

Geisinger Gold Standard Rx
2021 Formulary
(List of Covered Drugs)

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

This formulary was updated on August 26, 2020. 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. – Mar.) or 8 a.m. to 8 p.m. (Mon. – Fri., April – Sept.) or 8 a.m. to 2 p.m. (Sat, April- Sept.) or visit www.GeisingerGold.com

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Updated: August 26, 2020

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 August 26, 2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-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?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Geisinger Gold Standard Rx Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug 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.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Geisinger Gold Standard Rx Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of August 26, 2020. 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 one. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page number one. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 119. 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 16 tablets per prescription for sumatriptan. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

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

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Geisinger Gold 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. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility 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 long-term care 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 one provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 119.

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 our plan has any special requirements for coverage of your drug.

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

COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
General		
	<i>Generic</i> (BRAND)	The reference brand name in parenthesis is provided for information only to assist in identifying the generic medication and does NOT indicate formulary status or coverage.
Utilization Management Restrictions		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.
PA BvD	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from our plan to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.
PA-HRM	Prior Authorization Restriction for High Risk Medications	This drug has been deemed to be potentially harmful and therefore, a High Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 years or older are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member or if you have not taken this drug before, you (or your physician) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.
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
AL	Age Limit	Our plan limits certain medications to members who meet minimum or maximum age requirements.
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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¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

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¹You 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	Reference Name	Requirements/Limits ¹
THERAPEUTIC CATEGORY			
Therapeutic Class			
ANALGESICS			
Analgesics, Other			
<i>acetaminophen-codeine 300-60 mg Oral Tablet</i>	1	TYLENOL WITH CODEINE	NDS, QL(180 EA per 30 days), NM
<i>acetaminophen-codeine 300-15 mg Oral Tablet</i>	1	TYLENOL WITH CODEINE	NDS, QL(390 EA per 30 days), NM
<i>acetaminophen-codeine 120-12 mg/5ml Oral Solution</i>	1	TYLENOL WITH CODEINE	NDS, QL(2700 ML per 30 days), NM
<i>acetaminophen-codeine #3</i>	1	TYLENOL WITH CODEINE	NDS, QL(360 EA per 30 days), NM
<i>butalbital-acetaminophen</i>	1	TENCON	QL(180 EA per 30 days)
<i>butalbital-apap-caffeine 50-325-40 mg Oral Capsule, 50-325-40 mg Oral Tablet</i>	1	ESGIC	QL(180 EA per 30 days)
<i>butalbital-apap-caffeine 50-300-40 mg Oral Capsule</i>	1	FIORICET	QL(180 EA per 30 days)
<i>butalbital-asa-caffeine</i>	1	FIORINAL	QL(180 EA per 30 days)
<i>butalbital-aspirin-caffeine</i>	1	FIORINAL	QL(180 EA per 30 days)
ENDOCET 2.5-325 mg Oral Tablet	1		NDS, QL(360 EA per 30 days), NM
<i>endocet 10-325 mg Oral Tablet, 5-325 mg Oral Tablet, 7.5-325 mg Oral Tablet</i>	1	PERCOCET	NDS, QL(360 EA per 30 days), NM
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml Oral Solution</i>	1	HYCET	NDS, QL(2700 ML per 30 days), NM
<i>hydrocodone-acetaminophen 10-325 mg Oral Tablet, 2.5-325 mg Oral Tablet, 5-325 mg Oral Tablet, 7.5-325 mg Oral Tablet</i>	1	NORCO	NDS, QL(360 EA per 30 days), NM
<i>hydrocodone-acetaminophen 10-300 mg Oral Tablet, 5-300 mg Oral Tablet, 7.5-300 mg Oral Tablet</i>	1	VICODIN	NDS, QL(390 EA per 30 days), NM
<i>hydrocodone-ibuprofen 10-200 mg Oral Tablet, 5-200 mg Oral Tablet</i>	1	REPREXAIN	NDS, QL(150 EA per 30 days), NM
<i>hydrocodone-ibuprofen 7.5-200 mg Oral Tablet</i>	1	VICOPROFEN	NDS, QL(150 EA per 30 days), NM

¹You 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	Reference Name	Requirements/Limits ¹
LYRICA CR 330 mg Oral Tablet Extended Release 24 Hour	1		PA, QL(60 EA per 30 days)
LYRICA CR 165 mg Oral Tablet Extended Release 24 Hour, 82.5 mg Oral Tablet Extended Release 24 Hour	1		PA, QL(90 EA per 30 days)
<i>oxycodone-acetaminophen</i>	1	PERCOCET	NDS, QL(360 EA per 30 days), NM
<i>oxycodone-aspirin</i>	1	PERCODAN	NDS, QL(360 EA per 30 days), NM
<i>oxycodone-ibuprofen</i>	1	COMBUNOX	NDS, QL(28 EA per 30 days), NM
PHRENILIN FORTE	1		QL(180 EA per 30 days)
TENCON	1		QL(180 EA per 30 days)
<i>tramadol-acetaminophen</i>	1	ULTRACET	NDS, QL(240 EA per 30 days), NM
ZEBUTAL	1		QL(180 EA per 30 days)
Nonsteroidal Anti-inflammatory Drugs			
<i>celecoxib</i>	1	CELEBREX	
<i>diclofenac epolamine</i>	1		PA, QL(60 EA per 30 days)
<i>diclofenac potassium</i>	1	CATAFLAM	
<i>diclofenac sodium 25 mg Oral Tablet Delayed Release, 50 mg Oral Tablet Delayed Release, 75 mg Oral Tablet Delayed Release</i>	1	VOLTAREN	
<i>diclofenac sodium 1 % Transdermal Gel</i>	1	VOLTAREN	(Rx product only)
<i>diclofenac sodium er</i>	1	VOLTAREN	
<i>diclofenac-misoprostol</i>	1	ARTHROTEC	
<i>diflunisal</i>	1	DOLOBID	
<i>etodolac</i>	1	LODINE	
<i>etodolac er</i>	1	LODINE XL	
<i>fenoprofen calcium</i>	1	NALFON	
<i>flurbiprofen</i>	1	ANSAID	
IBU	1		
<i>ibuprofen 400 mg Oral Tablet, 600 mg Oral Tablet, 800 mg Oral Tablet</i>	1	MOTRIN	

