

Geisinger Gold Standard Rx
2019 Formulary
(List of Covered Drugs)

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

This formulary was updated on November 11, 2018. 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

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 Standard Rx.

This document includes a list of the drugs (formulary) for our plan which is current as of November 11, 2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2019, 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 Standard 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 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) 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. Below are changes to the drug list that will also affect members currently taking a drug:

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the

member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of November 11, 2018. 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, we will communicate 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 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Geisinger Gold Standard 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 Standard 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 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, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply in the retail setting, or a 31-day supply in the long-term care setting. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication in the retail setting, or a 31-day supply in the long-term care setting. After your first 30 or 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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 Standard 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 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

Geisinger Gold Standard Rx Formulary

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

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

The information in the Requirements/Limits column tells you if <Plan Name> 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.

ABBREVIATION	DESCRIPTION	EXPLANATION
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.
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.

Every medication on the Geisinger Gold Standard Rx formulary is in a single cost-sharing tier, which is associated with a 25% coinsurance. 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.

If you also receive Pennsylvania Medical Assistance (Medicaid) benefits, some drugs that are not covered by our plan may be covered by your Pennsylvania Medical Assistance (Medicaid) coverage. To find out which drugs are covered by Pennsylvania Medical Assistance, please contact your local Human Services/County Assistance Office, or call the Pennsylvania Medical Assistance Benefit Helpline at 1-800-692-7462 for more information.

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>	1	NM; NDS; QL (2700 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1	NM; NDS; QL (390 per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i> (Tylenol-Codeine #3)	1	NM; NDS; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i> (Tylenol-Codeine #4)	1	NM; NDS; QL (180 per 30 days)
<i>astramorph-pf 10 mg/10 ml vial 5's, sdv, plf, llf 1 mg/ml</i>	1	NM; NDS
<i>astramorph-pf injection solution 1 mg/ml</i>	1	NM; NDS
<i>buprenorphine hcl injection solution 0.3 mg/ml</i> (Buprenex)	1	NM; NDS
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	1	NM; NDS
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	1	NM; NDS; QL (4 per 28 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	1	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	1	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Capacet)	1	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	1	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> (Fiorinal)	1	NM; NDS; QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	NM; NDS; QL (180 per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	1	NM; NDS
<i>butorphanol tartrate nasal spray, non-aerosol 10 mg/ml</i>	1	NM; NDS; QL (5 per 28 days)
<i>capacet oral capsule 50-325-40 mg</i>	1	QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NM; NDS; QL (360 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq)	1	PA; NM; NDS; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/12hr, 12 mcg/12hr, 25 mcg/12hr, 50 mcg/12hr, 75 mcg/12hr</i> (Duragesic)	1	NM; NDS; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i> (Hycet)	1	NM; NDS; QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg</i> (Vicodin HP)	1	NM; NDS; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i> (Lorcet HD)	1	NM; NDS; QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i> (Verdrocet)	1	NM; NDS; QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i> (Vicodin)	1	NM; NDS; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i> (Lorcet (hydrocodone))	1	NM; NDS; QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg</i> (Vicodin ES)	1	NM; NDS; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i> (Lorcet Plus)	1	NM; NDS; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i> (Ibudone)	1	NM; NDS; QL (150 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	NM; NDS; QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	1	NM; NDS
<i>hydromorphone injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	NM; NDS
<i>hydromorphone injection syringe 2 mg/ml</i> (Dilaudid)	1	NM; NDS
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	1	NM; NDS; QL (180 per 30 days)
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	1	NM; NDS; QL (28 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	1	PA; NM; NDS; QL (30 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	1	NM; NDS; QL (180 per 30 days)
<i>marten-tab oral tablet 50-325 mg</i>	1	QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>methadone injection solution 10 mg/ml</i>	1	NM; NDS
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	1	NM; NDS; QL (180 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	NM; NDS; QL (900 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	NM; NDS; QL (1800 per 30 days)
<i>methadone oral tablet 10 mg</i> (Dolophine)	1	NM; NDS; QL (180 per 30 days)
<i>methadone oral tablet 5 mg</i> (Dolophine)	1	NM; NDS; QL (360 per 30 days)
<i>methadose oral tablet, soluble 40 mg</i>	1	NM; NDS; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i> (Astramorph-PF)	1	NM; NDS
<i>morphine (pf) intravenous patient control. analgesia soln 150 mg/30 ml, 30 mg/30 ml</i>	1	NM; NDS
<i>morphine 10 mg/ml isecure syrg llf, plf, suv, inner 10 mg/ml</i>	1	NM; NDS
<i>morphine 4 mg/ml isecure syr llf, inner, suv 4 mg/ml</i>	1	NM; NDS
<i>morphine 8 mg/ml isecure syrng llf, plf, suv, inner 8 mg/ml</i>	1	NM; NDS
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	NM; NDS; QL (200 per 30 days)
<i>morphine injection solution 10 mg/ml, 5 mg/ml</i>	1	NM; NDS
<i>morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	1	NM; NDS
<i>morphine intravenous cartridge 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	NM; NDS
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	NM; NDS
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg</i>	1	NM; NDS; QL (30 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 75 mg, 90 mg</i>	1	NM; NDS; QL (60 per 30 days)
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i> (Kadian)	1	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
<i>morphine oral solution 10 mg/5 ml</i>	1	NM; NDS; QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	NM; NDS; QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG, 30 MG	1	NM; NDS; QL (180 per 30 days)
<i>morphine oral tablet extended release 100 (MS Contin) mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	NM; NDS; QL (90 per 30 days)
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	1	
<i>oxycodone oral capsule 5 mg</i>	1	NM; NDS; QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	1	NM; NDS; QL (180 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	1	NM; NDS; QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg, 20 mg</i>	1	NM; NDS; QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg, 5 mg (Roxicodone)</i>	1	NM; NDS; 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>	1	ST; NM; NDS; QL (90 per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	NM; NDS; QL (1830 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg (Endocet)</i>	1	NM; NDS; QL (360 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	NM; NDS; 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	1	ST; NM; NDS; QL (90 per 30 days)
<i>oxymorphone oral tablet 10 mg, 5 mg (Opana)</i>	1	NM; NDS; QL (180 per 30 days)
<i>phrenilin forte (with caffeine) oral capsule 50-300-40 mg</i>	1	QL (180 per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	1	PA; NM; NDS; QL (0.5 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	1	PA; NM; NDS; QL (1.5 per 28 days)
<i>tencon oral tablet 50-325 mg</i>	1	QL (180 per 30 days)
<i>tramadol oral capsule,er biphase 24 hr 17-83 300 mg</i> (ConZip)	1	NM; NDS; QL (30 per 30 days)
<i>tramadol oral capsule,er biphase 24 hr 25-75 100 mg, 200 mg</i> (ConZip)	1	NM; NDS; QL (60 per 30 days)
<i>tramadol oral tablet 50 mg</i> (Ultram)	1	NM; NDS; QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	1	NM; NDS; QL (90 per 30 days)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	1	NM; NDS; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	1	NM; NDS; QL (90 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	1	NM; NDS; QL (30 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	1	NM; NDS; QL (240 per 30 days)
<i>xylon 10 oral tablet 10-200 mg</i>	1	NM; NDS; QL (150 per 30 days)
<i>zebutal oral capsule 50-325-40 mg</i>	1	QL (180 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Voltaren-XR)	1	
<i>diclofenac sodium oral tablet,delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical gel 1 %</i> (Voltaren)	1	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50)	1	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75)	1	
<i>diflunisal oral tablet 500 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg</i> (Lodine)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>etodolac oral tablet 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
<i>fenoprofen oral tablet 600 mg</i> (ProFeno)	1	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	1	PA; QL (60 per 30 days)
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Child Ibuprofen)	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)	1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i> (EC-Naprosyn)	1	
<i>naproxen sodium oral tablet 275 mg</i>	1	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	1	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin oral capsule 400 mg</i>	1	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	1	
Anesthetics		
Local Anesthetics		
<i>glydo mucous membrane jelly in applicator 2 %</i>	1	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine-MPF)	1	PA BvD; (PA for ESRD only)

