 days) |
| <i>calcitonin (salmon) nasal spray, non- aerosol 200 unit/actuation</i> (Miacalcin) | 2 | |
| <i>calcitriol intravenous solution 1 mcg/ml</i> | 2 | PA BvD; (PA for ESRD only) |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol) | 2 | PA BvD; (PA for ESRD only) |
| <i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol) | 2 | PA BvD; (PA for ESRD only) |
| <i>doxercalciferol intravenous solution 4 mcg/2 ml</i> (Hectorol) | 2 | PA BvD; (PA for ESRD only) |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i> (Hectorol) | 2 | PA BvD; (PA for ESRD only) |
| <i>etidronate disodium oral tablet 200 mg, 400 mg</i> | 2 | |
| FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML | 5 | PA; NM; NDS |
| FORTICAL NASAL SPRAY, NON- AEROSOL 200 UNIT/ACTUATION | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------------|
| FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT | 3 | |
| <i>ibandronate intravenous solution 3 mg/3 ml</i> | 2 | PA |
| <i>ibandronate intravenous syringe 3 mg/3 ml</i> (Boniva) | 2 | PA |
| <i>ibandronate oral tablet 150 mg</i> (Boniva) | 2 | |
| MIACALCIN INJECTION SOLUTION 200 UNIT/ML | 3 | PA BvD; (PA for ESRD only) |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE | 5 | PA; NM; NDS; QL (2 per 28 days) |
| <i>pamidronate intravenous recon soln 30 mg, 90 mg</i> | 2 | PA BvD; (PA for ESRD only) |
| <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> | 2 | PA BvD; (PA for ESRD only) |
| PARICALCITOL 10 MCG/2 ML VIAL MDV,INNER,LATEX-FREE 5 MCG/ML | 3 | PA BvD; (PA for ESRD only) |
| <i>paricalcitol hemodialysis port injection solution 2 mcg/ml</i> | 3 | PA BvD; (PA for ESRD only) |
| <i>paricalcitol intravenous solution 2 mcg/ml</i> (Zemplar) | 3 | PA BvD; (PA for ESRD only) |
| PARICALCITOL INTRAVENOUS (Zemplar) SOLUTION 5 MCG/ML | 3 | PA BvD; (PA for ESRD only) |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar) | 2 | PA BvD; (PA for ESRD only) |
| <i>paricalcitol oral capsule 4 mcg</i> | 2 | PA BvD; (PA for ESRD only) |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML | 4 | PA |
| <i>risedronate oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i> (Actonel) | 2 | |
| <i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i> | 2 | |
| <i>risedronate oral tablet, delayed release (drlec) 35 mg</i> (Atelvia) | 2 | QL (4 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) | 5 | PA NSO; NM; NDS |
| ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML | 3 | PA BvD; (PA for ESRD only) |
| <i>zoledronic acid intravenous solution 4 mg/5 ml</i> (Zometa) | 2 | |
| <i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast) | 2 | |
| Miscellaneous Therapeutic Agents | | |
| Miscellaneous Therapeutic Agents | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML | 5 | NM; LA; NDS |
| <i>amifostine crystalline intravenous recon soln 500 mg</i> (Ethyol) | 2 | |
| <i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i> | 2 | |
| BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG | 5 | PA; NM; NDS |
| <i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i> | 2 | |
| <i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i> (Zinecard (as HCl)) | 2 | |
| <i>droperidol injection solution 2.5 mg/ml</i> | 2 | |
| ELMIRON ORAL CAPSULE 100 MG | 3 | |
| <i>ergoloid oral tablet 1 mg</i> | 2 | |
| EXONDYS 51 INTRAVENOUS SOLUTION 50 MG/ML, 50 MG/ML (10 ML) | 5 | PA; NM; NDS |
| <i>fomepizole intravenous solution 1 gram/ml</i> | 5 | NM; NDS |
| FUSILEV INTRAVENOUS RECON SOLN 50 MG | 4 | |
| GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG | 3 | |
| GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT 1 MG | 3 | |
| <i>guanidine oral tablet 125 mg</i> | 2 | |
| <i>hydroxyzine pamoate oral capsule 100 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| <i>hydroxyzine pamoate oral capsule 25 mg, (Vistaril) 50 mg</i> | 2 | |