¹You 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	Reference Name	Requirements/Limits ¹
<i>ibuprofen 100 mg/5ml Oral Suspension</i>	1	MOTRIN	
<i>ketoprofen 25 mg Oral Capsule</i>	1		
<i>ketoprofen 50 mg Oral Capsule, 75 mg Oral Capsule</i>	1	ORUDIS	
<i>ketoprofen er</i>	1	ORUVAIL	
<i>meclofenamate sodium</i>	1	MECLOMEN	
<i>mefenamic acid</i>	1	PONSTEL	
<i>meloxicam</i>	1	MOBIC	
<i>nabumetone</i>	1	RELAFEN	
<i>naproxen 250 mg Oral Tablet, 375 mg Oral Tablet, 500 mg Oral Tablet</i>	1	NAPROSYN	
<i>naproxen 125 mg/5ml Oral Suspension</i>	1	NAPROSYN	
<i>naproxen dr</i>	1	NAPROSYN	
<i>naproxen sodium</i>	1	ANAPROX	
<i>oxaprozin</i>	1	DAYPRO	
<i>piroxicam</i>	1	FELDENE	
<i>sulindac</i>	1	CLINORIL	
<i>tolmetin sodium 200 mg Oral Tablet</i>	1		
<i>tolmetin sodium 400 mg Oral Capsule, 600 mg Oral Tablet</i>	1	TOLECTIN	
Opioid Analgesics, Long-acting			
<i>buprenorphine</i>	1	BUTRANS	NDS, QL(4 EA per 28 days), NM
<i>fentanyl</i>	1	DURAGESIC	NDS, QL(10 EA per 30 days), NM
<i>methadone hcl 10 mg/ml Oral Concentrate</i>	1		NDS, QL(180 ML per 30 days), NM
<i>methadone hcl 5 mg/5ml Oral Solution</i>	1		NDS, QL(1800 ML per 30 days), NM
<i>methadone hcl 10 mg/ml Injection Solution</i>	1	DOLOPHINE	NDS, NM
<i>methadone hcl 10 mg Oral Tablet</i>	1	DOLOPHINE	NDS, QL(180 EA per 30 days), NM
<i>methadone hcl 5 mg Oral Tablet</i>	1	DOLOPHINE	NDS, QL(360 EA per 30 days), NM
<i>methadone hcl 10 mg/5ml Oral Solution</i>	1	DOLOPHINE	NDS, QL(900 ML per 30 days), NM
METHADOSE	1		NDS, QL(90 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>morphine sulfate er 40 mg Oral Capsule Extended Release 24 Hour</i>	1		NDS, QL(60 EA per 30 days), NM
<i>morphine sulfate er 10 mg Oral Capsule Extended Release 24 Hour, 100 mg Oral Capsule Extended Release 24 Hour, 20 mg Oral Capsule Extended Release 24 Hour, 30 mg Oral Capsule Extended Release 24 Hour, 50 mg Oral Capsule Extended Release 24 Hour, 60 mg Oral Capsule Extended Release 24 Hour, 80 mg Oral Capsule Extended Release 24 Hour</i>	1	KADIAN	NDS, QL(60 EA per 30 days), NM
<i>morphine sulfate er 100 mg Oral Tablet Extended Release, 15 mg Oral Tablet Extended Release, 200 mg Oral Tablet Extended Release, 30 mg Oral Tablet Extended Release, 60 mg Oral Tablet Extended Release</i>	1	MS CONTIN	NDS, QL(90 EA per 30 days), NM
<i>morphine sulfate er beads 120 mg Oral Capsule Extended Release 24 Hour, 30 mg Oral Capsule Extended Release 24 Hour, 45 mg Oral Capsule Extended Release 24 Hour, 60 mg Oral Capsule Extended Release 24 Hour</i>	1	AVINZA	NDS, QL(30 EA per 30 days), NM
<i>morphine sulfate er beads 75 mg Oral Capsule Extended Release 24 Hour, 90 mg Oral Capsule Extended Release 24 Hour</i>	1	AVINZA	NDS, QL(60 EA per 30 days), NM
<i>oxycodone hcl er</i>	1	OXYCONTIN	NDS, QL(90 EA per 30 days), ST, NM
OXYCONTIN	1		NDS, QL(90 EA per 30 days), ST, NM
<i>tramadol hcl er 100 mg Oral Capsule Extended Release 24 Hour, 200 mg Oral Capsule Extended Release 24 Hour, 300</i>	1	CONZIP	NDS, QL(30 EA per 30 days), NM