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine (pf) injection solution 40 mg/ml (4%)</i>	1	PA BvD; (PA for ESRD only)
<i>lidocaine hcl injection solution 10 mg/ml (1%)</i> (Xylocaine)	1	PA BvD
<i>lidocaine hcl injection solution 20 mg/ml (2%), 5 mg/ml (0.5%)</i> (Xylocaine)	1	PA BvD; (PA for ESRD only)
<i>lidocaine hcl mucous membrane jelly 2%</i>	1	
<i>lidocaine hcl mucous membrane solution 4% (40 mg/ml)</i>	1	
<i>lidocaine topical adhesive patch, medicated 5%</i> (Lidoderm)	1	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5%</i>	1	PA BvD; (PA for ESRD only)
<i>lidocaine viscous mucous membrane solution 2%</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5%</i>	1	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>	1	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	NM; NDS; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	NM; NDS; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	NM; NDS; QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> (Zyban)	1	QL (60 per 30 days)
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	1	QL (60 per 30 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	1	QL (60 per 30 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	1	QL (53 per 180 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i> (Antabuse)	1	
LUCEMYRA ORAL TABLET 0.18 MG	1	PA; NM; NDS; QL (228 per 14 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naltrexone oral tablet 50 mg</i>	1	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	1	QL (4 per 28 days)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	1	
SUBOXONE SUBLINGUAL FILM 12-3 MG	1	PA; NM; NDS; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	1	PA; NM; NDS; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	1	PA; NM; NDS; QL (180 per 30 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG	1	PA; NM; NDS; QL (90 per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	1	NM; NDS
Antianxiety Agents		
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	1	NM; NDS; QL (300 per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	NM; NDS; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	NM; NDS; QL (150 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg</i> (Xanax XR)	1	NM; NDS; QL (30 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 2 mg</i> (Xanax XR)	1	NM; NDS; QL (150 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 3 mg</i> (Xanax XR)	1	NM; NDS; QL (90 per 30 days)
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	1	NM; NDS; QL (120 per 30 days)
<i>alprazolam oral tablet, disintegrating 2 mg</i>	1	NM; NDS; QL (150 per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	NM; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	NM; NDS; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	NM; NDS; QL (120 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	NM; NDS; QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	NM; NDS; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	NM; NDS; QL (120 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	1	NM; NDS; QL (120 per 30 days)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	1	NM; NDS
DIASTAT RECTAL KIT 2.5 MG	1	NM; NDS
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	NM; NDS; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	NM; NDS; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	NM; NDS; QL (120 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	1	NM; NDS
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	1	NM; NDS
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	NM; NDS; QL (30 per 30 days)
<i>lorazepam injection solution 2 mg/ml</i> (Ativan)	1	NM; NDS; QL (120 per 30 days)
<i>lorazepam injection solution 4 mg/ml</i> (Ativan)	1	NM; NDS; QL (90 per 30 days)
<i>lorazepam injection syringe 2 mg/ml</i>	1	NM; NDS; QL (120 per 30 days)
<i>lorazepam injection syringe 4 mg/ml</i>	1	NM; NDS; QL (90 per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	1	NM; NDS; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	1	NM; NDS
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	PA; NM; NDS; PA-HRM; AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
ONFI ORAL SUSPENSION 2.5 MG/ML	1	PA NSO; NM; NDS
ONFI ORAL TABLET 10 MG, 20 MG	1	PA NSO; NM; NDS
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	NM; NDS; QL (120 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg, 7.5 mg</i> (Restoril)	1	NM; NDS; QL (30 per 30 days)
Antibacterials		
Aminoglycosides		
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	1	PA; NM; LA; NDS; QL (224 per 56 days)
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	1	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	1	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
<i>streptomycin intramuscular recon soln 1 gram</i>	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	1	PA; NM; NDS; QL (224 per 56 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	1	PA; NM; NDS; QL (280 per 28 days)
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
Antibacterials, Miscellaneous		
<i>baciim intramuscular recon soln 50,000 unit</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin intramuscular recon soln 50,000 unit</i> (BACiiM)	1	
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i> (Cleocin in 5 % dextrose)	1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Cleocin Pediatric)	1	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	1	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	1	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i> (Cleocin)	1	
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	1	
<i>daptomycin intravenous recon soln 350 mg</i>	1	
<i>daptomycin intravenous recon soln 500 mg</i> (Cubicin)	1	
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	1	
<i>lincomycin injection solution 300 mg/ml</i> (Lincocin)	1	
<i>linezolid 600 mg/300 ml-0.9% nacl 600 mg/300 ml</i>	1	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	1	
<i>linezolid oral tablet 600 mg</i> (Zyvox)	1	QL (60 per 30 days)
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	1	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	1	
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i> (Flagyl)	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> (Macrochantin)	1	
<i>nitrofurantoin monohydlm-cryst oral capsule 100 mg</i> (Macrobid)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	1	PA; NM; NDS; QL (6 per 30 days)
SIVEXTRO ORAL TABLET 200 MG	1	PA; NM; NDS; QL (6 per 30 days)
SYNERCID INTRAVENOUS RECON SOLN 500 MG	1	PA; NM; NDS
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin in dextrose 5% intravenous piggyback 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg</i>	1	
<i>vancomycin oral capsule 125 mg, 250 mg (Vancocin)</i>	1	
Cephalosporins		
<i>cefactor oral capsule 250 mg, 500 mg</i>	1	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefactor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefditoren pivoxil oral tablet 200 mg</i>	1	
<i>cefditoren pivoxil oral tablet 400 mg (Spectracef)</i>	1	
<i>cefepime injection recon soln 1 gram, 2 gram (Maxipime)</i>	1	
<i>cefotaxime injection recon soln 1 gram, 500 mg</i>	1	
<i>cefotaxime injection recon soln 10 gram, 2 gram (Claforan)</i>	1	
<i>cefotetan injection recon soln 1 gram, 2 gram (Cefotan)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefotetan intravenous recon soln 10 gram</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection recon soln 1 gram (Fortaz)</i>	1	
<i>ceftazidime injection recon soln 2 gram, 6 gram (TAZICEF)</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg (Keflex)</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
SUPRAX ORAL CAPSULE 400 MG	1	
<i>tazicef injection recon soln 1 gram, 6 gram</i>	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	1	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	1	NM; NDS
Macrolides		
<i>azithromycin intravenous recon soln 500 mg (Zithromax)</i>	1	
<i>azithromycin oral packet 1 gram (Zithromax)</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Zithromax)</i>	1	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral tablet 250 mg, 500 mg, (Zithromax) 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
<i>e.e.s. 400 oral tablet 400 mg</i>	1	
<i>ery-tab oral tablet, delayed release (drlec) 250 mg, 500 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG	1	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	1	
<i>erythromycin ethylsuccinate oral (E.E.S. Granules) suspension for reconstitution 200 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet (E.E.S. 400) 400 mg</i>	1	
<i>erythromycin oral capsule, delayed release (drlec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
PCE ORAL TABLET, PARTICLES/CRYSTALS 333 MG, 500 MG	1	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 (Azactam) gram</i>	1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	1	PA; NM; LA; NDS; QL (84 per 28 days)
<i>doripenem intravenous recon soln 250 mg, 500 mg</i>	1	
<i>ertapenem injection recon soln 1 gram (Invanz)</i>	1	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous recon (Primaxin IV) soln 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
INVANZ INJECTION RECON SOLN 1 GRAM	1	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i> (Merrem)	1	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	
<i>ampicillin sodium intravenous recon soln 2 gram</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	1	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin 2 gm vial sterile, latex-free 2 gram</i>	1	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	
<i>nafcillin injection recon soln 1 gram, 10 gram</i>	1	
<i>nafcillin intravenous recon soln 2 gram</i>	1	
<i>oxacillin 1 gm add-vantage vl add-vantage, inner 1 gram</i>	1	
<i>oxacillin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml</i>	1	
<i>penicillin g potassium injection recon soln (Pfizerpen-G) 20 million unit</i>	1	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>pfizerpen-g injection recon soln 20 million unit</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram (Zosyn)</i>	1	
Quinolones		
BAXDELA INTRAVENOUS RECON SOLN 300 MG	1	PA; NM; NDS
BAXDELA ORAL TABLET 450 MG	1	PA; NM; NDS; QL (28 per 14 days)
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg (Cipro XR)</i>	1	QL (30 per 30 days)
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml</i> (Cipro in D5W)	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	1	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg</i>	1	
<i>levofloxacin oral tablet 500 mg, 750 mg</i> (Levaquin)	1	
<i>moxifloxacin 400 mg/250 ml bag 400 mg/250 ml</i>	1	
<i>moxifloxacin in nacl (iso-osm) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic))	1	
<i>moxifloxacin oral tablet 400 mg</i> (Avelox)	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
<i>doxy-100 intravenous recon soln 100 mg</i>	1	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (drlec) 100 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (drlec) 150 mg</i> (Soloxide)	1	
<i>doxycycline hyclate oral tablet, delayed release (drlec) 200 mg, 50 mg</i> (Doryx)	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i> (Mondoxyne NL)	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	1	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	1	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral capsule 100 mg, 75 mg</i>	1	
<i>minocycline oral capsule 50 mg</i> (Minocin)	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet extended release 24 hr 135 mg</i> (CoreMino)	1	
<i>minocycline oral tablet extended release 24 hr 45 mg, 90 mg</i> (CoreMino)	1	QL (30 per 30 days)
<i>okebo oral capsule 100 mg, 75 mg</i>	1	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	1	
Anticancer Agents		
Anticancer Agents		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	1	PA NSO; NM; NDS
<i>adrucil intravenous solution 2.5 gram/50 ml, 500 mg/10 ml</i>	1	PA BvD
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	1	PA NSO; NM; NDS; QL (112 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	1	PA NSO; NM; NDS; QL (28 per 28 days)
ALECENSA ORAL CAPSULE 150 MG	1	PA NSO; NM; LA; NDS; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	1	NM; NDS
ALIQUOPA INTRAVENOUS RECON SOLN 60 MG	1	PA NSO; NM; NDS; QL (3 per 28 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA NSO; NM; LA; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	1	PA NSO; NM; LA; NDS; QL (30 per 180 days)
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	1	PA NSO; NM; NDS
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML	1	PA NSO; NM; NDS
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	1	NM; LA; NDS
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	1	NM; NDS
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	1	PA NSO; NM; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	1	PA NSO; NM; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	1	NM; NDS
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	1	PA NSO; NM; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	1	NM; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	1	
BICNU INTRAVENOUS RECON SOLN 100 MG	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	1	PA BvD
BLINCYTO INTRAVENOUS KIT 35 MCG	1	PA NSO; NM; NDS
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	1	PA NSO; NM; NDS
BOSULIF ORAL TABLET 100 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
<i>busulfan intravenous solution 60 mg/10 ml</i> (Busulfex)	1	
CABOMETYX ORAL TABLET 20 MG, 60 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	1	PA NSO; NM; LA; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA NSO; NM; LA; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
<i>carboplatin intravenous solution 10 mg/ml</i>	1	
<i>cisplatin intravenous solution 1 mg/ml</i>	1	
<i>cladribine intravenous solution 10 mg/10 ml</i>	1	PA BvD
<i>clofarabine intravenous solution 20 mg/20 ml</i> (Clolar)	1	PA NSO; NM; NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	1	PA NSO; NM; LA; NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA NSO; NM; LA; NDS; QL (120 per 30 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA NSO; NM; LA; NDS; QL (90 per 30 days)
COTELLIC ORAL TABLET 20 MG	1	PA NSO; NM; LA; NDS; QL (90 per 30 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	1	
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	1	PA BvD
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	1	PA NSO; NM; NDS
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	PA BvD
<i>cytarabine injection solution 20 mg/ml</i>	1	PA BvD
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	1	
<i>dactinomycin intravenous recon soln 0.5 mg (Cosmegen)</i>	1	
DARZALEX 100 MG/5 ML VIAL 20 MG/ML	1	PA NSO; NM; LA; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	1	PA NSO; NM; NDS
<i>daunorubicin intravenous recon soln 20 mg</i>	1	
<i>daunorubicin intravenous solution 5 mg/ml</i>	1	
<i>decitabine intravenous recon soln 50 mg (Dacogen)</i>	1	PA NSO; NM; NDS
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG, 80 MG	1	NM; NDS
<i>docetaxel 80 mg/4 ml vial sub 80 mg/4 ml (Taxotere) (20 mg/ml)</i>	1	
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	1	
<i>docetaxel intravenous solution 20 mg/ml (Taxotere) (1 ml)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>docetaxel intravenous solution 20 mg/ml, 80 mg/8 ml (10 mg/ml)</i>	1	NM; NDS
<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml)</i> (Taxotere)	1	NM; NDS
<i>doxorubicin intravenous recon soln 10 mg, 50 mg</i> (Adriamycin)	1	PA BvD
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> (Adriamycin)	1	PA BvD
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	1	PA BvD
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	1	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	1	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	1	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	1	
EMCYT ORAL CAPSULE 140 MG	1	
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	1	PA NSO; NM; NDS
<i>epirubicin intravenous recon soln 50 mg</i>	1	
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i> (Ellence)	1	
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	1	NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
ERWINAZE INJECTION RECON SOLN 10,000 UNIT	1	PA NSO; NM; NDS
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	1	
<i>etoposide intravenous solution 20 mg/ml</i> (Toposar)	1	
<i>exemestane oral tablet 25 mg</i> (Aromasin)	1	

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Drug Name	Drug Tier	Requirements/Limits
FARESTON ORAL TABLET 60 MG	1	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	1	PA NSO; NM; LA; NDS; QL (6 per 21 days)
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	1	NM; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	1	
<i>floxuridine injection recon soln 0.5 gram</i>	1	PA BvD
<i>fludarabine intravenous recon soln 50 mg</i>	1	
<i>fludarabine intravenous solution 50 mg/2 ml</i>	1	
<i>fluorouracil intravenous solution 1 gram/20 ml</i>	1	PA BvD
<i>fluorouracil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i> (Atracuril)	1	PA BvD
<i>flutamide oral capsule 125 mg</i>	1	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	1	NM; NDS
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	1	PA NSO; NM; LA; NDS
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i> (Gemzar)	1	NM; NDS
<i>gemcitabine intravenous recon soln 2 gram</i>	1	NM; NDS
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	NM; NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	1	NM; NDS; QL (90 per 30 days)
GLEEVEC ORAL TABLET 400 MG	1	NM; NDS; QL (60 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG	1	

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Drug Name	Drug Tier	Requirements/Limits
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	1	PA NSO; NM; NDS
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG, 440 MG	1	PA BvD; NM; NDS
HEXALEN ORAL CAPSULE 50 MG	1	NM; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA NSO; NM; LA; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	1	PA NSO; NM; LA; NDS; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
<i>idarubicin intravenous solution 1 mg/ml</i> (Idamycin PFS)	1	
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i> (Ifex)	1	PA BvD
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	1	PA BvD
<i>ifosfamide-mesna intravenous kit 1-1 gram, 3,000-1,000 mg</i>	1	PA BvD
<i>imatinib oral tablet 100 mg</i> (Gleevec)	1	NM; NDS; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	1	NM; NDS; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	1	PA NSO; NM; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	1	PA NSO; NM; NDS; QL (4 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	1	PA NSO; NM; NDS; QL (8 per 28 days)
INLYTA ORAL TABLET 1 MG	1	PA NSO; NM; LA; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA NSO; NM; LA; NDS; QL (120 per 30 days)
IRESSA ORAL TABLET 250 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i> (Camptosar)	1	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	1	
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	1	PA NSO; NM; NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; NM; LA; NDS; QL (60 per 30 days)
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	1	PA NSO; NM; NDS
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	1	PA NSO; NM; LA; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	1	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	1	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)	1	PA NSO; NM; NDS; QL (63 per 28 days)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	1	PA NSO; NM; NDS
LARTRUVO INTRAVENOUS SOLUTION 10 MG/ML	1	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 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)	1	PA NSO; NM; LA; NDS; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 4 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	1	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	
LONSURF ORAL TABLET 15-6.14 MG	1	PA NSO; NM; LA; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	1	PA NSO; NM; LA; NDS; QL (80 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	1	NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	1	NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	1	NM; NDS
LYNPARZA ORAL CAPSULE 50 MG	1	PA NSO; NM; LA; NDS; QL (448 per 28 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA NSO; NM; LA; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	1	
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	1	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
MATULANE ORAL CAPSULE 50 MG	1	NM; LA; NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	1	PA NSO; NM; LA; NDS; QL (90 per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
<i>melphalan hcl intravenous recon soln 50 mg</i> (Alkeran)	1	
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	PA BvD
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i> (Mutamycin)	1	PA BvD
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	1	
MUSTARGEN INJECTION RECON SOLN 10 MG	1	
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	1	PA NSO; NM; NDS
NERLYNX ORAL TABLET 40 MG	1	PA NSO; NM; LA; NDS; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	1	PA NSO; NM; LA; NDS; QL (120 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	1	QL (60 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA NSO; NM; NDS; QL (3 per 28 days)
NIPENT INTRAVENOUS RECON SOLN 10 MG	1	
ODOMZO ORAL CAPSULE 200 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	1	NM; NDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	1	PA NSO; NM; NDS
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	1	PA NSO; NM; NDS
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	1	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	1	
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	1	NM; NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA NSO; NM; LA; NDS; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	1	PA NSO; NM; LA; NDS; QL (100 per 21 days)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	1	NM; NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	1	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML)	1	PA NSO; NM; NDS; QL (46.8 per 28 days)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1600 MG/13.4 ML (120 MG/ML)	1	PA NSO; NM; NDS; QL (13.4 per 28 days)
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	1	PA NSO; NM; LA; NDS
<i>romidepsin intravenous recon soln 10 mg/2 ml</i> (Istodax)	1	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA NSO; NM; LA; NDS; QL (120 per 30 days)
RYDAPT ORAL CAPSULE 25 MG	1	PA NSO; NM; NDS; QL (224 per 28 days)
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	1	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA NSO; NM; LA; NDS; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	1	PA NSO; NM; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	1	PA NSO; NM; NDS
TABLOID ORAL TABLET 40 MG	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA NSO; NM; LA; NDS; QL (120 per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
TARCEVA ORAL TABLET 100 MG, 150 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	1	PA NSO; NM; LA; NDS; QL (90 per 30 days)
TARGRETIN TOPICAL GEL 1 %	1	NM; NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	1	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
TEMODAR INTRAVENOUS RECON SOLN 100 MG	1	
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i> (Torisel)	1	PA NSO; NM; NDS
<i>thiotepa injection recon soln 15 mg</i> (Tepadina)	1	
TIBSOVO ORAL TABLET 250 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
<i>toposar intravenous solution 20 mg/ml</i>	1	
<i>topotecan intravenous recon soln 4 mg</i> (Hycamtin)	1	
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	1	
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	1	PA NSO; NM; NDS
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	1	NM; NDS
TRELSTAR 3.75 MG VIAL INNER, SDV 3.75 MG	1	NM; NDS
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 22.5 MG/2 ML, 3.75 MG/2 ML	1	NM; NDS
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	1	NM; NDS
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	1	PA NSO; NM; NDS
TYKERB ORAL TABLET 250 MG	1	PA NSO; NM; LA; NDS; QL (180 per 30 days)
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	1	PA NSO; NM; NDS; QL (40 per 30 days)
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	1	
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	1	PA NSO; NM; NDS
VELCADE INJECTION RECON SOLN 3.5 MG	1	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG	1	PA NSO; LA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 100 MG	1	PA NSO; NM; LA; NDS; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA NSO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	1	PA NSO; NM; LA; NDS; QL (42 per 180 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; NM; LA; NDS; QL (56 per 28 days)
<i>vinblastine intravenous solution 1 mg/ml</i>	1	PA BvD
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	PA BvD
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> (Vincasar PFS)	1	PA BvD
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)	1	
VOTRIENT ORAL TABLET 200 MG	1	PA NSO; NM; LA; NDS; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	1	PA NSO; NM; NDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA NSO; NM; LA; NDS; QL (60 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	1	PA NSO
XTANDI ORAL CAPSULE 40 MG	1	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)	1	PA NSO; NM; LA; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	1	PA NSO; NM; NDS
YONSA ORAL TABLET 125 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	1	PA NSO; NM; LA; NDS