| INFLECTRA INTRAVENOUS RECON SOLN 100 MG | 5 | PA; NM; NDS |
| KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG | 5 | NM; NDS |
| <i>leucovorin calcium 200 mg vial sdv, plf, latex-free 200 mg</i> | 2 | |
| <i>leucovorin calcium injection recon soln 100 mg, 350 mg, 50 mg</i> | 2 | |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> | 2 | |
| <i>levocarnitine (with sugar) oral solution (Carnitor) 100 mg/ml</i> | 2 | PA BvD; (PA for ESRD only) |
| <i>levocarnitine 200 mg/ml vial 5's 200 (Carnitor) mg/ml</i> | 2 | PA BvD; (PA for ESRD only) |
| <i>levocarnitine intravenous solution 200 (Carnitor) mg/ml</i> | 2 | PA BvD |
| <i>levocarnitine oral tablet 330 mg (Carnitor)</i> | 2 | PA BvD; (PA for ESRD only) |
| LEVOLEUCOVORIN INTRAVENOUS RECON SOLN 175 MG | 2 | |
| <i>levoleucovorin intravenous recon soln 50 (Fusilev) mg</i> | 2 | |
| <i>levoleucovorin intravenous solution 10 mg/ml</i> | 5 | NM; NDS |
| LUPRON DEPOT 11.25 MG (LUPANETA) INNER, LATEX- FREE 11.25 MG | 5 | NM; NDS |
| LUPRON DEPOT 3.75 MG (LUPANETA) INNER, LATEX- FREE 3.75 MG | 5 | NM; NDS |
| <i>meprobamate oral tablet 200 mg, 400 mg</i> | 2 | PA; AGE (Max 64 Years) |
| <i>mesna intravenous solution 100 mg/ml (Mesnex)</i> | 2 | |
| MESNEX ORAL TABLET 400 MG | 4 | |
| <i>methylene blue (antidote) intravenous solution 1% (10 mg/ml)</i> | 2 | |
| <i>methylergonovine injection solution 0.2 mg/ml (1 ml)</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------------|
| <i>methylergonovine oral tablet 0.2 mg</i> (Methergine) | 2 | |
| NEOSTIGMINE METHYLSULFATE (Bloxiverz) INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML | 2 | |
| <i>norethindrn 5 mg tb (lupaneta) inner 5 mg</i> (Aygestin) | 2 | |
| NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG | 5 | PA; NM; LA; NDS |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO- INJECTOR 125 MG/ML | 5 | PA; NM; NDS; QL (4 per 28 days) |
| <i>physostigmine salicylate injection solution 1 mg/ml</i> | 2 | |
| PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG | 5 | PA; NM; LA; NDS |
| <i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon) | 2 | |
| REMICADE INTRAVENOUS RECON SOLN 100 MG | 5 | PA; NM; NDS |
| SENSIPAR ORAL TABLET 30 MG | 3 | QL (60 per 30 days) |
| SENSIPAR ORAL TABLET 60 MG, 90 MG | 5 | NM; NDS |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 20 MG, 40 MG, 60 MG | 5 | PA; NM; NDS; QL (1 per 28 days) |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) | 5 | PA; NM; NDS; QL (60 per 30 days) |
| SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG | 5 | PA BvD; NM; NDS |
| <i>sotradecol intravenous solution 3 % (30 mg/ml)</i> | 2 | |
| <i>sterile talc intrapleural suspension for reconstitution 5 gram</i> | 2 | |
| SYNAREL NASAL SPRAY, NON- AEROSOL 2 MG/ML | 5 | NM; NDS |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | 5 | NM; NDS |
| TYBOST ORAL TABLET 150 MG | 3 | QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| Ophthalmic Agents | | |
| Antiglaucoma Agents | | |
| <i>acetazolamide oral capsule, extended release 500 mg</i> (Diamox Sequels) | 2 | |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | 2 | |
| <i>acetazolamide sodium injection recon soln 500 mg</i> | 2 | |
| ALPHAGAN P OPHTHALMIC DROPS 0.1 % | 3 | |
| AZOPT OPHTHALMIC DROPS,SUSPENSION 1 % | 3 | |
| <i>betaxolol ophthalmic drops 0.5 %</i> | 2 | |
| BETOPTIC S OPHTHALMIC DROPS,SUSPENSION 0.25 % | 4 | |
| <i>bimatoprost ophthalmic drops 0.03 %</i> | 2 | |
| <i>brimonidine ophthalmic drops 0.15 %</i> (Alphagan P) | 2 | |
| <i>brimonidine ophthalmic drops 0.2 %</i> | 2 | |
| COMBIGAN OPHTHALMIC DROPS 0.2-0.5 % | 4 | |
| <i>dorzolamide ophthalmic drops 2 %</i> (Trusopt) | 2 | |
| <i>dorzolamide-timolol ophthalmic drops 22.3-6.8 mg/ml</i> (Cosopt) | 2 | |