¹You 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	Reference Name	Requirements/Limits ¹
<i>mg Oral Capsule Extended Release 24 Hour</i>			
<i>tramadol hcl er 100 mg Oral Tablet Extended Release 24 Hour, 200 mg Oral Tablet Extended Release 24 Hour, 300 mg Oral Tablet Extended Release 24 Hour</i>	1	ULTRAM ER	NDS, QL(30 EA per 30 days), NM
<i>tramadol hcl er (biphasic)</i>	1	RYZOLT	NDS, QL(30 EA per 30 days), NM
Opioid Analgesics, Short-acting			
<i>buprenorphine hcl 0.3 mg/ml Injection Solution</i>	1	BUPRENEX	NDS, NM
<i>butorphanol tartrate 1 mg/ml Injection Solution, 2 mg/ml Injection Solution</i>	1	STADOL	NDS, NM
<i>butorphanol tartrate 10 mg/ml Nasal Solution</i>	1	STADOL	NDS, QL(5 ML per 28 days), NM
<i>fentanyl citrate</i>	1	ACTIQ	NDS, PA, QL(120 EA per 30 days), NM
<i>hydromorphone hcl 2 mg/ml Injection Solution</i>	1		NDS, NM
<i>hydromorphone hcl 2 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	1	DILAUDID	NDS, QL(180 EA per 30 days), NM
<i>hydromorphone hcl pf 1 mg/ml Injection Solution, 4 mg/ml Injection Solution</i>	1		NDS, NM
<i>hydromorphone hcl pf 10 mg/ml Injection Solution</i>	1	DILAUDID-HP	NDS, NM
<i>morphine sulfate 1 mg/ml Intravenous Solution, 10 mg/ml Injection Solution, 150 mg/30ml Intravenous Solution, 2 mg/ml Injection Solution, 5 mg/ml Injection Solution, 8 mg/ml Injection Solution</i>	1		NDS, NM
<i>morphine sulfate 15 mg Oral Tablet, 30 mg Oral Tablet</i>	1		NDS, QL(180 EA per 30 days), NM
<i>morphine sulfate 20 mg/5ml Oral Solution</i>	1		NDS, QL(300 ML per 30 days), NM
<i>morphine sulfate 10 mg/5ml Oral Solution</i>	1		NDS, QL(700 ML per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>morphine sulfate (concentrate)</i>	1		NDS, QL(200 ML per 30 days), NM
<i>morphine sulfate (pf)</i>	1		NDS, NM
<i>nalbuphine hcl</i>	1	NUBAIN	
<i>oxycodone hcl 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Capsule</i>	1		NDS, QL(180 EA per 30 days), NM
<i>oxycodone hcl 15 mg Oral Tablet, 30 mg Oral Tablet, 5 mg Oral Tablet</i>	1	ROXICODONE	NDS, QL(180 EA per 30 days), NM
<i>oxycodone hcl 100 mg/5ml Oral Concentrate</i>	1	ROXICODONE	NDS, QL(180 ML per 30 days), NM
<i>oxycodone hcl 5 mg/5ml Oral Solution</i>	1	ROXICODONE	NDS, QL(1300 ML per 30 days), NM
<i>oxymorphone hcl</i>	1	OPANA	NDS, QL(180 EA per 30 days), NM
<i>tramadol hcl 100 mg Oral Tablet</i>	1		NDS, QL(120 EA per 30 days), NM
<i>tramadol hcl 50 mg Oral Tablet</i>	1	ULTRAM	NDS, QL(240 EA per 30 days), NM
ANESTHETICS			
Local Anesthetics			
GLYDO	1		
<i>lidocaine 5 % External Ointment</i>	1		PA BvD
<i>lidocaine 5 % External Patch</i>	1	LIDODERM	PA, QL(90 EA per 30 days)
<i>lidocaine hcl 0.5 % Injection Solution, 1 % Injection Solution</i>	1		PA BvD
<i>lidocaine hcl 4 % External Solution</i>	1	XYLOCAINE	
<i>lidocaine hcl 2 % Injection Solution</i>	1	XYLOCAINE	PA BvD
<i>lidocaine hcl (cardiac) pf 100 mg/5ml Intravenous Solution</i>	1		PA BvD
<i>lidocaine hcl (pf) 1 % Injection Solution, 1.5 % Injection Solution, 2 % Injection Solution, 4 % Injection Solution</i>	1		PA BvD
<i>lidocaine hcl (pf) 0.5 % Injection Solution</i>	1	XYLOCAINE	PA BvD
<i>lidocaine hcl urethral/mucosal</i>	1		
<i>lidocaine viscous hcl</i>	1	XYLOCAINE	
<i>lidocaine-prilocaine</i>	1	EMLA	PA BvD
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
Anti-addiction/ Substance Abuse Treatment Agents			
<i>acamprosate calcium</i>	1	CAMPRAL	
<i>buprenorphine hcl 2 mg Sublingual Tablet Sublingual, 8 mg Sublingual Tablet Sublingual</i>	1	SUBUTEX	NDS, QL(90 EA per 30 days), NM
<i>buprenorphine hcl-naloxone hcl</i>	1	SUBOXONE	NDS, QL(90 EA per 30 days), NM
<i>bupropion hcl er (smoking det)</i>	1	ZYBAN	QL(60 EA per 30 days)
CHANTIX	1		QL(60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	1		QL(60 EA per 30 days)
CHANTIX STARTING MONTH PAK	1		QL(53 EA per 180 days)
<i>disulfiram</i>	1	ANTABUSE	
LUCEMYRA	1		NDS, PA, QL(228 EA per 14 days), NM
<i>naloxone hcl 0.4 mg/ml Injection Solution Cartridge, 4 mg/10ml Injection Solution</i>	1		
<i>naloxone hcl 0.4 mg/ml Injection Solution, 2 mg/2ml Injection Solution Prefilled Syringe</i>	1	NARCAN	
<i>naltrexone hcl</i>	1		
NARCAN	1		QL(4 EA per 28 days)
NICOTROL NS	1		
SUBLOCADE 100 mg/0.5ml Subcutaneous Solution Prefilled Syringe	1		(1 syringe) NDS, QL(0.5 ML per 28 days), NM
SUBLOCADE 300 mg/1.5ml Subcutaneous Solution Prefilled Syringe	1		(1 syringe) NDS, QL(1.5 ML per 28 days), NM
VIVITROL	1		NDS, NM
ANTIBACTERIALS			
Aminoglycosides			
<i>amikacin sulfate 1 gm/4ml Injection Solution</i>	1		
<i>amikacin sulfate 500 mg/2ml Injection Solution</i>	1	AMIKIN	
GENTAK	1		
<i>gentamicin in saline</i>	1		
<i>gentamicin sulfate 10 mg/ml Injection Solution</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>gentamicin sulfate 0.1 % External Cream, 0.1 % External Ointment</i>	1	GARAMYCIN	
<i>gentamicin sulfate 0.3 % Ophthalmic Solution</i>	1	GARAMYCIN	
<i>gentamicin sulfate 40 mg/ml Injection Solution</i>	1	GENTAK	
<i>neomycin sulfate</i>	1		
<i>paromomycin sulfate</i>	1	HUMATIN	
<i>streptomycin sulfate</i>	1		
TOBRADEX	1		
TOBRADEX ST	1		
<i>tobramycin 0.3 % Ophthalmic Solution</i>	1	TOBEX	
<i>tobramycin sulfate</i>	1		
<i>tobramycin-dexamethasone</i>	1	TOBRADEX	
Antibacterials, Other			
<i>baciim</i>	1	BACI-IM	
<i>bacitracin 50000 unit Intramuscular Solution Reconstituted</i>	1	BACI-IM	
<i>bacitracin 500 unit/gm Ophthalmic Ointment</i>	1	BACI-IM	
<i>bacitracin-polymyxin b</i>	1	POLYSPORIN	
<i>bacitra-neomycin-polymyxin-hc</i>	1	CORTISPORIN	
<i>chloramphenicol sod succinate</i>	1	CHLOROMYCETIN	
<i>clindamycin hcl</i>	1	CLEOCIN	
<i>clindamycin palmitate hcl</i>	1	CLEOCIN	
<i>clindamycin phosphate 9 gm/60ml Injection Solution</i>	1		
<i>clindamycin phosphate 2 % Vaginal Cream</i>	1	CLEOCIN	
<i>clindamycin phosphate 300 mg/2ml Injection Solution, 600 mg/4ml Injection Solution, 900 mg/6ml Injection Solution</i>	1	CLEOCIN	
<i>clindamycin phosphate 1 % External Swab</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % External Gel</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % External Lotion, 1 % External Solution</i>	1	CLEOCIN-T	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>clindamycin phosphate 1 % External Foam</i>	1	EVOCLIN	
<i>clindamycin phosphate in d5w</i>	1	CLEOCIN	
CLINDESSE	1		
<i>colistimethate sodium (cba)</i>	1		
<i>daptomycin 350 mg Intravenous Solution Reconstituted</i>	1		