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Drug Name	Drug Tier	Requirements/Limits
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	1	
ZEJULA ORAL CAPSULE 100 MG	1	PA NSO; NM; LA; NDS; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA NSO; NM; LA; NDS; QL (240 per 30 days)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	1	
ZOLINZA ORAL CAPSULE 100 MG	1	NM; NDS; QL (120 per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA NSO; NM; LA; NDS; QL (60 per 30 days)
ZYKADIA ORAL CAPSULE 150 MG	1	PA NSO; NM; LA; NDS; QL (90 per 30 days)
ZYTIGA ORAL TABLET 250 MG	1	PA NSO; NM; LA; NDS; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	1	PA NSO; NM; LA; NDS; QL (60 per 30 days)
Anticholinergic Agents		
Antimuscarinics/Antispasmodics		
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
<i>propantheline oral tablet 15 mg</i>	1	
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	1	PA NSO; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	1	PA NSO; QL (60 per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	1	PA NSO
BANZEL ORAL TABLET 200 MG, 400 MG	1	PA NSO
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	1	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
BRIVIACT ORAL SOLUTION 10 MG/ML	1	PA NSO; NM; NDS; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
<i>carbamazepine oral capsule, er</i> (Carbatrol) <i>multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	1	
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CELONTIN ORAL CAPSULE 300 MG	1	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	1	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	1	
DILANTIN ORAL CAPSULE 30 MG	1	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	1	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> (Depakote)	1	
<i>epitol oral tablet 200 mg</i>	1	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	1	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	1	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	1	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	1	
<i>fosphenytoin injection solution 100 mg pel/2 ml, 500 mg pel/10 ml</i> (Cerebyx)	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	PA NSO; NM; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	1	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	1	

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Drug Name	Drug Tier	Requirements/Limits
GABITRIL ORAL TABLET 12 MG, 16 MG	1	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	1	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	1	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	1	
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	1	
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i> (Lamictal Starter (Blue) Kit)	1	
<i>lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)</i> (Lamictal Starter (Orange) Kit)	1	
<i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)</i> (Lamictal Starter (Green) Kit)	1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	1	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	1	NM; NDS
LYRICA ORAL SOLUTION 20 MG/ML	1	NM; NDS
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	1	
PEGANONE ORAL TABLET 250 MG	1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	NM; NDS
<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>	1	NM; NDS
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	1	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	1	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	1	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	1	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	1	
SABRIL ORAL TABLET 500 MG	1	PA NSO; NM; LA; NDS

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Drug Name	Drug Tier	Requirements/Limits
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	1	ST
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)</i>	1	
<i>subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)</i>	1	
<i>subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)</i>	1	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> (Gabitril)	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	1	
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR)	1	PA NSO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	1	PA NSO
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i> (Depacon)	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> (Depakene)	1	
<i>valproic acid oral capsule 250 mg</i> (Depakene)	1	
<i>vigabatrin oral powder in packet 500 mg</i> (Sabril)	1	PA NSO; NM; NDS
<i>vigadrone oral powder in packet 500 mg</i>	1	PA NSO; NM; NDS
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	1	PA NSO; NM; NDS
VIMPAT ORAL SOLUTION 10 MG/ML	1	PA NSO; NM; NDS
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; NM; NDS
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	1	
<i>zonisamide oral capsule 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	1	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> (Razadyne ER)	1	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> (Razadyne)	1	
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	1	QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	1	
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	1	
<i>memantine oral tablets, dose pack 5-10 mg</i> (Namenda Titration Pak)	1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i> (Exelon)	1	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	PA NSO; PA-HRM; AGE (Max 64 Years)
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	NM; NDS
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	1	QL (30 per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	QL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	1	QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	1	QL (60 per 30 days)
<i>citalopram oral solution 10 mg/5 ml</i>	1	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 20 mg</i> (Celexa)	1	QL (45 per 30 days)
<i>citalopram oral tablet 40 mg</i> (Celexa)	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	1	PA NSO; PA-HRM; AGE (Max 64 Years)
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	1	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
DESVENLAFAXINE FUMARATE ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 50 MG	1	ST; QL (30 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	1	ST; QL (30 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	1	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	1	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 40 mg</i>	1	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	1	NM; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	QL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i> (Lexapro)	1	QL (45 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i> (Lexapro)	1	QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	1	PA NSO; QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	1	PA NSO; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg</i> (Prozac)	1	QL (90 per 30 days)
<i>fluoxetine oral capsule 20 mg</i> (Prozac)	1	QL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i> (Prozac)	1	QL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release(drlec) 90 mg</i>	1	QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	QL (600 per 30 days)
<i>fluoxetine oral tablet 10 mg</i> (Sarafem)	1	QL (90 per 30 days)
<i>fluoxetine oral tablet 20 mg</i> (Sarafem)	1	QL (120 per 30 days)
FLUOXETINE ORAL TABLET 60 MG	1	QL (30 per 30 days)
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	1	QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	QL (45 per 30 days)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	1	QL (30 per 30 days)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> (Tofranil)	1	PA NSO; PA-HRM; AGE (Max 64 Years)
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	PA NSO; PA-HRM; AGE (Max 64 Years)
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	1	
MARPLAN ORAL TABLET 10 MG	1	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	1	QL (30 per 30 days)
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	1	QL (30 per 30 days)
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	1	QL (30 per 30 days)
<i>nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i>	1	QL (60 per 30 days)
<i>nefazodone oral tablet 200 mg</i>	1	QL (90 per 30 days)
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> (Symbyax)	1	QL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i> (Paxil)	1	QL (45 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i> (Paxil)	1	QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i> (Paxil)	1	QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i> (Paxil CR)	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg</i> (Paxil CR)	1	QL (60 per 30 days)
PAXIL ORAL SUSPENSION 10 MG/5 ML	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
PEXEVA ORAL TABLET 10 MG, 40 MG	1	QL (45 per 30 days)
PEXEVA ORAL TABLET 20 MG	1	QL (30 per 30 days)
PEXEVA ORAL TABLET 30 MG	1	QL (60 per 30 days)
<i>phenelzine oral tablet 15 mg</i> (Nardil)	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	1	QL (300 per 30 days)
<i>sertraline oral tablet 100 mg</i> (Zoloft)	1	QL (60 per 30 days)
<i>sertraline oral tablet 25 mg, 50 mg</i> (Zoloft)	1	QL (45 per 30 days)
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	1	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i> (Surmontil)	1	PA NSO; PA-HRM; AGE (Max 64 Years)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	PA NSO; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i> (Effexor XR)	1	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i> (Effexor XR)	1	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL (90 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	QL (30 per 30 days)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	1	PA NSO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	1	PA NSO; QL (30 per 180 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	1	QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	1	QL (60 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG	1	QL (30 per 30 days)
BYDUREON BCISE SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85 ML	1	ST; QL (3.4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	1	ST; QL (4 per 28 days)
BYDUREON SUBCUTANEOUS SUSPENSION, EXTENDED REL RECON 2 MG	1	ST; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	1	ST; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	1	ST; QL (1.2 per 30 days)
CYCLOSET ORAL TABLET 0.8 MG	1	PA; QL (180 per 30 days)
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	1	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	1	QL (30 per 30 days)
INVOKAMET ORAL TABLET 150- 1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	1	QL (60 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG	1	QL (60 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 50-500 MG	1	QL (120 per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	1	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	1	PA; NM; LA; NDS; QL (120 per 30 days)
<i>metformin oral tablet 1,000 mg</i> (Glucophage)	1	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i> (Glucophage)	1	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i> (Glucophage)	1	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i> (Glucophage XR)	1	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i> (Glucophage XR)	1	QL (60 per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i> (Glyset)	1	QL (90 per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i> (Starlix)	1	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	1	QL (1.68 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/0.75 ML (2 MG/1.5 ML)	1	QL (3.08 per 28 days)
<i>pioglitazone oral tablet 15 mg</i> (Actos)	1	QL (90 per 30 days)
<i>pioglitazone oral tablet 30 mg, 45 mg</i> (Actos)	1	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> (Actoplus MET)	1	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (120 per 30 days)
<i>repaglinide oral tablet 1 mg</i> (Prandin)	1	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i> (Prandin)	1	QL (240 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	1	PA; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	1	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	1	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	1	QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	1	ST; QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	1	QL (9 per 30 days)
Insulins		
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	1	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	
NOVOLOG MIX 70-30FLEXPEN U- 100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	1	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	1	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	1	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	1	ST; QL (15 per 30 days)
Sulfonylureas		
<i>chlorpropamide oral tablet 100 mg</i>	1	PA; PA-HRM; QL (225 per 30 days); AGE (Max 64 Years)
<i>chlorpropamide oral tablet 250 mg</i>	1	PA; PA-HRM; QL (90 per 30 days); AGE (Max 64 Years)
<i>glimepiride oral tablet 1 mg</i> (Amaryl)	1	QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i> (Amaryl)	1	QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i> (Amaryl)	1	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i> (Glucotrol)	1	QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i> (Glucotrol)	1	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr</i> (Glucotrol XL) <i>10 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr</i> (Glucotrol XL) <i>2.5 mg</i>	1	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr</i> (Glucotrol XL) <i>5 mg</i>	1	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg</i> (Glynase)	1	PA; PA-HRM; QL (240 per 30 days); AGE (Max 64 Years)
<i>glyburide micronized oral tablet 3 mg</i> (Glynase)	1	PA; PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
<i>glyburide micronized oral tablet 6 mg</i> (Glynase)	1	PA; PA-HRM; QL (60 per 30 days); AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg</i>	1	PA; PA-HRM; QL (480 per 30 days); AGE (Max 64 Years)
<i>glyburide oral tablet 2.5 mg</i>	1	PA; PA-HRM; QL (240 per 30 days); AGE (Max 64 Years)
<i>glyburide oral tablet 5 mg</i>	1	PA; PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	PA; PA-HRM; QL (240 per 30 days); AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	PA; PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
<i>tolazamide oral tablet 250 mg</i>	1	QL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	1	QL (60 per 30 days)
<i>tolbutamide oral tablet 500 mg</i>	1	QL (180 per 30 days)
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	PA BvD; NM; NDS
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	PA BvD; NM; NDS
<i>amphotericin b injection recon soln 50 mg</i>	1	PA BvD
<i>casprofungin intravenous recon soln 50 mg, 70 mg</i> (Cancidas)	1	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	1	
<i>ciclopirox topical gel 0.77 %</i>	1	
<i>ciclopirox topical shampoo 1 %</i> (Loprox)	1	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	1	
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	1	
<i>clotrimazole topical solution 1 %</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i> (Lotrisone)	1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	
<i>econazole topical cream 1 %</i>	1	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	1	PA; NM; NDS
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	1	NM; NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	1	PA
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>ketoconazole topical cream 2 %</i>	1	
<i>ketoconazole topical foam 2 %</i> (Extina)	1	
<i>ketoconazole topical shampoo 2 %</i> (Nizoral)	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
<i>naftifine topical cream 1 %</i>	1	
<i>naftifine topical cream 2 %</i> (Naftin)	1	
NAFTIN TOPICAL GEL 1 %, 2 %	1	