| <i>latanoprost ophthalmic drops 0.005 %</i> (Xalatan) | 2 | |
| <i>levobunolol ophthalmic drops 0.5 %</i> (Betagan) | 2 | |
| LUMIGAN OPHTHALMIC DROPS 0.01 % | 4 | ST |
| <i>methazolamide oral tablet 25 mg, 50 mg</i> (Neptazane) | 2 | |
| <i>metipranolol ophthalmic drops 0.3 %</i> | 2 | |
| PHOSPHOLINE IODIDE OPHTHALMIC DROPS 0.125 % | 4 | |
| <i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i> (Isopto Carpine) | 2 | |
| SIMBRINZA OPHTHALMIC DROPS,SUSPENSION 1-0.2 % | 3 | |
| <i>timolol maleate ophthalmic drops 0.25 %, 0.5 %</i> (Timoptic) | 1 | GC |
| <i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i> (Timoptic-XE) | 2 | |
| TRAVATAN Z OPHTHALMIC DROPS 0.004 % | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>travoprost (benzalkonium) ophthalmic drops 0.004 %</i> | 2 | |
| Replacement Preparations | | |
| Replacement Preparations | | |
| <i>calcium chloride intravenous solution 100 mg/ml (10 %)</i> | 2 | |
| <i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i> | 2 | |
| <i>calcium gluconate intravenous solution 100 mg/ml (10%)</i> | 2 | PA BvD |
| <i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i> | 2 | |
| <i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i> | 2 | |
| <i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i> | 2 | |
| <i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i> | 2 | |
| <i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i> | 2 | |
| <i>dextrose 5 %-lactated ringers intravenous parenteral solution</i> | 2 | |
| <i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i> | 2 | |
| <i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i> | 2 | |
| <i>dextrose with sodium chloride intravenous parenteral solution 5-0.2 %</i> | 2 | |
| <i>dextrose-kcl-nacl intravenous solution 5-0.224-0.225 %</i> | 2 | |
| <i>effer-k oral tablet, effervescent 25 meq</i> | 2 | |
| <i>electrolyte-48 in d5w intravenous parenteral solution</i> | 2 | |
| <i>k-effervescent oral tablet, effervescent 25 meq</i> | 2 | |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ | 2 | |
| KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ | 2 | |
| <i>klor-con m10 oral tablet, er particles/crystals 10 meq</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>klor-con m15 oral tablet,er particles/crystals 15 meq</i> | 2 | |
| <i>klor-con m20 oral tablet,er particles/crystals 20 meq</i> | 2 | |
| KLOR-CON ORAL PACKET 20 MEQ | 2 | |
| <i>klor-con sprinkle oral capsule, extended release 10 meq, 8 meq</i> | 2 | |
| KLOR-CON/25 ORAL PACKET 25 MEQ | 2 | |
| KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ | 2 | |
| <i>magnesium chloride injection solution 200 mg/ml (20 %)</i> | 2 | |
| <i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml, 2 gram/100 ml</i> | 2 | |
| <i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i> | 2 | |
| <i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i> | 2 | |
| <i>magnesium sulfate injection solution 4 meq/ml (50 %)</i> | 2 | |
| <i>magnesium sulfate injection syringe 4 meq/ml</i> | 2 | |
| <i>phospha 250 neutral oral tablet 250 mg</i> | 2 | |
| <i>potassium acetate intravenous solution 2 meq/ml</i> | 2 | |
| <i>potassium bicarb and chloride oral tablet, effervescent 25 meq</i> | 2 | |
| <i>potassium bicarb-citric acid oral tablet, effervescent 25 meq</i> (Effer-K) | 2 | |
| <i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i> | 2 | |
| <i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i> | 2 | |
| <i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i> | 2 | |
| <i>potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 30 meq/100 ml, 40 meq/100 ml</i> | 2 | |
| <i>potassium chloride intravenous solution 2 meq/ml</i> | 2 | |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i> (Klor-Con Sprinkle) | 2 | |
| <i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i> | 2 | |