<i>daptomycin 500 mg Intravenous Solution Reconstituted</i>	1	CUBICIN	
FIRVANQ	1		
<i>lincomycin hcl</i>	1	LINCOCIN	
<i>linezolid 600 mg/300ml Intravenous Solution</i>	1	ZYVOX	
<i>linezolid 600 mg Oral Tablet</i>	1	ZYVOX	QL(60 EA per 30 days)
<i>methenamine hippurate</i>	1	HIPREX	
<i>metronidazole 250 mg Oral Tablet, 375 mg Oral Capsule, 500 mg Oral Tablet</i>	1	FLAGYL	
<i>metronidazole 0.75 % External Cream</i>	1	METROCREAM	
<i>metronidazole 0.75 % External Gel, 0.75 % Vaginal Gel, 1 % External Gel</i>	1	METROGEL	
<i>metronidazole 0.75 % External Lotion</i>	1	METROLOTION	
<i>metronidazole in nacl</i>	1	FLAGYL	
<i>mupirocin</i>	1	BACTROBAN	
<i>mupirocin calcium</i>	1	BACTROBAN	
<i>neomycin-bacitracin zn-polymyx</i>	1	NEOSPORIN	
<i>neomycin-polymyxin b gu</i>	1		
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 Ophthalmic Ointment</i>	1	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 Ophthalmic Suspension</i>	1	MAXITROL	
<i>neomycin-polymyxin-gramicidin</i>	1	NEOSPORIN	
<i>neomycin-polymyxin-hc 3.5-10000-1 Ophthalmic Suspension</i>	1	CORTISPORIN	
NEO-POLYCIN HC	1		
<i>nitrofurantoin macrocrystal</i>	1	MACRODANTIN	
<i>nitrofurantoin monohyd macro</i>	1	MACROBID	
POLYCIN	1		
<i>polymyxin b sulfate</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>polymyxin b-trimethoprim</i>	1	POLYTRIM	
ROSADAN	1		
SIVEXTRO	1		NDS, PA, QL(6 EA per 30 days), NM
SYNERCID	1		NDS, PA, NM
<i>tinidazole</i>	1	TINDAMAX	
<i>trimethoprim</i>	1	PROLOPRIM	
<i>vancomycin hcl 1 gm Intravenous Solution Reconstituted, 1.25 gm Intravenous Solution Reconstituted, 1.5 gm Intravenous Solution Reconstituted, 10 gm Intravenous Solution Reconstituted, 125 mg Oral Capsule, 250 mg Intravenous Solution Reconstituted, 250 mg Oral Capsule, 5 gm Intravenous Solution Reconstituted, 500 mg Intravenous Solution Reconstituted, 750 mg Intravenous Solution Reconstituted</i>	1		
<i>vancomycin hcl 1000 mg/200ml Intravenous Solution, 1500 mg/300ml Intravenous Solution, 2000 mg/400ml Intravenous Solution, 250 mg/5ml Oral Solution Reconstituted, 500 mg/100ml Intravenous Solution</i>	1		
<i>vancomycin hcl in nacl</i>	1		
XENLETA 600 mg Oral Tablet	1		NDS, PA, QL(60 EA per 30 days), NM
XENLETA 150 mg/15ml Intravenous Solution	1		NDS, PA, QL(60 ML per 30 days), NM
ZINPLAVA	1		NDS, PA, NM
Beta-lactam, Cephalosporins			
CAYSTON	1		NDS, PA, QL(84 ML per 28 days), LA, NM
<i>cefaclor 250 mg Oral Capsule, 500 mg Oral Capsule</i>	1	CECLOR	
<i>cefaclor 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension</i>	1	CECLOR	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Reconstituted, 375 mg/5ml Oral Suspension Reconstituted</i>			
<i>cefaclor er</i>	1	CECLOR CD	
<i>cefadroxil 1 gm Oral Tablet, 500 mg Oral Capsule</i>	1	DURICEF	
<i>cefadroxil 250 mg/5ml Oral Suspension Reconstituted, 500 mg/5ml Oral Suspension Reconstituted</i>	1	DURICEF	
<i>cefazolin sodium</i>	1	ANCEF	
<i>cefdinir 300 mg Oral Capsule</i>	1	OMNICEF	
<i>cefdinir 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted</i>	1	OMNICEF	
<i>cefditoren pivoxil</i>	1	SPECTRACEF	
<i>cefepime hcl</i>	1	MAXIPIME	
<i>cefixime</i>	1		
<i>cefotaxime sodium</i>	1	CLAFORAN	
<i>cefotetan disodium 10 gm Injection Solution Reconstituted</i>	1		
<i>cefotetan disodium 1 gm Injection Solution Reconstituted, 2 gm Injection Solution Reconstituted</i>	1	CEFOTAN	
<i>cefoxitin sodium</i>	1	MEFOXIN	
<i>cefpodoxime proxetil 100 mg Oral Tablet, 200 mg Oral Tablet</i>	1	VANTIN	
<i>cefpodoxime proxetil 100 mg/5ml Oral Suspension Reconstituted, 50 mg/5ml Oral Suspension Reconstituted</i>	1	VANTIN	
<i>cefprozil 250 mg Oral Tablet, 500 mg Oral Tablet</i>	1	CEFZIL	
<i>cefprozil 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted</i>	1	CEFZIL	
<i>ceftazidime</i>	1	TAZICEF	
<i>ceftriaxone sodium</i>	1	ROCEPHIN	
<i>cefuroxime axetil</i>	1	CEFTIN	
<i>cefuroxime sodium 1.5 gm Intravenous Solution Reconstituted</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>cefuroxime sodium 7.5 gm Injection Solution Reconstituted, 750 mg Injection Solution Reconstituted</i>	1	ZINACEF	
<i>cephalexin 250 mg Oral Tablet, 500 mg Oral Tablet</i>	1		
<i>cephalexin 250 mg Oral Capsule, 500 mg Oral Capsule, 750 mg Oral Capsule</i>	1	KEFLEX	
<i>cephalexin 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted</i>	1	KEFLEX	
TAZICEF	1		
TEFLARO	1		
ZERBAXA	1		NDS, PA, QL(180 EA per 30 days), NM
Beta-lactam, Other			
<i>aztreonam</i>	1		
<i>doripenem</i>	1		
<i>ertapenem sodium</i>	1	INVANZ	
<i>imipenem-cilastatin</i>	1	PRIMAXIN	
<i>meropenem 500 mg Intravenous Solution Reconstituted</i>	1	MERREM	
<i>meropenem 1 gm Intravenous Solution Reconstituted</i>	1	MERREN	
Beta-lactam, Penicillins			
<i>amoxicillin 125 mg Oral Tablet Chewable, 250 mg Oral Capsule, 250 mg Oral Tablet Chewable, 500 mg Oral Capsule, 500 mg Oral Tablet, 875 mg Oral Tablet</i>	1	AMOXIL	
<i>amoxicillin 125 mg/5ml Oral Suspension Reconstituted, 200 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted, 400 mg/5ml Oral Suspension Reconstituted</i>	1	AMOXIL	
<i>amoxicillin-pot clavulanate 200-28.5 mg Oral Tablet Chewable, 250-125 mg Oral Tablet, 400-57 mg Oral Tablet Chewable, 500-125</i>	1	AUGMENTIN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>mg Oral Tablet, 875-125 mg Oral Tablet</i>			
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml Oral Suspension Reconstituted, 250-62.5 mg/5ml Oral Suspension Reconstituted, 400-57 mg/5ml Oral Suspension Reconstituted, 600-42.9 mg/5ml Oral Suspension Reconstituted</i>	1	AUGMENTIN	
<i>amoxicillin-pot clavulanate er</i>	1	AUGMENTIN XR	
<i>ampicillin</i>	1		
<i>ampicillin sodium 10 gm Intravenous Solution Reconstituted, 125 mg Injection Solution Reconstituted, 2 gm Intravenous Solution Reconstituted, 250 mg Injection Solution Reconstituted, 500 mg Injection Solution Reconstituted</i>	1		
<i>ampicillin sodium 1 gm Injection Solution Reconstituted</i>	1	TOTACILLIN-N	
<i>ampicillin-sulbactam sodium 1.5 (1-0.5) gm Injection Solution Reconstituted</i>	1		
<i>ampicillin-sulbactam sodium 15 (10-5) gm Intravenous Solution Reconstituted, 3 (2-1) gm Injection Solution Reconstituted</i>	1	UNASYN	
<i>BICILLIN L-A</i>	1		
<i>dicloxacillin sodium</i>	1	DYCILL	
<i>nafcillin sodium 10 gm Intravenous Solution Reconstituted, 2 gm Injection Solution Reconstituted</i>	1		
<i>nafcillin sodium 1 gm Injection Solution Reconstituted</i>	1	NALLPEN	