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Drug Name	Drug Tier	Requirements/Limits
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	1	PA; NM; NDS
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	1	PA; NM; NDS
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	1	PA; NM; NDS
<i>nyamyc topical powder 100,000 unit/gram</i>	1	
<i>nystatin oral powder 150 million unit</i>	1	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	
<i>nystop topical powder 100,000 unit/gram</i>	1	
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous solution 200 mg</i> (Vfend IV)	1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	1	NM; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	1	NM; NDS
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg, 300 mg</i> (Zyloprim)	1	
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	1	QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg</i> (Colcris)	1	QL (60 per 30 days)
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	1	PA; QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
ULORIC ORAL TABLET 40 MG, 80 MG	1	ST; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZURAMPIC ORAL TABLET 200 MG	1	PA; QL (30 per 30 days)
Antihistamines		
Antihistamines		
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	1	(Rx product only)
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	PA; PA-HRM; AGE (Max 64 Years)
<i>cyproheptadine oral tablet 4 mg</i>	1	PA; PA-HRM; AGE (Max 64 Years)
<i>desloratadine oral tablet 5 mg</i> (Clarinet)	1	QL (30 per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	PA; PA-HRM; AGE (Max 64 Years)
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	1	
<i>metronidazole vaginal gel 0.75 %</i> (Metrogel Vaginal)	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG 70 MG/ML AUTOINJECTOR 70 MG/ML	1	PA; QL (2 per 30 days)
AIMOVIG AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	1	PA; QL (2 per 30 days)
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	QL (16 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	1	QL (8 per 28 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i> (Cafergot)	1	QL (40 per 28 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	1	QL (40 per 28 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i> (Amerge)	1	QL (16 per 28 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	1	QL (16 per 28 days)
<i>rizatriptan oral tablet 5 mg</i>	1	QL (16 per 28 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i> (Maxalt-MLT)	1	QL (16 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/lactuation, 5 mg/lactuation</i> (Imitrex)	1	QL (16 per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex)	1	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)	1	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	1	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	1	QL (8 per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	1	QL (16 per 28 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i> (Zomig ZMT)	1	QL (16 per 28 days)
Antimycobacterials		
Antimycobacterials		
CAPASTAT INJECTION RECON SOLN 1 GRAM	1	
<i>cycloserine oral capsule 250 mg</i>	1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>ethambutol oral tablet 100 mg</i>	1	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	1	
<i>isoniazid injection solution 100 mg/ml</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	1	
PRIFTIN ORAL TABLET 150 MG	1	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	1	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>rifampin oral capsule 150 mg, 300 mg</i> (Rifadin)	1	
RIFATER ORAL TABLET 50-120-300 MG	1	
SIRTURO ORAL TABLET 100 MG	1	PA; NM; NDS
TRECTOR ORAL TABLET 250 MG	1	
Antinausea Agents		
Antinausea Agents		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	1	PA; QL (2 per 28 days)
ANZEMET ORAL TABLET 100 MG, 50 MG	1	PA BvD
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i> (Emend)	1	PA
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	1	PA
BONJESTA ORAL TABLET, IR, DELAYED REL, BIPHASIC 20-20 MG	1	PA; QL (60 per 30 days)
<i>compro rectal suppository 25 mg</i>	1	
DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC) 10-10 MG	1	PA; QL (120 per 30 days)
<i>dimenhydrinate injection solution 50 mg/ml</i>	1	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	1	PA; NM; NDS; QL (60 per 30 days)
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	1	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	1	PA BvD
<i>meclizine oral tablet 12.5 mg</i>	1	
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	1	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i> (Zofran)	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl oral tablet 24 mg</i>	1	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i> (Zofran)	1	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i> (Zofran ODT)	1	PA BvD
<i>palonosetron intravenous solution 0.25 mg/5 ml</i> (Aloxi)	1	PA
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i>	1	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compazine)	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i> (Phenadoz)	1	
<i>promethazine rectal suppository 50 mg</i> (Phenergan)	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	1	
VARUBI ORAL TABLET 90 MG	1	PA; QL (4 per 28 days)
Antiparasite Agents		
Antiparasite Agents		
ALBENZA ORAL TABLET 200 MG	1	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	1	PA
ALINIA ORAL TABLET 500 MG	1	PA
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	1	NM; NDS
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	1	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	1	
BILTRICIDE ORAL TABLET 600 MG	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
COARTEM ORAL TABLET 20-120 MG	1	
DARAPRIM ORAL TABLET 25 MG	1	
EMVERM ORAL TABLET,CHEWABLE 100 MG	1	PA
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	1	
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	1	
<i>mefloquine oral tablet 250 mg</i>	1	
NEBUPENT INHALATION RECON SOLN 300 MG	1	PA BvD
<i>paromomycin oral capsule 250 mg</i>	1	
PENTAM INJECTION RECON SOLN 300 MG	1	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	1	
PRIMAQUINE ORAL TABLET 26.3 MG	1	
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	1	PA
<i>tinidazole oral tablet 250 mg</i>	1	
<i>tinidazole oral tablet 500 mg</i> (Tindamax)	1	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	1	NM; LA; NDS
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	1	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	1	
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet)	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> (Sinemet CR)	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	1	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	1	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	1	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	1	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	1	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	1	
<i>entacapone oral tablet 200 mg</i> (Comtan)	1	
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	1	ST
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	1	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)	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i> (Requip XL)	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	PA; PA-HRM; AGE (Max 64 Years)
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	PA; PA-HRM; AGE (Max 64 Years)
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	1	PA NSO; NM; NDS; QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	1	PA NSO; NM; NDS; QL (1 per 28 days)
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	1	PA NSO; QL (1 per 7 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	1	QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	NM; NDS; QL (60 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	PA NSO; NM; NDS; (1 syringe); QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	PA NSO; NM; NDS; (1 syringe); QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	PA NSO; NM; NDS; (1 syringe); QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	1	PA NSO; NM; NDS; (1 syringe); QL (3.2 per 28 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet 100 mg, 25 mg</i> (Clozaril)	1	
<i>clozapine oral tablet 200 mg, 50 mg</i>	1	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i> (FazaClo)	1	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)- 6MG(2)	1	QL (8 per 28 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	1	QL (60 per 30 days)
<i>haloperidol dec 50 mg/ml vial mdv 50 mg/ml</i> (Haldol Decanoate)	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i> (Haldol Decanoate)	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	1	
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i> (Haldol Decanoate)	1	
<i>haloperidol lactate injection solution 5 mg/ml</i> (Haldol)	1	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	PA NSO; NM; NDS; (1 syringe); QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	PA NSO; NM; NDS; (1 syringe); QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	PA NSO; NM; NDS; (1 syringe); QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	PA NSO; (1 syringe); QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	PA NSO; NM; NDS; (1 syringe); QL (0.5 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	1	PA NSO; NM; NDS; (1 syringe); QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	1	PA NSO; NM; NDS; (1 syringe); QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	PA NSO; NM; NDS; (1 syringe); QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	1	PA NSO; NM; NDS; (1 syringe); QL (2.63 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	1	PA NSO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	1	PA NSO; QL (60 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
NUPLAZID ORAL CAPSULE 34 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 17 MG	1	PA NSO; NM; LA; NDS; QL (60 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	1	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)	1	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	1	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> (Invega)	1	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	1	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i> (Orap)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Seroquel)	1	QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i> (Seroquel)	1	QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	1	QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i> (Seroquel XR)	1	QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	1	PA NSO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	1	PA NSO; NM; NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	1	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Risperdal)	1	QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i> (Risperdal)	1	QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	QL (120 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 5 MG	1	PA NSO; QL (60 per 30 days)
SAPHRIS 10 MG TAB SUBLINGUAL OUTER 10 MG	1	PA NSO; QL (60 per 30 days)
SAPHRIS 5 MG TAB SUBLINGUAL OUTER 5 MG	1	PA NSO; QL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET 2.5 MG	1	PA NSO; QL (60 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	PA NSO; PA-HRM; AGE (Max 64 Years)
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	

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Drug Name	Drug Tier	Requirements/Limits
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	1	PA NSO; QL (7 per 180 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	1	QL (60 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	PA NSO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	1	PA NSO; NM; NDS; QL (2 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	1	QL (960 per 30 days)
<i>abacavir oral tablet 300 mg</i> (Ziagen)	1	QL (60 per 30 days)
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	1	QL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	1	NM; NDS; QL (60 per 30 days)
APTIVUS ORAL CAPSULE 250 MG	1	QL (120 per 30 days)
APTIVUS ORAL SOLUTION 100 MG/ML	1	QL (380 per 30 days)
<i>atazanavir oral capsule 150 mg, 200 mg</i> (Reyataz)	1	QL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	1	QL (30 per 30 days)
ATRIPLA ORAL TABLET 600-200-300 MG	1	NM; NDS; QL (30 per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG	1	NM; NDS; QL (30 per 30 days)
CIMDUO ORAL TABLET 300-300 MG	1	NM; NDS; QL (30 per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG	1	NM; NDS; QL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	1	QL (270 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	1	QL (180 per 30 days)
DESCOVY ORAL TABLET 200-25 MG	1	NM; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>didanosine oral capsule, delayed release(drlec) 125 mg, 200 mg, 250 mg, 400 mg</i> (Videx EC)	1	QL (30 per 30 days)
EDURANT ORAL TABLET 25 MG	1	NM; NDS; QL (30 per 30 days)
<i>efavirenz oral capsule 200 mg</i> (Sustiva)	1	QL (90 per 30 days)
<i>efavirenz oral capsule 50 mg</i> (Sustiva)	1	QL (180 per 30 days)
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	1	QL (30 per 30 days)
EMTRIVA ORAL CAPSULE 200 MG	1	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	1	QL (850 per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	1	NM; NDS; QL (30 per 30 days)
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	1	QL (120 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	1	NM; NDS; QL (60 per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	1	NM; NDS; QL (30 per 30 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	1	QL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	1	QL (120 per 30 days)
INVIRASE ORAL CAPSULE 200 MG	1	NM; NDS; QL (300 per 30 days)
INVIRASE ORAL TABLET 500 MG	1	NM; NDS; QL (120 per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	1	NM; NDS; QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	1	QL (60 per 30 days)
ISENTRESS ORAL TABLET 400 MG	1	NM; NDS; QL (120 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	NM; NDS; QL (180 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	QL (180 per 30 days)
JULUCA ORAL TABLET 50-25 MG	1	NM; NDS; QL (30 per 30 days)
KALETRA ORAL TABLET 100-25 MG	1	QL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	1	NM; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	1	QL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	1	QL (30 per 30 days)
<i>lamivudine oral tablet 150 mg</i> (Epivir)	1	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	1	QL (30 per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	1	QL (60 per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	1	QL (1800 per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	1	QL (480 per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	1	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i> (Viramune)	1	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i> (Viramune XR)	1	QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i> (Viramune XR)	1	QL (30 per 30 days)
NORVIR ORAL CAPSULE 100 MG	1	QL (360 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	1	QL (360 per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	1	QL (480 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	1	NM; NDS; QL (30 per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	1	NM; NDS; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	1	NM; NDS; QL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	1	NM; NDS; QL (180 per 30 days)
PREZISTA ORAL TABLET 600 MG	1	NM; NDS; QL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	1	NM; NDS; QL (480 per 30 days)
PREZISTA ORAL TABLET 800 MG	1	NM; NDS; QL (30 per 30 days)
RESCRIPTOR ORAL TABLET 200 MG	1	QL (180 per 30 days)
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	1	QL (360 per 30 days)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	1	