| <i>potassium chloride oral packet 20 meq</i> (Klor-Con) | 2 | |
| <i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10) | 2 | |
| <i>potassium chloride oral tablet extended release 20 meq</i> (K-Tab) | 2 | |
| <i>potassium chloride oral tablet extended release 8 meq</i> (K-Tab) | 2 | |
| <i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10) | 2 | |
| <i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20) | 2 | |
| <i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i> | 2 | |
| <i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i> | 2 | |
| <i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i> | 2 | |
| <i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i> | 2 | |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10) | 2 | |
| <i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15) | 2 | |
| <i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>potassium citrate-citric acid oral packet</i> (Cytra K Crystals) 3,300-1,002 mg | 2 | |
| <i>potassium cl 10 meq/50 ml sol single use</i> 10 meq/50 ml | 2 | |
| <i>potassium cl 20 meq/50 ml sol single use</i> 20 meq/50 ml | 2 | |
| <i>potassium phosphate m-l-d-basic</i> <i>intravenous solution 3 mmollml</i> | 2 | |
| <i>ringer's intravenous parenteral solution</i> | 2 | |
| <i>sodium acetate intravenous solution 2</i> <i>meq/ml, 4 meq/ml</i> | 2 | |
| <i>sodium bicarbonate intravenous solution</i> <i>1 meq/ml (8.4 %), 4.2 %</i> | 2 | |
| <i>sodium bicarbonate intravenous syringe</i> <i>10 meq/10 ml (8.4 %), 4.2 % (0.5</i> <i>meq/ml), 7.5 % (0.9 meq/ml), 8.4 % (1</i> <i>meq/ml)</i> | 2 | |
| <i>sodium chloride 0.45 % intravenous</i> <i>parenteral solution 0.45 %</i> | 2 | |
| <i>sodium chloride 0.9 % intravenous</i> <i>parenteral solution 0.9 %</i> | 2 | |
| <i>sodium chloride 3 % intravenous</i> <i>parenteral solution 3 %</i> | 2 | |
| <i>sodium chloride 5 % intravenous</i> <i>parenteral solution 5 %</i> | 2 | |
| <i>sodium chloride intravenous parenteral</i> <i>solution 2.5 meq/ml, 4 meq/ml</i> | 2 | |
| <i>sodium lactate intravenous solution 5</i> <i>meq/ml</i> | 2 | |
| <i>sodium phosphate intravenous solution 3</i> <i>mmollml</i> | 2 | |
| TPN ELECTROLYTES II IV SOLN 25'S,20ML/50ML FTV 18-18-5-4.5-35 MEQ/20 ML | 2 | |
| TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML | 2 | |
| <i>virt-phos 250 neutral oral tablet 250 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| 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 | 3 | |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | 3 | |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION | 3 | |
| ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION | 4 | |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 110 MCG (7 DOSES), 220 MCG (120 DOSES), 220 MCG (14 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES) | 4 | |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE | 3 | |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort) | 2 | PA BvD |
| DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION | 3 | |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION | 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 |
|--|-----------|---------------------|
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION | 3 | |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION | 3 | |
| SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION | 4 | ST |
| Antileukotrienes | | |
| <i>montelukast oral granules in packet 4 mg</i> (Singulair) | 2 | |
| <i>montelukast oral tablet 10 mg</i> (Singulair) | 2 | |
| <i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair) | 2 | |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate) | 2 | |
| <i>zileuton oral tablet, er multiphase 12 hr 600 mg</i> (Zyflo CR) | 2 | |
| ZYFLO CR ORAL TABLET, ER MULTIPHASE 12 HR 600 MG | 4 | |