<i>oxacillin sodium</i>	1		
<i>oxacillin sodium in dextrose</i>	1		
<i>penicillin g pot in dextrose</i>	1		
<i>penicillin g potassium</i>	1	PFIZERPEN	
<i>penicillin g procaine</i>	1		
<i>penicillin v potassium 500 mg Oral Tablet</i>	1	PEN-VEE K	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>penicillin v potassium 250 mg Oral Tablet</i>	1	VEETIDS	
<i>penicillin v potassium 125 mg/5ml Oral Solution Reconstituted, 250 mg/5ml Oral Solution Reconstituted</i>	1	VEETIDS	
PFIZERPEN	1		
<i>piperacillin sod-tazobactam so 2.25 (2-0.25) gm Intravenous Solution Reconstituted</i>	1		
<i>piperacillin sod-tazobactam so 3.375 (3-0.375) gm Intravenous Solution Reconstituted, 4.5 (4-0.5) gm Intravenous Solution Reconstituted, 40.5 (36-4.5) gm Intravenous Solution Reconstituted</i>	1	ZOSYN	
Macrolides			
AZASITE	1		
<i>azithromycin 1 gm Oral Packet, 250 mg Oral Tablet, 500 mg Intravenous Solution Reconstituted, 500 mg Oral Tablet, 600 mg Oral Tablet</i>	1	ZITHROMAX	
<i>azithromycin 100 mg/5ml Oral Suspension Reconstituted, 200 mg/5ml Oral Suspension Reconstituted</i>	1	ZITHROMAX	
<i>clarithromycin 250 mg Oral Tablet, 500 mg Oral Tablet</i>	1	BIAXIN	
<i>clarithromycin 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted</i>	1	BIAXIN	
<i>clarithromycin er</i>	1	BIAXIN XL	
E.E.S. 400	1		
<i>ery</i>	1		
ERY-TAB	1		
ERYTHROCIN LACTOBIONATE	1		
ERYTHROCIN STEARATE	1		
<i>erythromycin 2 % External Pad</i>	1		
<i>erythromycin 2 % External Solution</i>	1	ERYDERM	
<i>erythromycin 2 % External Gel</i>	1	ERYGEL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>erythromycin 5 mg/gm Ophthalmic Ointment</i>	1	ILOTYCIN	
<i>erythromycin base 250 mg Oral Capsule Delayed Release Particles, 250 mg Oral Tablet, 250 mg Oral Tablet Delayed Release, 333 mg Oral Tablet Delayed Release, 500 mg Oral Tablet Delayed Release</i>	1		
<i>erythromycin base 500 mg Oral Tablet</i>	1	ERY-TAB	
<i>erythromycin ethylsuccinate 400 mg/5ml Oral Suspension Reconstituted</i>	1		
<i>erythromycin ethylsuccinate 400 mg Oral Tablet</i>	1	E.E.S.	
<i>erythromycin ethylsuccinate 200 mg/5ml Oral Suspension Reconstituted</i>	1	ERYPED	
Quinolones			
BAXDELA 300 mg Intravenous Solution Reconstituted	1		NDS, PA, NM
BAXDELA 450 mg Oral Tablet	1		NDS, PA, QL(28 EA per 14 days), NM
BESIVANCE	1		
CILOXAN	1		
<i>ciprofloxacin</i>	1	CIPRO	
<i>ciprofloxacin hcl 0.2 % Otic Solution</i>	1		
<i>ciprofloxacin hcl 0.3 % Ophthalmic Solution</i>	1	CILOXAN	
<i>ciprofloxacin hcl 100 mg Oral Tablet, 250 mg Oral Tablet, 500 mg Oral Tablet, 750 mg Oral Tablet</i>	1	CIPRO	
<i>ciprofloxacin in d5w 400 mg/200ml Intravenous Solution</i>	1		
<i>ciprofloxacin in d5w 200 mg/100ml Intravenous Solution</i>	1	CIPRO	
<i>ciprofloxacin-ciproflo x hcl er</i>	1	CIPRO XR	QL(30 EA per 30 days)
<i>gatifloxacin</i>	1	ZYMAXID	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>levofloxacin 250 mg Oral Tablet, 500 mg Oral Tablet, 750 mg Oral Tablet</i>	1	LEVAQUIN	
<i>levofloxacin 25 mg/ml Intravenous Solution, 25 mg/ml Oral Solution</i>	1	LEVAQUIN	
<i>levofloxacin 0.5 % Ophthalmic Solution</i>	1	QUIXIN	
<i>levofloxacin in d5w 250 mg/50ml Intravenous Solution</i>	1		
<i>levofloxacin in d5w 500 mg/100ml Intravenous Solution, 750 mg/150ml Intravenous Solution</i>	1	LEVAQUIN	
<i>moxifloxacin hcl 400 mg Oral Tablet</i>	1	AVELOX	
<i>moxifloxacin hcl 0.5 % Ophthalmic Solution</i>	1	VIGAMOX	
<i>moxifloxacin hcl in nacl</i>	1	AVELOX	
<i>ofloxacin 300 mg Oral Tablet, 400 mg Oral Tablet</i>	1	FLOXIN	
<i>ofloxacin 0.3 % Ophthalmic Solution</i>	1	OCUFLOX	
Sulfonamides			
BLEPH-10	1		
<i>silver sulfadiazine</i>	1	SILVADENE	
SSD	1		
<i>sulfacetamide sodium 10 % Ophthalmic Solution</i>	1	BLEPH-10	
<i>sulfacetamide sodium 10 % Ophthalmic Ointment</i>	1	SODIUM SULAMYD	
<i>sulfacetamide sodium (acne)</i>	1	KLARON	
<i>sulfadiazine</i>	1		
<i>sulfamethoxazole-trimethoprim 400-80 mg Oral Tablet, 800-160 mg Oral Tablet</i>	1	SEPTRA	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml Oral Suspension, 400-80 mg/5ml Intravenous Solution</i>	1	SEPTRA	
SULFATRIM PEDIATRIC	1		
Tetracyclines			
<i>demeclocycline hcl</i>	1	DECLOMYCIN	
doxy 100	1	DOXY	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>doxycycline hyclate 100 mg Oral Tablet Delayed Release, 150 mg Oral Tablet Delayed Release, 200 mg Oral Tablet Delayed Release, 50 mg Oral Tablet Delayed Release, 75 mg Oral Tablet Delayed Release</i>	1	DORYX	
<i>doxycycline hyclate 100 mg Intravenous Solution Reconstituted</i>	1	DOXY	
<i>doxycycline hyclate 20 mg Oral Tablet</i>	1	PERIOSTAT	
<i>doxycycline hyclate 100 mg Oral Tablet</i>	1	VIBRA-TABS	
<i>doxycycline hyclate 100 mg Oral Capsule, 50 mg Oral Capsule</i>	1	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg Oral Tablet, 150 mg Oral Capsule, 150 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet</i>	1	ADOXA	
<i>doxycycline monohydrate 100 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>	1	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml Oral Suspension Reconstituted</i>	1	VIBRAMYCIN	
<i>minocycline hcl 100 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet</i>	1	DYNACIN	
<i>minocycline hcl 100 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>	1	MINOCIN	
<i>minocycline hcl er 135 mg Oral Tablet Extended Release 24 Hour</i>	1	SOLODYN	
<i>minocycline hcl er 45 mg Oral Tablet Extended Release 24 Hour, 90 mg Oral Tablet Extended Release 24 Hour</i>	1	SOLODYN	QL(30 EA per 30 days)
NUZYRA 100 mg Intravenous Solution Reconstituted	1		NDS, PA, QL(15 EA per 14 days), NM
NUZYRA 150 mg Oral Tablet	1		NDS, PA, QL(30 EA per 14 days), NM
OKEBO	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>tetracycline hcl</i>	1		
<i>tigecycline</i>	1		
ANTICONVULSANTS			
Anticonvulsants, Other			
BRIVIACT 50 mg/5ml Intravenous Solution	1		PA-NSO
BRIVIACT 10 mg Oral Tablet, 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet	1		PA-NSO, QL(60 EA per 30 days)
BRIVIACT 10 mg/ml Oral Solution	1		PA-NSO, QL(600 ML per 30 days)
EPIDIOLEX	1		PA-NSO
<i>levetiracetam 1000 mg Oral Tablet, 250 mg Oral Tablet, 500 mg Oral Tablet, 750 mg Oral Tablet</i>	1	KEPPRA	
<i>levetiracetam 100 mg/ml Oral Solution, 500 mg/5ml Intravenous Solution</i>	1	KEPPRA	
<i>levetiracetam er</i>	1	KEPPRA	
<i>levetiracetam in nacl</i>	1		
SPRITAM	1		ST