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Drug Name	Drug Tier	Requirements/Limits
REYATAZ ORAL POWDER IN PACKET 50 MG	1	QL (180 per 30 days)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	1	QL (360 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	1	NM; NDS; QL (1800 per 30 days)
SELZENTRY ORAL TABLET 150 MG, 75 MG	1	NM; NDS; QL (60 per 30 days)
SELZENTRY ORAL TABLET 25 MG	1	NM; NDS; QL (240 per 30 days)
SELZENTRY ORAL TABLET 300 MG	1	NM; NDS; QL (120 per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> (Zerit)	1	QL (60 per 30 days)
<i>stavudine oral recon soln 1 mg/ml</i> (Zerit)	1	QL (2400 per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	1	NM; NDS; QL (30 per 30 days)
SYMFI LO ORAL TABLET 400-300-300 MG	1	NM; NDS; QL (30 per 30 days)
SYMFI ORAL TABLET 600-300-300 MG	1	NM; NDS; QL (30 per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	1	QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG	1	QL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	1	NM; NDS; QL (60 per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	1	NM; NDS; QL (30 per 30 days)
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	1	NM; NDS
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	1	NM; NDS; QL (30 per 30 days)
VEMLIDY ORAL TABLET 25 MG	1	QL (30 per 30 days)
VIDEX 2 GM PEDIATRIC SOLN 10 MG/ML (FINAL)	1	QL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	1	QL (1200 per 30 days)
VIDEX EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 125 MG	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIRACEPT ORAL TABLET 250 MG	1	NM; NDS; QL (270 per 30 days)
VIRACEPT ORAL TABLET 625 MG	1	NM; NDS; QL (120 per 30 days)
VIRAMUNE ORAL SUSPENSION 50 MG/5 ML	1	QL (1200 per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	1	QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	QL (30 per 30 days)
ZERIT ORAL RECON SOLN 1 MG/ML	1	QL (2400 per 30 days)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	1	QL (180 per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	1	QL (1920 per 30 days)
<i>zidovudine oral tablet 300 mg</i>	1	QL (60 per 30 days)
Antivirals, Miscellaneous		
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	1	PA BvD
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i> (Tamiflu)	1	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	1	
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	1	PA; NM; NDS
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA; NM; NDS; QL (30 per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	1	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	1	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	1	PA; NM; NDS
Hcv Antivirals		
HARVONI ORAL TABLET 90-400 MG	1	PA; NM; NDS; QL (28 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	1	PA; NM; NDS; QL (84 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)	1	
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	1	
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML	1	NM; NDS; QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	NM; NDS; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	1	NM; NDS; QL (2 per 28 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	1	NM; NDS; QL (2 per 28 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	1	PA NSO; NM; NDS
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i> (Zovirax)	1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i> (Zovirax)	1	
<i>acyclovir sodium intravenous recon soln 500 mg</i>	1	PA BvD
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	1	NM; NDS
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	1	NM; NDS
<i>cidofovir intravenous solution 75 mg/ml</i>	1	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	1	QL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>ganciclovir sodium intravenous recon soln 500 mg</i> (Cytovene)	1	PA BvD
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	1	PA BvD
REBETOL ORAL SOLUTION 40 MG/ML	1	
<i>ribasphere oral capsule 200 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ribasphere oral tablet 200 mg, 400 mg, 600 mg</i>	1	
<i>ribasphere ribapak 400-400 mg 400 mg (7)- 400 mg (7)</i>	1	
<i>ribasphere ribapak 600-400 mg 600 mg (7)- 400 mg (7)</i>	1	
<i>ribasphere ribapak oral tablets,dose pack 200 mg (7)- 400 mg (7), 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28)</i>	1	
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	1	PA; NM; NDS
<i>ribavirin oral capsule 200 mg</i> (Ribasphere)	1	
<i>ribavirin oral tablet 200 mg</i> (Moderiba)	1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	1	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	1	NM; NDS
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	1	QL (30 per 30 days)
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	
ELIQUIS ORAL TABLET 2.5 MG	1	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	1	QL (120 per 30 days)
ELIQUIS ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	1	QL (74 per 180 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	1	QL (28 per 14 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml</i> (Lovenox)	1	(28 syringes); QL (28 per 14 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	1	(28 syringes); QL (22.4 per 14 days)
<i>enoxaparin subcutaneous syringe 150 mg/ml</i> (Lovenox)	1	NM; NDS; (28 syringes); QL (28 per 14 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	1	(28 syringes); QL (8.4 per 14 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	1	(28 syringes); QL (11.2 per 14 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	1	(28 syringes); QL (16.8 per 14 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	1	(14 syringes); QL (11.2 per 14 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	1	(14 syringes); QL (7 per 14 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	1	(14 syringes); QL (5.6 per 14 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	1	(14 syringes); QL (8.4 per 14 days)
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml)</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	PA BvD; (PA for ESRD only)
<i>heparin (porcine) injection solution 1,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	PA BvD; (PA for ESRD only)
<i>heparin (porcine) injection solution 10,000 unit/ml</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	PA BvD; (PA for ESRD only)
<i>heparin sodium 1,000 unit/ml vial sdv, latex-free, outer 1,000 unit/ml</i>	1	PA BvD
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	1	PA BvD; (PA for ESRD only)
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	PA BvD; (PA for ESRD only)
<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	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	1	ST; QL (60 per 30 days)
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Coumadin)	1	
XARELTO ORAL TABLET 10 MG, 20 MG	1	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	1	QL (51 per 180 days)
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	1	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	1	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	1	PA; NM; LA; NDS
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; QL (12 per 28 days)
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; NM; NDS
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	1	PA; NM; LA; NDS
LEUKINE INJECTION RECON SOLN 250 MCG	1	PA; NM; NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	1	NM; NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	1	PA; NM; NDS
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	PA; NM; NDS
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	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	1	PA; QL (12 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; QL (6 per 28 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	1	PA; NM; NDS
Hematologic Agents, Miscellaneous		
<i>aminocaproic acid intravenous solution</i> 250 mg/ml	1	
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	1	
<i>anagrelide oral capsule 1 mg</i>	1	
<i>protamine intravenous solution 10 mg/ml</i>	1	PA BvD; (PA for ESRD only)
TAVALISSE ORAL TABLET 100 MG, 150 MG	1	PA; NM; NDS; QL (60 per 30 days)
<i>tranexamic acid intravenous solution</i> (Cyklokapron) 1,000 mg/10 ml (100 mg/ml)	1	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	1	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er</i> (Aggrenox) <i>multiphase 12 hr 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	1	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg,</i> <i>75 mg</i>	1	
<i>pentoxifylline oral tablet extended</i> <i>release 400 mg</i>	1	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	1	QL (30 per 30 days)
ZONTIVITY ORAL TABLET 2.08 MG	1	PA
Caloric Agents		
Caloric Agents		
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	1	PA BvD
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN II 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	PA BvD
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	1	PA BvD
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
AMINOSYN-PF 7 % (SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	1	PA BvD
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	1	PA BvD
<i>dextrose 10 % in water (d10w)</i> <i>intravenous parenteral solution 10 %</i>	1	PA BvD
<i>dextrose 20 % in water (d20w)</i> <i>intravenous parenteral solution 20 %</i>	1	PA BvD
<i>dextrose 25 % in water (d25w)</i> <i>intravenous syringe</i>	1	PA BvD
<i>dextrose 40 % in water (d40w)</i> <i>intravenous parenteral solution 40 %</i>	1	PA BvD
<i>dextrose 5 % in ringer's intravenous</i> <i>parenteral solution 5 %</i>	1	
<i>dextrose 5 % in water (d5w) intravenous</i> <i>parenteral solution</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	1	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	1	PA BvD
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	1	PA BvD
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	1	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	1	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	1	PA BvD
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION 6 %	1	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	1	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> (Catapres)	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	1	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	1	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	1	
<i>clorpres oral tablet 0.1-15 mg, 0.2-15 mg, 0.3-15 mg</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	1	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
NORTHERA ORAL CAPSULE 100 MG	1	PA; NM; LA; NDS; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NORTHERA ORAL CAPSULE 200 MG, 300 MG	1	PA; NM; LA; NDS; QL (180 per 30 days)
<i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	1	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i> (Atacand)	1	QL (60 per 30 days)
<i>candesartan oral tablet 32 mg</i> (Atacand)	1	QL (30 per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg</i> (Atacand HCT)	1	QL (60 per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	1	QL (30 per 30 days)
EDARBI ORAL TABLET 40 MG, 80 MG	1	QL (30 per 30 days)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	1	QL (30 per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	PA; QL (60 per 30 days)
<i>eprosartan oral tablet 600 mg</i>	1	QL (45 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	1	QL (30 per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	1	QL (30 per 30 days)
<i>losartan oral tablet 100 mg</i> (Cozaar)	1	QL (45 per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i> (Cozaar)	1	QL (60 per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	QL (30 per 30 days)
<i>olmesartan oral tablet 20 mg, 40 mg</i> (Benicar)	1	QL (30 per 30 days)
<i>olmesartan oral tablet 5 mg</i> (Benicar)	1	QL (60 per 30 days)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	1	QL (30 per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	1	QL (30 per 30 days)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> (Twynsta)	1	QL (30 per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	1	QL (30 per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i> (Diovan)	1	QL (60 per 30 days)
<i>valsartan oral tablet 320 mg</i> (Diovan)	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide oral tablet</i> (Diovan HCT) 160-12.5 mg, 80-12.5 mg	1	QL (60 per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet</i> (Diovan HCT) 160-25 mg, 320-12.5 mg, 320-25 mg	1	QL (30 per 30 days)
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet</i> 10 mg, 20 mg, 40 mg (Lotensin)	1	QL (60 per 30 days)
<i>benazepril oral tablet</i> 5 mg	1	QL (60 per 30 days)
<i>benazepril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin HCT)	1	QL (60 per 30 days)
<i>benazepril-hydrochlorothiazide oral tablet</i> 5-6.25 mg	1	QL (60 per 30 days)
<i>captopril oral tablet</i> 100 mg, 12.5 mg, 25 mg, 50 mg	1	
<i>captopril-hydrochlorothiazide oral tablet</i> 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
<i>enalapril maleate oral tablet</i> 10 mg, 2.5 mg, 20 mg, 5 mg (Vasotec)	1	QL (60 per 30 days)
<i>enalaprilat intravenous solution</i> 1.25 mg/ml	1	QL (120 per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet</i> 10-25 mg (Vaseretic)	1	QL (60 per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet</i> 5-12.5 mg	1	QL (60 per 30 days)
<i>fosinopril oral tablet</i> 10 mg, 20 mg, 40 mg	1	QL (60 per 30 days)
<i>fosinopril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg	1	QL (120 per 30 days)
<i>lisinopril oral tablet</i> 10 mg, 20 mg, 5 mg (Prinivil)	1	QL (60 per 30 days)
<i>lisinopril oral tablet</i> 2.5 mg, 30 mg, 40 mg (Zestril)	1	QL (60 per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	1	QL (60 per 30 days)
<i>moexipril oral tablet</i> 15 mg, 7.5 mg	1	
<i>moexipril-hydrochlorothiazide oral tablet</i> 15-12.5 mg, 15-25 mg, 7.5-12.5 mg	1	QL (60 per 30 days)
<i>perindopril erbumine oral tablet</i> 2 mg, 4 mg, 8 mg	1	QL (60 per 30 days)
<i>quinapril oral tablet</i> 10 mg, 20 mg, 40 mg, 5 mg (Accupril)	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide oral tablet</i> (Accuretic) 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	QL (60 per 30 days)
<i>ramipril oral capsule</i> 1.25 mg, 10 mg, 2.5 mg, 5 mg (Altace)	1	QL (60 per 30 days)
<i>trandolapril oral tablet</i> 1 mg, 2 mg, 4 mg	1	QL (60 per 30 days)
Antiarrhythmic Agents		
<i>amiodarone intravenous solution</i> 50 mg/ml	1	
<i>amiodarone intravenous syringe</i> 150 mg/3 ml	1	
<i>amiodarone oral tablet</i> 100 mg, 200 mg, 400 mg (Pacerone)	1	
<i>disopyramide phosphate oral capsule</i> 100 mg, 150 mg (Norpace)	1	
<i>dofetilide oral capsule</i> 125 mcg, 250 mcg, 500 mcg (Tikosyn)	1	
<i>flecainide oral tablet</i> 100 mg, 150 mg, 50 mg	1	
<i>lidocaine (pf) in d7.5w intrathecal solution</i> 50 mg/ml (5%)	1	
<i>lidocaine (pf) intravenous syringe</i> 50 mg/5 ml (1%)	1	
<i>lidocaine in 5% dextrose (pf) intravenous parenteral solution</i> 8 mg/ml (0.8%)	1	
<i>mexiletine oral capsule</i> 150 mg, 200 mg, 250 mg	1	
MULTAQ ORAL TABLET 400 MG	1	
<i>pacerone oral tablet</i> 100 mg, 200 mg, 400 mg	1	
<i>procainamide injection solution</i> 100 mg/ml, 500 mg/ml	1	
<i>procainamide intravenous syringe</i> 100 mg/ml	1	
<i>propafenone oral capsule, extended release</i> 12 hr 225 mg, 325 mg, 425 mg (Rythmol SR)	1	
<i>propafenone oral tablet</i> 150 mg, 225 mg, 300 mg	1	
<i>quinidine gluconate injection solution</i> 80 mg/ml	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg (Tenoretic 100)</i>	1	
<i>atenolol-chlorthalidone oral tablet 50-25 mg (Tenoretic 50)</i>	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg (Ziac)</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)</i>	1	
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml) (Brevibloc)</i>	1	PA BvD
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	1	
<i>labetalol intravenous solution 5 mg/ml</i>	1	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg (Toprol XL)</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg (Lopressor HCT)</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml (Lopressor)</i>	1	
<i>metoprolol tartrate intravenous syringe 5 mg/5 ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg (Lopressor)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate oral tablet 25 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	1	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg</i> (Corzide)	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol intravenous solution 1 mg/ml</i>	1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (Betapace)	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl intravenous recon soln 100 mg</i>	1	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg</i> (Taztia XT)	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiazac)	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cardizem CD)	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	1	
<i>diltiazem hcl oral tablet 90 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral tablet extended release</i> (Cardizem LA) 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
<i>dilt-xr oral capsule,ext.rel 24h</i> <i>degradable</i> 120 mg, 180 mg, 240 mg	1	
<i>matzim la oral tablet extended release</i> 24 <i>hr</i> 180 mg, 240 mg, 300 mg, 360 mg, 420 <i>mg</i>	1	
<i>taztia xt oral capsule,extended release</i> 24 <i>hr</i> 120 mg, 180 mg, 240 mg, 300 mg, 360 <i>mg</i>	1	
<i>verapamil intravenous solution</i> 2.5 mg/ml	1	
<i>verapamil intravenous syringe</i> 2.5 mg/ml	1	
<i>verapamil oral capsule, 24 hr er pellet ct</i> (Verelan PM) 100 mg, 200 mg, 300 mg	1	
<i>verapamil oral capsule,ext rel. pellets</i> 24 (Verelan) <i>hr</i> 120 mg, 180 mg, 240 mg, 360 mg	1	
<i>verapamil oral tablet</i> 120 mg, 80 mg (Calan)	1	
<i>verapamil oral tablet</i> 40 mg	1	
<i>verapamil oral tablet extended release</i> (Calan SR) 120 mg, 180 mg, 240 mg	1	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	1	PA; QL (60 per 30 days)
DEMSER ORAL CAPSULE 250 MG	1	PA; NM; NDS
<i>digitek oral tablet</i> 125 mcg, 250 mcg	1	
<i>digox oral tablet</i> 125 mcg, 250 mcg	1	
<i>digoxin injection syringe</i> 250 mcg/ml	1	
DIGOXIN ORAL SOLUTION 50 MCG/ML	1	
<i>digoxin oral tablet</i> 125 mcg, 250 mcg (Digitek)	1	
<i>dobutamine in d5w intravenous</i> <i>parenteral solution</i> 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)	1	PA BvD
<i>dobutamine intravenous solution</i> 250 <i>mg/20 ml</i> (12.5 mg/ml), 500 mg/40 ml (12.5 mg/ml)	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/250 ml (3,200 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	1	PA BvD
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 400 mg/10 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>	1	PA BvD
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	1	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)	1	QL (4 per 30 days)
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	1	PA; NM; LA; NDS; QL (18 per 30 days)
<i>hydralazine injection solution 20 mg/ml</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
LANOXIN ORAL TABLET 125 MCG, 187.5 MCG, 250 MCG, 62.5 MCG	1	
<i>milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)</i>	1	PA BvD
<i>milrinone intravenous solution 1 mg/ml</i>	1	PA BvD
<i>norepinephrine bitartrate intravenous solution 1 mg/ml</i> (Levophed (bitartrate))	1	PA BvD
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	1	
Dihydropyridines		
<i>afeditab cr oral tablet extended release 30 mg, 60 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> (Lotrel)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	1	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>nicardipine intravenous solution 25 mg/10 ml</i> (Cardene IV)	1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> (Adalat CC)	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular)	1	
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg</i>	1	
Diuretics		
ALDACTAZIDE ORAL TABLET 50-50 MG	1	
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	1	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i> (Diuril IV)	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide oral capsule 12.5 mg</i> (Microzide)	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	1	PA; NM; NDS; QL (56 per 28 days)