| 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> | 2 | PA BvD |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i> | 2 | |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i> | 2 | |
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i> | 2 | |
| <i>aminophylline intravenous solution 250 mg/10 ml</i> | 2 | |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | 3 | |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION | 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 |
|---|------------------|----------------------------|
| BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML | 4 | PA |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | 4 | |
| <i>elixophyllin oral elixir 80 mg/15 ml</i> | 2 | |
| FORADIL AEROLIZER INHALATION CAPSULE, W/INHALATION DEVICE 12 MCG | 3 | |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | 2 | PA BvD |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i> | 2 | PA BvD |
| <i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i> (Xopenex) | 2 | PA BvD; ST |
| <i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i> (Xopenex Concentrate) | 2 | PA BvD; ST |
| <i>metaproterenol oral syrup 10 mg/5 ml</i> | 2 | |
| <i>metaproterenol oral tablet 10 mg, 20 mg</i> | 2 | |
| PERFORMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML | 4 | PA |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | 3 | |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION | 3 | |
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG | 3 | |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i> | 2 | |
| <i>terbutaline subcutaneous solution 1 mg/ml</i> | 2 | |
| <i>theochron oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i> | 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 |
|---|------------------|-----------------------------------|
| <i>theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml, 800 mg/500 ml</i> | 2 | |
| <i>theophylline oral solution 80 mg/15 ml</i> | 2 | |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i> (Theochron) | 2 | |
| <i>theophylline oral tablet extended release 12 hr 450 mg</i> | 2 | |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i> | 2 | |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION, 400 MCG/ACTUATION (30 ACTUAT) | 4 | ST |
| VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION | 2 | |
| Respiratory Tract Agents, Other | | |
| <i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i> (Acetadote) | 2 | |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i> | 2 | PA BvD |
| ARALAST NP 1,000 MG VIAL L/F,P/F,PRICE/MG,SUV 1,000 MG | 5 | PA; NM; NDS |
| ARALAST NP INTRAVENOUS RECON SOLN 500 MG | 5 | PA; NM; NDS |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i> | 2 | PA BvD |
| DALIRESP ORAL TABLET 500 MCG | 4 | PA; QL (30 per 30 days) |
| ESBRIET ORAL CAPSULE 267 MG | 5 | PA; NM; NDS; QL (270 per 30 days) |
| ESBRIET ORAL TABLET 267 MG | 5 | PA; NM; NDS; QL (270 per 30 days) |
| ESBRIET ORAL TABLET 801 MG | 5 | PA; NM; NDS; QL (90 per 30 days) |
| KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG | 5 | PA; NM; NDS; 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 |
|---|------------------|-------------------------------------|
| KALYDECO ORAL TABLET 150 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG | 5 | PA; NM; LA; NDS; QL (1 per 28 days) |
| OFEV ORAL CAPSULE 100 MG, 150 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | 5 | PA; NM; NDS; QL (120 per 30 days) |
| PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG | 5 | PA; NM; LA; NDS |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG | 5 | PA; NM; NDS |
| Skeletal Muscle Relaxants | | |
| Skeletal Muscle Relaxants | | |
| <i>baclofen oral tablet 10 mg, 20 mg</i> | 2 | |
| <i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma) | 2 | |