XCOPRI 14 x 12.5 MG & 14 x 25 mg Oral Tablet Therapy Pack, 14 x 150 MG & 14 x200 mg Oral Tablet Therapy Pack, 14 x 50 MG & 14 x100 mg Oral Tablet Therapy Pack	1		PA-NSO, QL(28 EA per 180 days)
XCOPRI 100 mg Oral Tablet, 50 mg Oral Tablet	1		PA-NSO, QL(30 EA per 30 days)
XCOPRI 150 mg Oral Tablet, 200 mg Oral Tablet	1		PA-NSO, QL(60 EA per 30 days)
XCOPRI (250 MG DAILY DOSE)	1		PA-NSO, QL(60 EA per 30 days)
XCOPRI (350 MG DAILY DOSE)	1		PA-NSO, QL(60 EA per 30 days)
Calcium Channel Modifying Agents			
CELONTIN	1		
<i>ethosuximide 250 mg Oral Capsule</i>	1	ZARONTIN	
<i>ethosuximide 250 mg/5ml Oral Solution</i>	1	ZARONTIN	
<i>pregabalin 100 mg Oral Capsule, 150 mg Oral Capsule, 200 mg Oral</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Capsule, 225 mg Oral Capsule, 25 mg Oral Capsule, 300 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>			
<i>pregabalin 20 mg/ml Oral Solution</i>	1		
<i>zonisamide</i>	1	ZONEGRAN	
Gamma-aminobutyric Acid (gaba) Augmenting Agents			
<i>clobazam 10 mg Oral Tablet, 20 mg Oral Tablet</i>	1	ONFI	
<i>clobazam 2.5 mg/ml Oral Suspension</i>	1	ONFI	
<i>diazepam 10 mg Rectal Gel, 2.5 mg Rectal Gel, 20 mg Rectal Gel</i>	1	DIASTAT	
<i>divalproex sodium</i>	1	DEPAKOTE	
<i>divalproex sodium er</i>	1	DEPAKOTE	
<i>gabapentin 100 mg Oral Capsule, 300 mg Oral Capsule, 400 mg Oral Capsule, 600 mg Oral Tablet, 800 mg Oral Tablet</i>	1	NEURONTIN	
<i>gabapentin 250 mg/5ml Oral Solution</i>	1	NEURONTIN	
NAYZILAM	1		QL(10 EA per 30 days)
<i>phenobarbital 100 mg Oral Tablet, 15 mg Oral Tablet, 16.2 mg Oral Tablet, 30 mg Oral Tablet, 32.4 mg Oral Tablet, 60 mg Oral Tablet, 64.8 mg Oral Tablet, 97.2 mg Oral Tablet</i>	1		
<i>phenobarbital 20 mg/5ml Oral Elixir</i>	1		
<i>primidone</i>	1	MYSOLINE	
SABRIL	1		NDS, PA-NSO, LA, NM PA-NSO, QL(60 EA per 30 days)
SYMPAZAN	1		
<i>tiagabine hcl</i>	1	GABITRIL	
<i>valproate sodium</i>	1	DEPACON	
<i>valproic acid 250 mg Oral Capsule</i>	1	DEPAKENE	
<i>valproic acid 250 mg/5ml Oral Solution</i>	1	DEPAKENE	
VALTOCO 10 MG DOSE	1		QL(10 EA per 30 days)
VALTOCO 15 MG DOSE	1		QL(10 EA per 30 days)
VALTOCO 20 MG DOSE	1		QL(10 EA per 30 days)
VALTOCO 5 MG DOSE	1		QL(10 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>vigabatrin 500 mg Oral Tablet</i>	1		NDS, PA-NSO, NM
<i>vigabatrin 500 mg Oral Packet</i>	1	SABRIL	NDS, PA-NSO, NM
VIGADRONE	1		NDS, PA-NSO, NM
Glutamate Reducing Agents			
<i>felbamate 400 mg Oral Tablet, 600 mg Oral Tablet</i>	1	FELBATOL	
<i>felbamate 600 mg/5ml Oral Suspension</i>	1	FELBATOL	
FYCOMPA 10 mg Oral Tablet, 12 mg Oral Tablet, 2 mg Oral Tablet, 4 mg Oral Tablet, 6 mg Oral Tablet, 8 mg Oral Tablet	1		PA-NSO, QL(30 EA per 30 days)
FYCOMPA 0.5 mg/ml Oral Suspension	1		PA-NSO, QL(720 ML per 30 days)
LAMICTAL XR	1		
<i>lamotrigine 21 x 25 MG & 7 x 50 mg Oral Kit, 25 & 50 & 100 mg Oral Kit, 42 x 50 MG & 14x100 mg Oral Kit</i>	1		
<i>lamotrigine 100 mg tab disint, 200 mg tab disint, 25 mg Oral Tablet Chewable, 25 mg tab disint, 5 mg Oral Tablet Chewable, 50 mg tab disint</i>	1	LAMICTAL	
<i>lamotrigine er</i>	1	LAMICTAL	
<i>lamotrigine starter kit-blue</i>	1		
<i>lamotrigine starter kit-green</i>	1		
<i>lamotrigine starter kit-orange</i>	1		
SUBVENITE STARTER KIT-BLUE	1		
SUBVENITE STARTER KIT-GREEN	1		
SUBVENITE STARTER KIT-ORANGE	1		
<i>topiramate</i>	1	TOPAMAX	
<i>topiramate er</i>	1	QUDEXY XR	PA-NSO
TROKENDI XR	1		PA-NSO
Sodium Channel Agents			
APTIOM 200 mg Oral Tablet, 400 mg Oral Tablet	1		PA-NSO, QL(30 EA per 30 days)
APTIOM 600 mg Oral Tablet, 800 mg Oral Tablet	1		PA-NSO, QL(60 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
BANZEL 200 mg Oral Tablet, 400 mg Oral Tablet	1		PA-NSO
BANZEL 40 mg/ml Oral Suspension	1		PA-NSO
<i>carbamazepine 100 mg Oral Tablet Chewable, 200 mg Oral Tablet</i>	1	TEGRETOL	
<i>carbamazepine 100 mg/5ml Oral Suspension</i>	1	TEGRETOL	
<i>carbamazepine er 100 mg Oral Tablet Extended Release 12 Hour, 200 mg Oral Tablet Extended Release 12 Hour, 400 mg Oral Tablet Extended Release 12 Hour</i>	1	TEGRETOL	
DILANTIN	1		
DILANTIN INFATABS	1		
EPITOL	1		
<i>fosphenytoin sodium 500 mg pe/10ml Injection Solution</i>	1		
<i>fosphenytoin sodium 100 mg pe/2ml Injection Solution</i>	1	CEREBYX	
<i>oxcarbazepine 150 mg Oral Tablet, 300 mg Oral Tablet, 600 mg Oral Tablet</i>	1	TRILEPTAL	
<i>oxcarbazepine 300 mg/5ml Oral Suspension</i>	1	TRILEPTAL	
OXTELLAR XR	1		
PEGANONE	1		
PHENYTEK	1		
<i>phenytoin 50 mg Oral Tablet Chewable</i>	1	DILANTIN	
<i>phenytoin 125 mg/5ml Oral Suspension</i>	1	DILANTIN	
<i>phenytoin sodium</i>	1	DILANTIN	
<i>phenytoin sodium extended</i>	1	DILANTIN	
VIMPAT 100 mg Oral Tablet, 150 mg Oral Tablet, 200 mg Oral Tablet, 50 mg Oral Tablet	1		PA-NSO
VIMPAT 10 mg/ml Oral Solution, 200 mg/20ml Intravenous Solution	1		PA-NSO
ANTIDEMENTIA AGENTS			
Antidementia Agents, Other			
<i>ergoloid mesylates</i>	1	HYDERGINE	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>memantine hcl 10 mg Oral Tablet, 28 x 5 MG & 21 x 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	NAMENDA	
<i>memantine hcl 2 mg/ml Oral Solution</i>	1	NAMENDA	
<i>memantine hcl er</i>	1	NAMENDA XR	QL(30 EA per 30 days)
Cholinesterase Inhibitors			
<i>donepezil hcl</i>	1	ARICEPT	QL(30 EA per 30 days)
<i>galantamine hydrobromide 12 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	1	RAZADYNE	
<i>galantamine hydrobromide 4 mg/ml Oral Solution</i>	1	RAZADYNE	
<i>galantamine hydrobromide er</i>	1	RAZADYNE	QL(30 EA per 30 days)
<i>rivastigmine</i>	1	EXELON	QL(30 EA per 30 days)
<i>rivastigmine tartrate</i>	1	EXELON	
ANTIDEPRESSANTS			
Antidepressants, Other			
APLENZIN	1		QL(30 EA per 30 days)
<i>bupropion hcl</i>	1	WELLBUTRIN	QL(180 EA per 30 days)
<i>bupropion hcl er (sr)</i>	1	WELLBUTRIN SR	QL(60 EA per 30 days)
<i>bupropion hcl er (xl) 450 mg Oral Tablet Extended Release 24 Hour</i>	1		QL(30 EA per 30 days)
<i>bupropion hcl er (xl) 150 mg Oral Tablet Extended Release 24 Hour, 300 mg Oral Tablet Extended Release 24 Hour</i>	1	WELLBUTRIN XL	QL(30 EA per 30 days)
<i>chlordiazepoxide-amitriptyline</i>	1	LIMBITROL	AL, PA-NSO, PA-HRM
<i>maprotiline hcl</i>	1	LUDIOMIL	
<i>mirtazapine</i>	1	REMERON	QL(30 EA per 30 days)
<i>nefazodone hcl 100 mg Oral Tablet, 150 mg Oral Tablet, 250 mg Oral Tablet, 50 mg Oral Tablet</i>	1	SERZONE	QL(60 EA per 30 days)
<i>nefazodone hcl 200 mg Oral Tablet</i>	1	SERZONE	QL(90 EA per 30 days)
<i>olanzapine-fluoxetine hcl</i>	1	SYMBYAX	QL(30 EA per 30 days)