<i>methyclothiazide oral tablet 5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)	1	
<i>toremide oral tablet 10 mg, 20 mg</i> (Demadex)	1	
<i>toremide oral tablet 100 mg, 5 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> (Dyazide)	1	
<i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	1	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	1	
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</i> (Caduet)	1	QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	1	QL (30 per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Lipitor)	1	QL (45 per 30 days)
<i>atorvastatin oral tablet 80 mg</i> (Lipitor)	1	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light packet 4 gram</i>	1	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	1	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>colestipol oral packet 5 gram</i> (Colestid)	1	
<i>colestipol oral tablet 1 gram</i> (Colestid)	1	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	1	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release (drlec) 135 mg, 45 mg</i> (Trilipix)	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)	1	
<i>fluvastatin oral capsule 20 mg, 40 mg</i> (Lescol)	1	QL (60 per 30 days)
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	1	PA; NM; LA; NDS; QL (30 per 30 days)
KYNAMRO SUBCUTANEOUS SYRINGE 200 MG/ML	1	PA; NM; LA; NDS; QL (4 per 28 days)
<i>lovastatin oral tablet 10 mg, 20 mg</i>	1	QL (45 per 30 days)
<i>lovastatin oral tablet 40 mg</i>	1	QL (60 per 30 days)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release)	1	QL (60 per 30 days)
<i>niacor oral tablet 500 mg</i>	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	1	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	1	PA; QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg</i>	1	QL (45 per 30 days)
<i>pravastatin oral tablet 20 mg, 40 mg</i> (Pravachol)	1	QL (45 per 30 days)
<i>pravastatin oral tablet 80 mg</i> (Pravachol)	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>prevalite oral powder in packet 4 gram</i>	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	1	PA; QL (3.5 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	1	PA; QL (3 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	1	PA; QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 5 mg</i> (Crestor)	1	QL (45 per 30 days)
<i>rosuvastatin oral tablet 40 mg</i> (Crestor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg</i> (Zocor)	1	QL (45 per 30 days)
<i>simvastatin oral tablet 40 mg</i> (Zocor)	1	PA; (PA only w/ amiodarone); QL (45 per 30 days)
<i>simvastatin oral tablet 5 mg</i>	1	QL (45 per 30 days)
<i>simvastatin oral tablet 80 mg</i> (Zocor)	1	PA; (PA only w/ amiodarone); QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	1	QL (120 per 30 days)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	1	
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	1	
TEKTRNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	1	
TEKTRNA ORAL TABLET 150 MG, 300 MG	1	QL (30 per 30 days)
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	1	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (ISOCHRON)	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>minitran transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	1	
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml), 50 mg/500 ml (100 mcg/ml)</i>	1	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr (Minitran)</i>	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray (Nitrolingual)</i>	1	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	1	
Central Nervous System Agents		
Central Nervous System Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	1	PA; NM; LA; NDS; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg (Strattera)</i>	1	PA
AUBAGIO ORAL TABLET 14 MG	1	NM; NDS; QL (28 per 28 days)
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	1	PA; NM; NDS; QL (120 per 30 days)
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	1	NM; NDS; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	1	NM; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	1	NM; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	NM; NDS; QL (14 per 28 days)
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i> (Cafcit)	1	
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	1	NM; NDS; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	1	NM; NDS; QL (12 per 28 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	1	PA; NM; NDS; QL (60 per 30 days)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR)	1	NM; NDS
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	1	NM; NDS
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i> (Dexedrine Spansule)	1	NM; NDS
<i>dextroamphetamine oral solution 5 mg/5 ml</i> (ProCentra)	1	NM; NDS
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i> (Zenedi)	1	NM; NDS
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> (Adderall XR)	1	NM; NDS
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	1	NM; NDS
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	1	NM; NDS; QL (14 per 28 days)
<i>flumazenil intravenous solution 0.1 mg/ml</i>	1	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	1	NM; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone)	1	NM; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)	1	NM; NDS; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	1	PA
INGREZZA ORAL CAPSULE 40 MG, 80 MG	1	PA; NM; NDS; QL (30 per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	NM; NDS
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg</i> (Ritalin LA)	1	NM; NDS
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	1	NM; NDS
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	1	NM; NDS
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	1	NM; NDS
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	1	NM; NDS
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i> (Concerta)	1	NM; NDS
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i> (Relexxii)	1	NM; NDS
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	1	NM; NDS
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	1	PA; NM; NDS; QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	NM; NDS; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	NM; NDS; QL (1 per 28 days)
RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML	1	PA; NM; NDS; QL (2800 per 28 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	1	NM; NDS; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	1	NM; NDS; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	1	NM; NDS; QL (4.2 per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	1	NM; NDS; QL (4.2 per 28 days)
<i>riluzole oral tablet 50 mg</i> (Rilutek)	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	1	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	1	NM; LA; NDS; QL (120 per 180 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	1	NM; LA; NDS; QL (60 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	1	NM; NDS; QL (120 per 30 days)
Contraceptives		
Contraceptives		
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>delyla (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>desog-e.estradiolle.estradiol oral tablet (Azurette (28))</i> <i>0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>desogestrel-ethinyl estradiol oral tablet (Apri)</i> <i>0.15-0.03 mg</i>	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet (Beyaz)</i> <i>3-0.02-0.451 mg (24) (4)</i>	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet (Safyral)</i> <i>3-0.03-0.451 mg (21) (7)</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet (Gianvi (28))</i> <i>3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet (Ocella)</i> <i>3-0.03 mg</i>	1	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	
ELLA ORAL TABLET 30 MG	1	
<i>emoquette oral tablet 0.15-0.03 mg</i>	1	
<i>enpresse oral tablet 50-30 (6)/75-40</i> <i>(5)/125-30(10)</i>	1	
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	
<i>errin oral tablet 0.35 mg</i>	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet (Kelnor 1/35 (28))</i> <i>1-35 mg-mcg</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet (Kelnor 1-50)</i> <i>1-50 mg-mcg</i>	1	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>fayosim oral tablets,dose pack,3 month</i> <i>0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	1	
<i>gianvi (28) oral tablet 3-0.02 mg</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	
<i>incassia oral tablet 0.35 mg</i>	1	
<i>introvale oral tablets,dose pack,3 month</i> <i>0.15 mg-30 mcg</i>	1	
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	
<i>jencycla oral tablet 0.35 mg</i>	1	
<i>jolessa oral tablets,dose pack,3 month</i> <i>0.15 mg-30 mcg</i>	1	
<i>jolivette oral tablet 0.35 mg</i>	1	
<i>juleber oral tablet 0.15-0.03 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>kelnor 1-50 oral tablet 1-50 mg-mcg</i>	1	
<i>kimidess (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>kurvelo oral tablet 0.15-0.03 mg</i>	1	
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (Amethia Lo)	1	
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (Fayosim)	1	
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	1	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	1	
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg (Aubra)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg (Altavera (28))</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (Amethyst)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (Introvale)</i>	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10) (Enpresse)</i>	1	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	
<i>lillow oral tablet 0.15-0.03 mg</i>	1	
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	
<i>marlissa oral tablet 0.15-0.03 mg</i>	1	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	1	
<i>mononessa (28) oral tablet 0.25-35 mg-mcg</i>	1	
<i>myzilra oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>necon 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone (contraceptive) oral tablet (Camila)</i> 0.35 mg	1	
<i>norethindrone ac-eth estradiol oral tablet (Junel 1/20 (21))</i> 1-20 mg-mcg	1	
<i>norethindrone-e.estradiol-iron oral tablet (Blisovi Fe 1/20 (28))</i> 1 mg-20 mcg (21)/75 mg (7)	1	
<i>norethindrone-e.estradiol-iron oral tablet (Blisovi 24 Fe)</i> 1 mg-20 mcg (24)/75 mg (4)	1	
<i>norgestimate-ethinyl estradiol oral tablet (Ortho Tri-Cyclen LO (28))</i> 0.18/0.215/0.25 mg-25 mcg	1	
<i>norgestimate-ethinyl estradiol oral tablet (Ortho Tri-Cyclen (28))</i> 0.18/0.215/0.25 mg-35 mcg (28)	1	
<i>norgestimate-ethinyl estradiol oral tablet (Estarylla)</i> 0.25-35 mg-mcg	1	
<i>norlyda oral tablet 0.35 mg</i>	1	
<i>norlyroc oral tablet 0.35 mg</i>	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	1	
<i>ocella oral tablet 3-0.03 mg</i>	1	
<i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i>	1	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	1	
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	1	
<i>portia oral tablet 0.15-0.03 mg</i>	1	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	1	
<i>quasense oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	1	
<i>rajani oral tablet 3-0.02-0.451 mg (24) (4)</i>	1	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	1	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	
<i>syeda oral tablet 3-0.03 mg</i>	1	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg- 35mcg (9)</i>	1	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>tri-lynyah oral tablet 0.18/0.215/0.25 mg- 35 mcg (28)</i>	1	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>trinessa lo oral tablet 0.18/0.215/0.25 mg- 25 mcg</i>	1	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg- 35 mcg (28)</i>	1	
<i>tulana oral tablet 0.35 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	
<i>velivet triphasic regimen (28) oral tablet 0.11.125/1.15-25 mg-mcg</i>	1	
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	
<i>zarah oral tablet 3-0.03 mg</i>	1	
<i>zenchent (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	1	
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline oral capsule 30 mg (Evoxac)</i>	1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 % (Paroex Oral Rinse)</i>	1	
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>oralone dental paste 0.1 %</i>	1	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg (Salagen (pilocarpine))</i>	1	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 % (Oralone)</i>	1	
Dermatological Agents		
Dermatological Agents, Other		
<i>acitretin oral capsule 10 mg, 17.5 mg (Soriatane)</i>	1	PA; NM; NDS; QL (60 per 30 days)
<i>acitretin oral capsule 25 mg (Soriatane)</i>	1	PA; NM; NDS
<i>acyclovir topical ointment 5 % (Zovirax)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ALCOHOL PADS TOPICAL PADS, MEDICATED	1	
<i>ammonium lactate topical cream 12 %</i> (Geri-Hydrolac)	1	
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	1	
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>calcipotriene scalp solution 0.005 %</i>	1	
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	1	
<i>calcipotriene topical ointment 0.005 %</i> (Calcitrene)	1	
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i> (Taclonex)	1	
<i>calcitrene topical ointment 0.005 %</i>	1	
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	1	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
CONDYLOX TOPICAL GEL 0.5 %	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; NM; NDS
DENAVIR TOPICAL CREAM 1 %	1	QL (5 per 30 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; NM; NDS; QL (8 per 28 days)
<i>fluorouracil topical cream 0.5 %</i> (Carac)	1	
<i>fluorouracil topical cream 5 %</i> (Efudex)	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>imiquimod topical cream in metered-dose pump 3.75 %</i> (Zyclara)	1	
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Absorica)	1	
LEVULAN TOPICAL SOLUTION 20 %	1	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> (Oxsoralen Ultra)	1	
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
PANRETIN TOPICAL GEL 0.1 %	1	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
PICATO TOPICAL GEL 0.015 %	1	QL (3 per 30 days)
PICATO TOPICAL GEL 0.05 %	1	QL (2 per 30 days)
<i>podofilox topical solution 0.5 %</i>	1	
REGRANEX TOPICAL GEL 0.01 %	1	NM; NDS
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	1	
TOLAK TOPICAL CREAM 4 %	1	
UVADEX INJECTION SOLUTION 20 MCG/ML	1	
VALCHLOR TOPICAL GEL 0.016 %	1	PA NSO; NM; LA; NDS
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ZOVIRAX TOPICAL CREAM 5 %	1	QL (5 per 30 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %, 3.75 %	1	
Dermatological Antibacterials		
<i>clindamycin phosphate topical foam 1 %</i> (Evoclin)	1	
<i>clindamycin phosphate topical gel 1 %</i> (Cleocin T)	1	
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	1	
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	1	
<i>clindamycin phosphate topical swab 1 %</i> (Cleocin T)	1	
<i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %</i> (Duac)	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i> (Benzaclin)	1	
<i>ery pads topical swab 2 %</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin with ethanol topical swab 2 %</i> (Ery Pads)	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Aktipak)	1	
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>metronidazole topical cream 0.75 %</i> (MetroCream)	1	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole topical gel 1 %</i> (Metrogel)	1	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	1	
<i>mupirocin calcium topical cream 2 %</i> (Bactroban)	1	
<i>mupirocin topical ointment 2 %</i> (Centany)	1	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1	
<i>rosadan topical cream 0.75 %</i>	1	
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>silver sulfadiazine topical cream 1 %</i> (Silvadene)	1	
<i>ssd topical cream 1 %</i>	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	1	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %, 2.5 %</i>	1	
<i>ala-scalp topical lotion 2 %</i>	1	
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>amcinonide topical cream 0.1 %</i>	1	
<i>amcinonide topical lotion 0.1 %</i>	1	
<i>amcinonide topical ointment 0.1 %</i>	1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene)	1	
<i>clobetasol scalp solution 0.05 %</i> (Cormax)	1	
<i>clobetasol topical cream 0.05 %</i> (Temovate)	1	
<i>clobetasol topical foam 0.05 %</i> (Olux)	1	
<i>clobetasol topical gel 0.05 %</i>	1	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	1	
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	1	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	1	
<i>clobetasol topical spray, non-aerosol 0.05 %</i> (Clobex)	1	
<i>clobetasol-emollient topical cream 0.05 %</i>	1	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	1	
<i>clocortolone pivalate topical cream 0.1 %</i> (Cloderm)	1	
<i>cormax scalp solution 0.05 %</i>	1	
<i>desonide topical cream 0.05 %</i> (DesOwen)	1	
<i>desonide topical lotion 0.05 %</i> (DesOwen)	1	
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	1	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	1	
<i>diflorasone topical cream 0.05 %</i> (Psorcon)	1	
<i>diflorasone topical ointment 0.05 %</i>	1	
ELIDEL TOPICAL CREAM 1 %	1	PA
EUCRISA TOPICAL OINTMENT 2 %	1	PA
<i>fluocinolone 0.01% body oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	1	
<i>fluocinolone and shower cap scalp oil 0.01 %</i> (Derma-Smoothe/FS Scalp Oil)	1	
<i>fluocinolone topical cream 0.01 %</i>	1	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	1	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	1	
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	1	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical gel 0.05 %</i>	1	
<i>fluocinonide topical ointment 0.05 %</i>	1	
<i>fluocinonide topical solution 0.05 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide-e topical cream 0.05 %</i>	1	
<i>fluticasone topical cream 0.05 %</i> (Cutivate)	1	
<i>fluticasone topical lotion 0.05 %</i> (Cutivate)	1	
<i>fluticasone topical ointment 0.005 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i> (Ultravate)	1	
<i>halobetasol propionate topical ointment 0.05 %</i> (Ultravate)	1	
<i>hydrocort buty 0.1% lipo cream 0.1 %</i> (Locoid Lipocream)	1	
<i>hydrocortisone butyrate topical cream 0.1 %</i> (Locoid)	1	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate topical solution 0.1 %</i> (Locoid)	1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i> (Ala-Cort)	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i> (Analpram-HC)	1	
<i>mometasone topical cream 0.1 %</i> (Elocon)	1	
<i>mometasone topical ointment 0.1 %</i> (Elocon)	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>prednicarbate topical cream 0.1 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i> (Dermatop)	1	
PROCTOFOAM HC RECTAL FOAM 1-1 %	1	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>procto-pak topical cream with perineal applicator 1 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	1	QL (60 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>trianex topical ointment 0.05 %</i>	1	
<i>triderm topical cream 0.1 %, 0.5 %</i>	1	
<i>tridesilon topical cream 0.05 %</i>	1	
Dermatological Retinoids		
<i>adapalene 0.3% gel pump 0.3 %</i> (Differin)	1	
<i>adapalene topical cream 0.1 %</i> (Differin)	1	
<i>adapalene topical gel 0.1 %, 0.3 %</i> (Differin)	1	
<i>avita topical cream 0.025 %</i>	1	PA
<i>avita topical gel 0.025 %</i>	1	PA
FABIOR TOPICAL FOAM 0.1 %	1	PA
<i>tazarotene topical cream 0.1 %</i> (Avage)	1	
TAZORAC TOPICAL CREAM 0.05 %	1	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	1	PA
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)	1	PA
<i>tretinoin topical cream 0.025 %</i> (Avita)	1	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	1	PA
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	1	PA
<i>tretinoin topical gel 0.025 %</i> (Avita)	1	PA
<i>tretinoin topical gel 0.05 %</i> (Atralin)	1	PA
Scabicides And Pediculicides		
<i>lindane topical shampoo 1 %</i>	1	
<i>malathion topical lotion 0.5 %</i> (Ovide)	1	
<i>permethrin topical cream 5 %</i> (Elimite)	1	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	1	
Devices		
Devices		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	1	