| <i>carisoprodol-asa-codeine oral tablet 200-325-16 mg</i> | 2 | |
| <i>carisoprodol-aspirin oral tablet 200-325 mg</i> | 2 | |
| <i>chlorzoxazone oral tablet 500 mg</i> (Parafon Forte DSC) | 2 | |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i> | 2 | |
| <i>dantrolene oral capsule 100 mg</i> | 2 | |
| <i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium) | 2 | |
| <i>metaxalone oral tablet 400 mg</i> | 2 | |
| <i>metaxalone oral tablet 800 mg</i> (Metaxall) | 2 | |
| <i>methocarbamol injection solution 100 mg/ml</i> (Robaxin) | 2 | |
| <i>methocarbamol oral tablet 500 mg</i> (Robaxin) | 2 | |
| <i>methocarbamol oral tablet 750 mg</i> (Robaxin-750) | 2 | |
| <i>orphenadrine citrate injection solution 30 mg/ml</i> | 2 | |
| <i>orphenadrine citrate oral tablet extended release 100 mg</i> | 2 | |
| <i>revonto intravenous recon soln 20 mg</i> | 2 | |
| <i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex) | 2 | |
| <i>tizanidine oral tablet 2 mg</i> | 2 | |
| <i>tizanidine oral tablet 4 mg</i> (Zanaflex) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| Sleep Disorder Agents | | |
| Sleep Disorder Agents | | |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil) | 2 | PA |
| HETLIOZ ORAL CAPSULE 20 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| <i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil) | 2 | PA |
| ROZEREM ORAL TABLET 8 MG | 4 | QL (30 per 30 days) |
| SILENOR ORAL TABLET 3 MG, 6 MG | 4 | QL (30 per 30 days) |
| XYREM ORAL SOLUTION 500 MG/ML | 5 | NM; LA; NDS |
| <i>zaleplon oral capsule 10 mg, 5 mg</i> (Sonata) | 2 | PA; QL (90 per 365 days); AGE (Max 64 Years) |
| <i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien) | 2 | PA; QL (90 per 365 days); AGE (Max 64 Years) |
| <i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR) | 2 | PA; QL (90 per 365 days); AGE (Max 64 Years) |
| Vasodilating Agents | | |
| Vasodilating Agents | | |
| ADCIRCA ORAL TABLET 20 MG | 5 | PA; NM; NDS |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | 5 | PA; NM; NDS; QL (90 per 30 days) |
| <i>alprostadil injection solution 500 mcg/ml</i> (Prostin VR Pediatric) | 2 | |
| CIALIS ORAL TABLET 2.5 MG, 5 MG | 4 | PA; QL (30 per 30 days) |
| <i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i> (Flolan) | 2 | PA BvD |
| LETAIRIS ORAL TABLET 10 MG, 5 MG | 5 | PA; NM; LA; NDS; QL (30 per 30 days) |
| OPSUMIT ORAL TABLET 10 MG | 5 | PA; NM; NDS |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG | 4 | PA |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG | 5 | PA; NM; NDS |
| REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML | 5 | PA; NM; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------------|
| <i>sildenafil intravenous solution 10 mg/12.5 ml</i> (Revatio) | 2 | PA |
| <i>sildenafil oral tablet 20 mg</i> (Revatio) | 2 | PA |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG | 5 | PA; NM; LA; NDS; QL (60 per 30 days) |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) | 5 | PA; NM; LA; NDS |
| TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) | 5 | PA; NM; LA; NDS |
| TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML | 5 | PA; NM; LA; NDS |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | 5 | PA; NM; NDS |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60) | 5 | PA; NM; NDS |
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML | 5 | PA; NM; LA; NDS |
| Vitamins And Minerals | | |
| Vitamins And Minerals | | |
| <i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i> | 2 | |
| <i>multivit-fluor 0.25 mg/ml drop 0.25 mg/ml</i> | 2 | |
| <i>pnv prenatal plus multivit tab slf, gluten-free 27 mg iron- 1 mg</i> | 2 | |
| <i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i> | 2 | |

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