<i>perphenazine-amitriptyline</i>	1	TRIAVIL	AL, PA-NSO, PA-HRM
SPRAVATO (56 MG DOSE)	1		NDS, PA-NSO, QL(16 EA per 28 days), NM
SPRAVATO (84 MG DOSE)	1		NDS, PA-NSO, QL(24 EA per 28 days), NM
<i>trazodone hcl</i>	1	DESYREL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ZULRESSO	1		NDS, PA-NSO, NM
Monoamine Oxidase Inhibitors			
EMSAM	1		NDS, QL(30 EA per 30 days), NM
MARPLAN	1		
<i>phenelzine sulfate</i>	1	NARDIL	
<i>tranylcypromine sulfate</i>	1	PARNATE	
Ssris/ Snris			
<i>citalopram hydrobromide 40 mg Oral Tablet</i>	1	CELEXA	QL(30 EA per 30 days)
<i>citalopram hydrobromide 10 mg Oral Tablet, 20 mg Oral Tablet</i>	1	CELEXA	QL(45 EA per 30 days)
<i>citalopram hydrobromide 10 mg/5ml Oral Solution</i>	1	CELEXA	QL(600 ML per 30 days)
<i>desvenlafaxine er</i>	1	KHEDEZLA	QL(30 EA per 30 days), ST
<i>desvenlafaxine fumarate er</i>	1		QL(30 EA per 30 days), ST
<i>desvenlafaxine succinate er</i>	1	PRISTIQ	QL(30 EA per 30 days)
DRIZALMA SPRINKLE	1		PA-NSO, QL(60 EA per 30 days)
<i>escitalopram oxalate 20 mg Oral Tablet</i>	1	LEXAPRO	QL(30 EA per 30 days)
<i>escitalopram oxalate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	LEXAPRO	QL(45 EA per 30 days)
<i>escitalopram oxalate 5 mg/5ml Oral Solution</i>	1	LEXAPRO	QL(600 ML per 30 days)
FETZIMA	1		PA-NSO, QL(30 EA per 30 days)
FETZIMA TITRATION	1		PA-NSO, QL(28 EA per 180 days)
<i>fluoxetine hcl 90 mg Oral Capsule Delayed Release</i>	1	PROZAC	QL(4 EA per 28 days)
<i>fluoxetine hcl 60 mg Oral Tablet</i>	1	PROZAC	QL(30 EA per 30 days)
<i>fluoxetine hcl 40 mg Oral Capsule</i>	1	PROZAC	QL(60 EA per 30 days)
<i>fluoxetine hcl 10 mg Oral Capsule, 10 mg Oral Tablet</i>	1	PROZAC	QL(90 EA per 30 days)
<i>fluoxetine hcl 20 mg Oral Capsule, 20 mg Oral Tablet</i>	1	PROZAC	QL(120 EA per 30 days)
<i>fluoxetine hcl 20 mg/5ml Oral Solution</i>	1	PROZAC	QL(600 ML per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>fluvoxamine maleate 25 mg Oral Tablet</i>	1	LUVOX	QL(30 EA per 30 days)
<i>fluvoxamine maleate 50 mg Oral Tablet</i>	1	LUVOX	QL(45 EA per 30 days)
<i>fluvoxamine maleate 100 mg Oral Tablet</i>	1	LUVOX	QL(90 EA per 30 days)
<i>fluvoxamine maleate er</i>	1	LUVOX CR	QL(60 EA per 30 days)
<i>paroxetine hcl 20 mg Oral Tablet</i>	1	PAXIL	QL(30 EA per 30 days)
<i>paroxetine hcl 10 mg Oral Tablet, 40 mg Oral Tablet</i>	1	PAXIL	QL(45 EA per 30 days)
<i>paroxetine hcl 30 mg Oral Tablet</i>	1	PAXIL	QL(60 EA per 30 days)
<i>paroxetine hcl er 12.5 mg Oral Tablet Extended Release 24 Hour</i>	1	PAXIL CR	QL(30 EA per 30 days)
<i>paroxetine hcl er 25 mg Oral Tablet Extended Release 24 Hour, 37.5 mg Oral Tablet Extended Release 24 Hour</i>	1	PAXIL CR	QL(60 EA per 30 days)
PAXIL	1		
PEXEVA 20 mg Oral Tablet	1		QL(30 EA per 30 days)
PEXEVA 10 mg Oral Tablet, 40 mg Oral Tablet	1		QL(45 EA per 30 days)
PEXEVA 30 mg Oral Tablet	1		QL(60 EA per 30 days)
<i>sertraline hcl 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	ZOLOFT	QL(45 EA per 30 days)
<i>sertraline hcl 100 mg Oral Tablet</i>	1	ZOLOFT	QL(60 EA per 30 days)
<i>sertraline hcl 20 mg/ml Oral Concentrate</i>	1	ZOLOFT	QL(300 ML per 30 days)
TRINTELLIX	1		PA-NSO, QL(30 EA per 30 days)
<i>venlafaxine hcl</i>	1	EFFEXOR	QL(90 EA per 30 days)
<i>venlafaxine hcl er 150 mg Oral Tablet Extended Release 24 Hour, 225 mg Oral Tablet Extended Release 24 Hour, 37.5 mg Oral Tablet Extended Release 24 Hour, 75 mg Oral Tablet Extended Release 24 Hour</i>	1		QL(30 EA per 30 days)
<i>venlafaxine hcl er 150 mg Oral Capsule Extended Release 24 Hour, 37.5 mg Oral Capsule Extended Release 24 Hour</i>	1	EFFEXOR XR	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>venlafaxine hcl er 75 mg Oral Capsule Extended Release 24 Hour</i>	1	EFFEXOR XR	QL(90 EA per 30 days)
VIIBRYD	1		PA-NSO, QL(30 EA per 30 days)
VIIBRYD STARTER PACK	1		PA-NSO, QL(30 EA per 180 days)
Tricyclics			
<i>amitriptyline hcl</i>	1	ELAVIL	AL, PA-NSO, PA-HRM
<i>amoxapine</i>	1	ASENDIN	AL, PA-NSO, PA-HRM
<i>clomipramine hcl</i>	1	ANAFRANIL	AL, PA-NSO, PA-HRM
<i>desipramine hcl</i>	1	NORPRAMIN	
<i>doxepin hcl 10 mg Oral Capsule, 100 mg Oral Capsule, 150 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>	1	SINEQUAN	AL, PA-NSO, PA-HRM
<i>doxepin hcl 10 mg/ml Oral Concentrate</i>	1	SINEQUAN	AL, PA-NSO, PA-HRM
<i>imipramine hcl</i>	1	TOFRANIL	AL, PA-NSO, PA-HRM
<i>imipramine pamoate</i>	1	TOFRANIL-PM	AL, PA-NSO, PA-HRM
<i>nortriptyline hcl 10 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>	1	PAMELOR	AL, PA-NSO, PA-HRM
<i>nortriptyline hcl 10 mg/5ml Oral Solution</i>	1	PAMELOR	AL, PA-NSO, PA-HRM
<i>protriptyline hcl</i>	1	VIVACTIL	AL, PA-NSO, PA-HRM
<i>trimipramine maleate</i>	1	SURMONTIL	AL, PA-NSO, PA-HRM
ANTIDOTES			
Antidotes			
<i>flumazenil</i>	1		
<i>fomepizole</i>	1	ANTIZOL	NDS, NM
<i>protamine sulfate</i>	1		PA BvD
ANTIEMETICS			
Antiemetics, Other			
BONJESTA	1		PA, QL(60 EA per 30 days)
<i>chlorpromazine hcl 50 mg/2ml Injection Solution</i>	1		
<i>chlorpromazine hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 200 mg</i>	1	THORAZINE	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>			
COMPRO	1		
<i>dimenhydrinate</i>	1		
<i>doxylamine-pyridoxine</i>	1		PA, QL(120 EA per 30 days)
<i>droperidol</i>	1		
<i>meclizine hcl</i>	1	ANTIVERT	
<i>metoclopramide hcl 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	REGLAN	
<i>metoclopramide hcl 5 mg/5ml Oral Solution, 5 mg/ml Injection Solution</i>	1	REGLAN	
<i>perphenazine</i>	1	TRILAFON	
PHENADOZ	1		
<i>prochlorperazine</i>	1	COMPRO	
<i>prochlorperazine edisylate</i>	1		
<i>prochlorperazine maleate</i>	1	COMPAZINE	
<i>promethazine hcl 12.5 mg Oral Tablet, 12.5 mg Rectal Suppository, 25 mg Oral Tablet, 25 mg Rectal Suppository, 50 mg Oral Tablet</i>	1	PHENERGAN	
PROMETHEGAN	1		
<i>scopolamine</i>	1	TRANSDERM-SCOP	
Emetogenic Therapy Adjuncts			
AKYNZEO	1		PA, QL(2 EA per 28 days)
<i>aprepitant</i>	1	EMEND	PA
<i>dronabinol</i>	1	MARINOL	PA, QL(60 EA per 30 days)
<i>granisetron hcl 1 mg/ml Intravenous Solution, 4 mg/4ml Intravenous Solution</i>	1	KYTRIL	
<i>granisetron hcl 1 mg Oral Tablet</i>	1	KYTRIL	PA BvD
<i>ondansetron</i>	1	ZOFRAN	PA BvD
<i>ondansetron hcl 4 mg/2ml Injection Solution, 40 mg/20ml Injection Solution</i>	1	ZOFRAN	
<i>ondansetron hcl 24 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	1	ZOFRAN	PA BvD
<i>ondansetron hcl 4 mg/5ml Oral Solution</i>	1	ZOFRAN	PA BvD