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Drug Name	Drug Tier	Requirements/Limits
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	1	
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	1	
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	1	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	1	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	
INSULIN SYRINGE-NEEDLE U-100 (Ultilet Insulin Syringe) SYRINGE 0.3 ML 29 GAUGE	1	
INSULIN SYRINGE-NEEDLE U-100 (Advocate Syringes) SYRINGE 1 ML 29 GAUGE X 1/2"	1	
INSULIN SYRINGE-NEEDLE U-100 (Lite Touch Insulin Syringe) SYRINGE 1/2 ML 28 GAUGE	1	
PEN NEEDLE, DIABETIC NEEDLE (1st Tier Unifine 29 GAUGE X 1/2" Pentips)	1	
VGO 40 DISPOSABLE DEVICE	1	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	1	NM; LA; NDS
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	1	PA; NM; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	1	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	1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	LA
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	1	PA; NM; NDS
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	1	PA; NM; LA; NDS

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Drug Name	Drug Tier	Requirements/Limits
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	1	PA; NM; NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	1	PA; NM; NDS
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	1	PA; NM; LA; NDS
KUVAN ORAL TABLET,SOLUBLE 100 MG	1	PA; NM; LA; NDS
<i>miglustat oral capsule 100 mg</i> (Zavesca)	1	PA; NM; NDS; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	1	PA; NM; NDS
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	1	PA; NM; NDS
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	1	PA; NM; LA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	PA; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 100 MG/ML, 40 MG/ML	1	PA; NM; LA; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	1	PA; NM; LA; NDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 10,000-34,000 -55,000 UNIT, 15,000-47,000 -63,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000 -14,000-UNIT, 3,000-10,000- 16,000 UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000 - 27,000 UNIT, 5,000-17,000- 24,000 UNIT	1	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	1	

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Drug Name	Drug Tier	Requirements/Limits
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	1	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i> (Iopidine)	1	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	1	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	1	
<i>azelastine nasal spray,non-aerosol 0.15 %</i> (Astepro) (205.5 mcg)	1	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)	1	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	1	NM; LA; NDS
<i>epinastine ophthalmic (eye) drops 0.05 %</i> (Elestat)	1	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	1	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i> (Patanase)	1	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Patanol)	1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Pataday)	1	ST
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	1	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydracil)	1	
TYZINE NASAL DROPS 0.1 %	1	
TYZINE NASAL SPRAY, NON-AEROSOL 0.1 %	1	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	1	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	1	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (AK-Poly-Bac)	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	1	
<i>bleph-10 ophthalmic (eye) drops 10 %</i>	1	
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	1	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	1	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	1	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	1	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> (Ciloxan)	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> (Zymaxid)	1	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	1	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> (Polytrim)	1	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> (Bleph-10)	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	1	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i> (Tobrex)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> (TobraDex)	1	
<i>trifluridine ophthalmic (eye) drops 1 %</i> (Viroptic)	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	1	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	1	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	1	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	1	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	1	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	1	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
<i>fluticasone nasal spray,suspension 50 mcglactuation</i> (24 Hour Allergy Relief)	1	(Rx product only)
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	1	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	1	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	1	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	1	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mometasone nasal spray,non-aerosol 50 mcg/lactuation</i> (Nasonex)	1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Omnipred)	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	1	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	1	
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
CARAFATE ORAL SUSPENSION 100 MG/ML	1	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
<i>esomeprazole magnesium oral capsule,delayed release(drlec) 20 mg, 40 mg</i> (Nexium)	1	
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	1	PA
<i>esomeprazole sodium intravenous recon soln 40 mg</i> (Nexium IV)	1	PA
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	1	
<i>famotidine intravenous solution 10 mg/ml</i>	1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i> (Pepcid)	1	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	
<i>lansoprazole oral capsule,delayed release(drlec) 15 mg</i> (Heartburn Treatment 24 Hour)	1	
<i>lansoprazole oral capsule,delayed release(drlec) 30 mg</i> (Prevacid)	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	1	

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Drug Name	Drug Tier	Requirements/Limits
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 20 MG, 40 MG	1	ST
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>nizatidine oral solution 150 mg/10 ml</i>	1	
<i>omeprazole oral capsule, delayed release (drlec) 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)	1	
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i> (Protonix)	1	
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i> (Aciphex)	1	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	
<i>ranitidine hcl oral tablet 150 mg</i> (Acid Control (ranitidine))	1	
<i>ranitidine hcl oral tablet 300 mg</i> (Zantac)	1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	1	
Gastrointestinal Agents, Other		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	1	QL (60 per 30 days)
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	1	PA; NM; NDS
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	1	PA; NM; NDS
<i>constulose oral solution 10 gram/15 ml</i>	1	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	1	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	NM; NDS
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	1	NM; NDS
<i>enulose oral solution 10 gram/15 ml</i>	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	1	PA; NM; LA; NDS
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	1	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	1	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	1	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	1	PA; NM; LA; NDS; QL (525 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	1	PA; (1 per day); QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	1	PA; (1 per day); QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	1	PA; (1 per day); QL (12 per 30 days)
<i>sod polystyren sulf 15 g/60 ml sorbitol free 15 gram/60 ml</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)	1	NM; NDS
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	1	NM; NDS
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>ursodiol oral capsule 300 mg</i> (Actigall)	1	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	1	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	1	

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Drug Name	Drug Tier	Requirements/Limits
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	1	PA; LA; QL (30 per 30 days)
XERMELO ORAL TABLET 250 MG	1	PA; NM; LA; NDS; QL (90 per 30 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	1	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>gavilyte-n oral recon soln 420 gram</i>	1	
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM	1	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	1	
OSMOPREP ORAL TABLET 1.5 GRAM	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	1	
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i> (Colyte with Flavor Packs)	1	
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	1	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i> (ClearLax)	1	
<i>polyethylene glycol 3350 powd 17 gm packets (rx) 17 gram</i> (ClearLax)	1	
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	1	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	1	
Phosphate Binders		
AURYXIA ORAL TABLET 210 MG IRON	1	PA; NM; NDS; QL (360 per 30 days)
<i>calcium acetate oral capsule 667 mg</i>	1	
<i>calcium acetate oral tablet 667 mg</i> (Calphron)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>eliphos oral tablet 667 mg</i>	1	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	1	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)	1	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	1	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	1	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	1	ST; NM; NDS
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> (Urecholine)	1	
<i>flavoxate oral tablet 100 mg</i>	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	1	QL (30 per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	1	
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	1	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	1	QL (30 per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	1	
<i>tropium oral capsule, extended release 24hr 60 mg</i>	1	
<i>tropium oral tablet 20 mg</i>	1	
VESICARE ORAL TABLET 10 MG, 5 MG	1	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	1	
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>deferoxamine injection recon soln 2 gram, 500 mg</i> (Desferal)	1	PA BvD; (PA for ESRD only)
DEPEN TITRATABS ORAL TABLET 250 MG	1	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	1	PA; NM; LA; NDS
FERRIPROX ORAL TABLET 500 MG	1	PA; NM; LA; NDS
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	1	PA; NM; NDS
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	1	PA; NM; NDS
<i>trientine oral capsule 250 mg</i> (Syprine)	1	PA; NM; NDS
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
ANADROL-50 ORAL TABLET 50 MG	1	NM; NDS
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	1	NM; NDS
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	1	NM; NDS
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	1	NM; NDS
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
METHITEST ORAL TABLET 10 MG	1	NM; NDS
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	1	NM; NDS
<i>testosterone cypionate intramuscular oil 100 mg/ml</i> (Depo-Testosterone)	1	NM; NDS
<i>testosterone cypionate intramuscular oil 200 mg/ml</i> (Depo-Testosterone)	1	NM; NDS
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram lactuation</i> (Fortesta)	1	NM; NDS
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1%)</i> (Vogelxo)	1	NM; NDS
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i> (AndroGel)	1	NM; NDS
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
DUAVEE ORAL TABLET 0.45-20 MG	1	PA
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Alora)	1	
<i>estradiol transdermal patch semiweekly 0.0375 mg/24 hr</i> (Minivelle)	1	
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	1	
<i>estradiol vaginal cream 0.01% (0.1 mg/gram)</i> (Estrace)	1	
<i>estradiol vaginal tablet 10 mcg</i> (Vagifem)	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen)	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (Activella)	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	1	
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	1	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	1	QL (1 per 90 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	1	
<i>mimvey lo oral tablet 0.5-0.1 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet (Femhrt Low Dose) 0.5-2.5 mg-mcg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet (Fyavolv) 1-5 mg-mcg</i>	1	
PREMARIN INJECTION RECON SOLN 25 MG	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	
<i>raloxifene oral tablet 60 mg (Evista)</i>	1	
<i>yuvafem vaginal tablet 10 mcg</i>	1	
Glucocorticoids/Mineralocorticoids		
<i>a-hydrocort injection recon soln 100 mg</i>	1	
<i>betamethasone acet,sod phos injection (Celestone Soluspan) suspension 6 mg/ml</i>	1	
<i>cortisone oral tablet 25 mg</i>	1	
<i>deltasone oral tablet 20 mg</i>	1	PA BvD
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml (Decadron)</i>	1	PA BvD
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg (Decadron)</i>	1	PA BvD
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	1	PA BvD
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs) (DexPak 6 Day)</i>	1	
<i>dexamethasone oral tablets,dose pack 1.5 mg (35 tabs) (DexPak 10 day)</i>	1	
<i>dexamethasone oral tablets,dose pack 1.5 mg (51 tabs) (DexPak 13 Day)</i>	1	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	1	PA; NM; LA; NDS
EMFLAZA ORAL TABLET 18 MG	1	PA; NM; LA; NDS; QL (30 per 30 days)
EMFLAZA ORAL TABLET 30 MG, 6 MG	1	PA; NM; LA; NDS; QL (60 per 30 days)
EMFLAZA ORAL TABLET 36 MG	1	PA; NM; LA; NDS
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	1	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	1	PA BvD
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	1	
<i>methylprednisolone sodium succ recon soln 125 mg, 40 mg</i>	1	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> (Solu-Medrol)	1	
<i>prednisolone 15 mg/5 ml soln alf, dlf 15 mg/5 ml (3 mg/ml)</i>	1	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	1	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	PA BvD
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	1	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	1	PA BvD
<i>prednisone oral tablet 1 mg, 2.5 mg, 5 mg, 50 mg</i>	1	PA BvD
<i>prednisone oral tablet 10 mg</i>	1	PA BvD
<i>prednisone oral tablet 20 mg</i> (Deltasone)	1	PA BvD
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	
SOLU-CORTEF (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	1	

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Drug Name	Drug Tier	Requirements/Limits
SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML	1	
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 1,000 MG/8 ML, 500 MG/4 ML	1	
<i>triamcinolone acetonide injection</i> (Kenalog) <i>suspension 40 mg/ml</i>	1	
Pituitary		
CHORIONIC GONADOTROPIN, (Novarel) HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	1	PA
<i>desmopressin 10 mcg/0.1 ml spr 10</i> (DDAVP) <i>mcg/spray (0.1 ml)</i>	1	
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	1	
<i>desmopressin nasal solution 0.1 mg/ml</i> (DDAVP) <i>(refrigerate)</i>	1	
<i>desmopressin nasal spray, non-aerosol 10</i> <i>mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	1	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	1	NM; NDS
NOCTIVA NASAL SPRAY, NON- AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	1	PA; QL (3.8 per 30 days)
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)	1	PA
<i>octreotide acetate injection solution 1,000</i> <i>mcg/ml</i>	1	NM; NDS
<i>octreotide acetate injection solution 100</i> (Sandostatin) <i>mcg/ml, 50 mcg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection solution 200 mcg/ml</i>	1	
<i>octreotide acetate injection solution 500 mcg/ml</i> (Sandostatin)	1	NM; NDS
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	1	
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	1	NM; NDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	1	PA; NM; NDS
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	1	PA; NM; LA; 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)	1	PA; NM; LA; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	1	NM; NDS
SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG, 25 MG, 30 MG	1	NM; LA; NDS
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	1	PA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	1	NM; NDS
VANTAS IMPLANT KIT 50 MG (50 MCG/DAY)	1	
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML	1	
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	1	PA; NM; NDS
Progestins		
CRINONE VAGINAL GEL 4 %, 8 %	1	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	1	
<i>hydroxyprogesterone (pf) (preg preserv) intramuscular oil 250 mg/ml (1 ml)</i> (Makena)	1	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	1	NM; NDS
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	1	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	1	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	
<i>megestrol oral suspension 625 mg/5 ml</i> (Megace ES)	1	
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	1	
<i>progesterone in oil intramuscular oil 50 mg/ml</i>	1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	1	
Thyroid And Antithyroid Agents		
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg</i>	1	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Levo-T)	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>liothyronine intravenous solution 10 mcg/ml</i> (Triostat)	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	1	
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	

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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	1	
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	1	
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)	1	PA; NM; NDS; QL (40 per 30 days)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	1	PA; NM; NDS; QL (3.6 per 28 days)
ANTIVENIN LATRODECTUS MACTANS INJECTION RECON SOLN 6,000 UNIT	1	
ANTIVENIN, MICRURUS FULVIUS INJECTION RECON SOLN	1	
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	1	PA; NM; LA; NDS
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	1	PA BvD
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	1	
AZASAN ORAL TABLET 100 MG, 75 MG	1	PA BvD
<i>azathioprine oral tablet 50 mg</i> (Imuran)	1	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	1	PA BvD
BIVIGAM INTRAVENOUS SOLUTION 10 %	1	PA; NM; NDS
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM	1	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	1	PA; NM; NDS; QL (3 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; NM; NDS; QL (3 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 %)	1	PA; NM; NDS
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	1	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	1	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	1	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	1	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	1	PA BvD
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	1	PA; NM; NDS; (8 vials); QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	1	PA; NM; NDS; QL (8.16 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	1	PA; NM; NDS; (4 syringes); QL (7.84 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	1	PA; NM; NDS; (4 syringes); QL (7.84 per 28 days)
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	1	PA NSO
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	1	PA; NM; NDS
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15- 18 % RANGE	1	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	1	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	1	PA; NM; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	1	PA; NM; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	1	PA; NM; NDS
<i>gengraf oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA BvD
<i>gengraf oral solution 100 mg/ml</i>	1	PA BvD
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	1	PA; NM; NDS
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	1	PA; NM; NDS; QL (6 per 28 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 80 MG/0.8 ML	1	PA; NM; NDS; QL (3 per 28 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; NM; NDS; QL (2 per 28 days)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NM; NDS; (Starter Kit); QL (6 per 28 days)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; NM; NDS; QL (6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; NM; NDS; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; NM; NDS; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; NM; NDS; QL (2 per 28 days)
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 %)	1	PA; NM; LA; NDS
ILARIS (PF) SUBCUTANEOUS RECON SOLN 150 MG/ML	1	PA; NM; LA; NDS; QL (2 per 28 days)
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	1	PA; NM; LA; NDS; QL (2 per 28 days)
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	1	PA; NM; NDS
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	1	PA; NM; NDS; QL (2.28 per 28 days)
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	1	PA; NM; NDS; QL (2.28 per 28 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	1	PA; NM; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	1	
<i>mycophenolate mofetil hcl intravenous recon soln 500 mg</i> (CellCept Intravenous)	1	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	1	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	1	PA BvD
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	1	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i> (Myfortic)	1	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	1	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
ORENCIA CLICKJECT SUBCUTANEOUS AUTO- INJECTOR 125 MG/ML	1	PA; NM; NDS; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	1	PA; NM; NDS; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	1	PA; NM; NDS; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	1	PA; NM; NDS; QL (2.8 per 28 days)
OTEZLA ORAL TABLET 30 MG	1	PA; NM; LA; NDS; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; NM; NDS; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	1	PA; NM; LA; NDS; QL (60 per 30 days)
PRIVIGEN INTRAVENOUS SOLUTION 10 %	1	PA; NM; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	1	PA BvD
RAPAMUNE ORAL SOLUTION 1 MG/ML	1	PA BvD
RIDAURA ORAL CAPSULE 3 MG	1	
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	1	PA; NM; NDS; QL (4 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	1	PA; NM; NDS; (1 syringe); QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; NM; NDS; QL (4 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	1	PA; NM; NDS; (1 syringe); QL (0.5 per 28 days)
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	1	PA BvD
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; NM; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	1	PA; NM; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	1	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	1	NM; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	1	PA; NM; LA; NDS
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	1	
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA; NM; NDS; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	1	PA; NM; NDS; QL (30 per 30 days)
ZINPLAVA INTRAVENOUS SOLUTION 25 MG/ML	1	PA; NM; NDS
ZORTRESS ORAL TABLET 0.25 MG	1	PA NSO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	1	PA NSO; NM; NDS
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF- (2.5-5-3-5 MCG)-5LF/0.5 ML	1	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5- 8-5 LF-MCG-LF/0.5ML	1	

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Drug Name	Drug Tier	Requirements/Limits
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	1	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	1	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	1	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	1	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	1	
IPOLETT INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	1	
IPOLETT INJECTION SYRINGE 40-8-32 UNIT/0.5 ML	1	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	1	

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Drug Name	Drug Tier	Requirements/Limits
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	1	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	1	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG- 10LF/0.5 ML	1	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	1	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	1	
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	1	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	1	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	1	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	1	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	1	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	1	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	1	
TETANUS-DIPHThERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	1	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	1	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	1	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	1	

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Drug Name	Drug Tier	Requirements/Limits
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	1	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	1	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	1	
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
<i>alosectron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	1	QL (60 per 30 days)
<i>balsalazide oral capsule 750 mg</i> (Colazal)	1	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i> (Entocort EC)	1	
CANASA RECTAL SUPPOSITORY 1,000 MG	1	
<i>colocort rectal enema 100 mg/60 ml</i>	1	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	1	
DIPENTUM ORAL CAPSULE 250 MG	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Colocort)	1	
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i> (Lialda)	1	
<i>mesalamine oral tablet, delayed release (drlec) 800 mg</i> (Asacol HD)	1	
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	1	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	1	
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i> (Azulfidine EN-tabs)	1	
Irrigating Solutions		
Irrigating Solutions		
<i>acetic acid irrigation solution 0.25 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ringer's irrigation solution</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i> (Aqua Care Sodium Chloride)	1	
<i>sorbitol irrigation solution 3 %, 3.3 %</i>	1	
<i>sorbitol-mannitol urethral solution 2.7-0.54 g/100 ml</i>	1	
<i>water for irrigation, sterile irrigation solution</i> (Aqua Care Sterile Water)	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	1	
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	QL (4 per 28 days)
<i>alendronate oral tablet 40 mg</i>	1	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	PA BvD; (PA for ESRD only)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	1	PA BvD; (PA for ESRD only)
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	1	PA BvD; (PA for ESRD only)
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i> (Hectorol)	1	PA BvD; (PA for ESRD only)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	PA BvD; (PA for ESRD only)
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	1	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	1	PA; NM; NDS; QL (2.4 per 28 days)
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	1	
<i>ibandronate intravenous solution 3 mg/3 ml</i>	1	PA
<i>ibandronate intravenous syringe 3 mg/3 ml</i> (Boniva)	1	PA
<i>ibandronate oral tablet 150 mg</i> (Boniva)	1	

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Drug Name	Drug Tier	Requirements/Limits
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	1	PA BvD; (PA for ESRD only)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	1	PA; NM; LA; NDS; QL (2 per 28 days)
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	1	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>	1	PA BvD; (PA for ESRD only)
<i>paricalcitol hemodialysis port injection solution 2 mcg/ml</i>	1	PA BvD; (PA for ESRD only)
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 5 MCG/ML	1	PA BvD; (PA for ESRD only)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	1	PA BvD; (PA for ESRD only)
<i>paricalcitol oral capsule 4 mcg</i>	1	PA BvD; (PA for ESRD only)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	1	PA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i> (Actonel)	1	
<i>risedronate oral tablet 30 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	
<i>risedronate oral tablet, delayed release (drlec) 35 mg</i> (Atelvia)	1	QL (4 per 28 days)
SENSIPAR ORAL TABLET 30 MG	1	PA BvD; (PA for ESRD only); QL (60 per 30 days)
SENSIPAR ORAL TABLET 60 MG, 90 MG	1	PA BvD; NM; NDS; (PA for ESRD only)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	1	PA; NM; NDS; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	1	PA NSO; NM; NDS
<i>zoledronic acid intravenous recon soln 4 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>zoledronic acid intravenous solution 4 mg/5 ml</i> (Zometa)	1	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	1	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	1	NM; LA; NDS
<i>amifostine crystalline intravenous recon soln 500 mg</i> (Ethyol)	1	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	1	PA; NM; LA; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	1	PA; NM; NDS; QL (4 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	1	PA; NM; NDS; QL (4 per 28 days)
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i> (Zinecard (as HCl))	1	
<i>droperidol injection solution 2.5 mg/ml</i>	1	
ELMIRON ORAL CAPSULE 100 MG	1	
ENDARI ORAL POWDER IN PACKET 5 GRAM	1	PA; NM; NDS; QL (180 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	1	
EXONDYS 51 INTRAVENOUS SOLUTION 50 MG/ML	1	PA; NM; LA; NDS
<i>fomepizole intravenous solution 1 gram/ml</i>	1	NM; NDS
<i>guanidine oral tablet 125 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)	1	
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	1	NM; NDS
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	1	PA BvD; (PA for ESRD only)

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Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	1	PA BvD; (PA for ESRD only)
LEVOLEUCOVORIN INTRAVENOUS RECON SOLN 175 MG	1	
<i>levoleucovorin intravenous recon soln 50 mg</i> (Fusilev)	1	
<i>levoleucovorin intravenous solution 10 mg/ml</i>	1	NM; NDS
<i>mesna intravenous solution 100 mg/ml</i> (Mesnex)	1	
MESNEX ORAL TABLET 400 MG	1	
<i>methylergonovine injection solution 0.2 mg/ml (1 ml)</i>	1	
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG	1	PA; NM; LA; NDS
PROGLYCEM ORAL SUSPENSION 50 MG/ML	1	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	1	
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	1	PA BvD; NM; NDS
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	1	NM; NDS
TYBOST ORAL TABLET 150 MG	1	QL (30 per 30 days)
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	1	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	1	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	1	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i> (Alphagan P)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	1	
<i>dorzolamide ophthalmic (eye) drops 2 % (Trusopt)</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml (Cosopt)</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 % (Xalatan)</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	ST
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	1	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	1	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 % (Isopto Carpine)</i>	1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 % (Timoptic)</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 % (Istalol)</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 % (Timoptic-XE)</i>	1	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	1	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	1	ST
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	1	
Replacement Preparations		
Replacement Preparations		
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	1	
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	1	
<i>dextrose 5 %-0.2 % sod chloride intravenous parenteral solution</i>	1	
<i>dextrose 5 %-0.3 % sod.chloride intravenous parenteral solution</i>	1	
<i>dextrose with sodium chloride intravenous parenteral solution 5-0.2 %</i>	1	
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	1	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	
<i>klor-con sprinkle oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	1	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	1	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	1	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	1	
<i>potassium acetate intravenous solution 2 meq/ml</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq</i>	1	
<i>potassium chloride oral capsule, extended release 8 meq (Klor-Con Sprinkle)</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq (Klor-Con)</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq (K-Tab)</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq (Klor-Con M10)</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 20 meq (Klor-Con M20)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	1	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	1	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	1	
<i>ringer's intravenous parenteral solution</i>	1	
<i>sodium acetate intravenous solution 2 meq/ml</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 0.45 % intravenous piggyback 0.45 %</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 100 meq/40 ml 25's, sdv 2.5 meq/ml</i>	1	
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	1	
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	1	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	1	
<i>sodium lactate intravenous solution 5 meq/ml</i>	1	
<i>sodium phosphate intravenous solution 3 mmol/ml</i>	1	

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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	1	
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	1	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	1	
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	1	
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)	1	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	1	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	1	PA BvD
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	1	
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION	1	

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

Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	1	
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	1	
<i>fluticasone-salmeterol inhalation aerosol (AirDuo RespiClick) powdr breath activated 113-14 mcglactuation, 232-14 mcglactuation, 55- 14 mcglactuation</i>	1	QL (1 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	1	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	1	ST
Antileukotrienes		
<i>montelukast oral granules in packet 4 mg (Singulair)</i>	1	
<i>montelukast oral tablet 10 mg (Singulair)</i>	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg (Singulair)</i>	1	
<i>zafirlukast oral tablet 10 mg, 20 mg (Accolate)</i>	1	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg (Zyflo CR)</i>	1	QL (120 per 30 days)
Bronchodilators		
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	1	PA BvD
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
<i>aminophylline intravenous solution 250 mg/10 ml, 500 mg/20 ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	1	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	1	
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	1	PA
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	1	
<i>elixophyllin oral elixir 80 mg/15 ml</i>	1	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	1	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	PA BvD
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	PA BvD
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i> (Xopenex)	1	PA BvD; ST
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i> (Xopenex Concentrate)	1	PA BvD; ST
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	1	
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	1	PA
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	1	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	1	

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Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	1	
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	1	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	1	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	
<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</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i> (Theochron)	1	
<i>theophylline oral tablet extended release 12 hr 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	1	QL (60 per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION, 400 MCG/ACTUATION (30 ACTUAT)	1	ST
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	1	
Respiratory Tract Agents, Other		
<i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i> (Acetadote)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	PA BvD
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	1	PA; NM; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	PA BvD
DALIRESP ORAL TABLET 250 MCG, 500 MCG	1	PA; QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	1	PA; NM; LA; NDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	1	PA; NM; LA; NDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	1	PA; NM; LA; NDS; QL (90 per 30 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; NM; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	1	PA; NM; NDS; QL (60 per 30 days)
KALYDECO ORAL TABLET 150 MG	1	PA; NM; NDS; QL (60 per 30 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	1	PA; NM; LA; NDS; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; NM; LA; NDS; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	1	PA; NM; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; NM; LA; NDS; QL (120 per 30 days)
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	1	PA; NM; LA; NDS
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	1	PA; NM; NDS; QL (60 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	1	PA; NM; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>dantrolene oral capsule 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	1	
<i>metaxalone oral tablet 400 mg</i>	1	
<i>metaxalone oral tablet 800 mg</i> (Metaxall)	1	
<i>methocarbamol injection solution 100 mg/ml</i> (Robaxin)	1	
<i>methocarbamol oral tablet 500 mg</i> (Robaxin)	1	
<i>methocarbamol oral tablet 750 mg</i> (Robaxin-750)	1	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>revonto intravenous recon soln 20 mg</i>	1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	1	
<i>tizanidine oral tablet 2 mg</i>	1	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	1	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	1	PA; NM; NDS
<i>eszopiclone oral tablet 1 mg, 2 mg</i> (Lunesta)	1	PA; NM; NDS; PA-HRM; QL (90 per 365 days); AGE (Max 64 Years)
HETLIOZ ORAL CAPSULE 20 MG	1	PA; NM; LA; NDS; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	1	PA; NM; NDS
ROZEREM ORAL TABLET 8 MG	1	ST; QL (30 per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	1	QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	1	NM; LA; NDS
<i>zaleplon oral capsule 10 mg, 5 mg</i> (Sonata)	1	PA; NM; NDS; PA-HRM; QL (90 per 365 days); AGE (Max 64 Years)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	PA; NM; NDS; PA-HRM; QL (90 per 365 days); AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem oral tablet, ext release</i> (Ambien CR) <i>multiphase 12.5 mg, 6.25 mg</i>	1	PA; NM; NDS; PA-HRM; QL (90 per 365 days); AGE (Max 64 Years)
Vasodilating Agents		
Vasodilating Agents		
ADCIRCA ORAL TABLET 20 MG	1	PA; NM; NDS; QL (60 per 30 days)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; NM; LA; NDS; QL (90 per 30 days)
CIALIS ORAL TABLET 2.5 MG, 5 MG	1	PA; QL (30 per 30 days)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i> (Flolan)	1	PA; LA
LETAIRIS ORAL TABLET 10 MG, 5 MG	1	PA; NM; LA; NDS; QL (30 per 30 days)
OPSUMIT ORAL TABLET 10 MG	1	PA; NM; NDS
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	1	PA; NM; NDS
<i>sildenafil (antihypertensive) intravenous solution 10 mg/12.5 ml</i> (Revatio)	1	PA
<i>sildenafil (antihypertensive) oral tablet 20 mg</i> (Revatio)	1	PA
<i>tadalafil (antihypertensive) oral tablet 20 mg</i> (Adcirca)	1	PA; NM; NDS; QL (60 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	1	PA; NM; LA; NDS; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	1	PA; NM; NDS; QL (112 per 28 days)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	1	PA; NM; LA; NDS; QL (81.2 per 28 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; NM; LA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLETS, DOSE PACK 200 MCG (140)- 800 MCG (60)	1	PA; NM; LA; NDS; QL (200 per 180 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	1	PA; NM; LA; NDS

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Drug Name	Drug Tier	Requirements/Limits
Vitamins And Minerals		
Vitamins And Minerals		
FLUORIDE (SODIUM) ORAL TABLET 1 MG (2.2 MG SOD. FLUORIDE)	1	
LUDENT FLUORIDE 1 MG TAB CHEW D/F, S/F, CHEWABLE (OTC) 1 MG (2.2 MG SOD. FLUORIDE)	1	
<i>pnv prenatal plus multivit tab slf, gluten- free 27 mg iron- 1 mg</i>	1	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	1	

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This formulary was updated on November 11, 2018. 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