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>palonosetron hcl 0.25 mg/5ml iv soln pfs</i>	1		PA
<i>palonosetron hcl 0.25 mg/5ml Intravenous Solution</i>	1	ALOXI	PA
VARUBI (180 MG DOSE)	1		PA, QL(4 EA per 28 days)
ANTIFUNGALS			
Antifungals			
ABELCET	1		NDS, PA BvD, NM
AMBISOME	1		NDS, PA BvD, NM
<i>amphotericin b</i>	1	FUNGIZONE	PA BvD
<i>caspofungin acetate</i>	1	CANCIDAS	NDS, NM
<i>ciclopirox 0.77 % External Gel</i>	1	LOPROX	
<i>ciclopirox 1 % External Shampoo</i>	1	LOPROX	
<i>ciclopirox 8 % External Solution</i>	1	PENLAC	
<i>ciclopirox olamine 0.77 % External Cream</i>	1	LOPROX	
<i>ciclopirox olamine 0.77 % External Suspension</i>	1	LOPROX	
<i>clotrimazole 1 % External Cream</i>	1	LOTRIMIN	
<i>clotrimazole 10 mg Mouth/Throat Troche</i>	1	MYCELEX	
<i>clotrimazole 1 % External Solution</i>	1	MYCELEX	
<i>econazole nitrate</i>	1	SPECTAZOLE	
ERAXIS	1		NDS, PA, NM
<i>fluconazole 100 mg Oral Tablet, 150 mg Oral Tablet, 200 mg Oral Tablet, 50 mg Oral Tablet</i>	1	DIFLUCAN	
<i>fluconazole 10 mg/ml Oral Suspension Reconstituted, 40 mg/ml Oral Suspension Reconstituted</i>	1	DIFLUCAN	
<i>fluconazole in sodium chloride</i>	1	DIFLUCAN	
<i>flucytosine</i>	1	ANCOBON	NDS, NM
<i>griseofulvin microsize 500 mg Oral Tablet</i>	1		
<i>griseofulvin microsize 125 mg/5ml Oral Suspension</i>	1	GRIFULVIN V	
<i>griseofulvin ultramicrosize</i>	1	GRIS-PEG	
<i>itraconazole</i>	1	SPORANOX	PA
<i>ketoconazole 2 % External Foam</i>	1	EXTINA	
<i>ketoconazole 200 mg Oral Tablet</i>	1	NIZORAL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>ketoconazole 2 % External Cream</i>	1	NIZORAL	
<i>ketoconazole 2 % External Shampoo</i>	1	NIZORAL	
<i>miconazole 3</i>	1	MONISTAT	
<i>naftifine hcl 1 % External Gel</i>	1		
<i>naftifine hcl 1 % External Cream, 2 % External Cream</i>	1	NAFTIN	
NAFTIN	1		
NOXAFIL 300 mg/16.7ml Intravenous Solution	1		NDS, PA, NM
NOXAFIL 40 mg/ml Oral Suspension	1		NDS, PA, QL(600 ML per 30 days), NM
NYAMYC	1		
<i>nystatin 500000 unit Oral Tablet</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/gm External Cream, 100000 unit/gm External Ointment, 100000 unit/gm External Powder</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/ml Mouth/Throat Suspension</i>	1	MYCOSTATIN	
NYSTOP	1		
<i>posaconazole</i>	1		NDS, PA, QL(180 EA per 30 days), NM
<i>terbinafine hcl</i>	1	LAMISIL	
<i>terconazole 0.4 % Vaginal Cream, 0.8 % Vaginal Cream</i>	1	TERAZOL	
<i>terconazole 80 mg Vaginal Suppository</i>	1	TERAZOL 3	
<i>voriconazole 200 mg Intravenous Solution Reconstituted, 200 mg Oral Tablet, 50 mg Oral Tablet</i>	1	VFEND	
<i>voriconazole 40 mg/ml Oral Suspension Reconstituted</i>	1	VFEND	NDS, NM
ANTIGOUT AGENTS			
Antigout Agents			
<i>allopurinol</i>	1	ZYLOPRIM	
<i>colchicine 0.6 mg Oral Tablet</i>	1	COLCRYS	QL(60 EA per 30 days)
<i>colchicine 0.6 mg Oral Capsule</i>	1	MITIGARE	QL(60 EA per 30 days)
<i>colchicine-probenecid</i>	1	COLBENEMID	
DUZALLO	1		PA, QL(30 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>febuxostat</i>	1	ULORIC	QL(30 EA per 30 days), ST
<i>probenecid</i>	1	BENEMID	
ANTI-INFLAMMATORY AGENTS			
Glucocorticoids			
ALA SCALP	1		
<i>ala-cort</i>	1	ALA-CORT	
<i>alclometasone dipropionate</i>	1	ACLOVATE	
<i>amcinonide 0.1 % External Cream, 0.1 % External Ointment</i>	1	CYCLOCORT	
<i>amcinonide 0.1 % External Lotion</i>	1	CYCLOCORT	
<i>betamethasone dipropionate 0.05 % External Cream, 0.05 % External Ointment</i>	1	DIPROSONE	
<i>betamethasone dipropionate 0.05 % External Lotion</i>	1	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % External Cream, 0.05 % External Gel, 0.05 % External Ointment</i>	1	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % External Lotion</i>	1	DIPROLENE	
<i>betamethasone valerate 0.1 % External Cream, 0.1 % External Ointment</i>	1	BETA-VAL	
<i>betamethasone valerate 0.1 % External Lotion</i>	1	BETA-VAL	
<i>betamethasone valerate 0.12 % External Foam</i>	1	LUXIQ	
<i>clobetasol propionate 0.05 % External Cream</i>	1		
<i>clobetasol propionate 0.05 % External Ointment</i>	1	CLOBEX	
<i>clobetasol propionate 0.05 % External Solution</i>	1	CLOBEX	
<i>clobetasol propionate 0.05 % External Liquid, 0.05 % External Lotion, 0.05 % External Shampoo</i>	1	CLODAN	
<i>clobetasol propionate 0.05 % External Foam</i>	1	OLUX	
<i>clobetasol propionate 0.05 % External Gel</i>	1	TEMOVATE	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>clobetasol propionate e</i>	1	TEMOVATE-E	
<i>clobetasol propionate emulsion</i>	1		
<i>clocortolone pivalate</i>	1		
DELTASONE	1		PA BvD
<i>desonide 0.05 % External Cream, 0.05 % External Ointment</i>	1	DESOWEN	
<i>desonide 0.05 % External Lotion</i>	1	DESOWEN	
<i>desoximetasone</i>	1	TOPICORT	
<i>dexamethasone 1 mg Oral Tablet, 1.5 mg (21) Oral Tablet Therapy Pack, 1.5 mg (35) Oral Tablet Therapy Pack, 1.5 mg (51) Oral Tablet Therapy Pack, 2 mg Oral Tablet</i>	1		
<i>dexamethasone 0.5 mg/5ml Oral Elixir</i>	1	BAYCADRON	
<i>dexamethasone 0.5 mg Oral Tablet, 0.75 mg Oral Tablet, 1.5 mg Oral Tablet, 4 mg Oral Tablet, 6 mg Oral Tablet</i>	1	DECADRON	
<i>dexamethasone intensol</i>	1		
<i>diflorasone diacetate</i>	1	PSORCON	
EMFLAZA 36 mg Oral Tablet	1		NDS, PA, LA, NM
EMFLAZA 22.75 mg/ml Oral Suspension	1		NDS, PA, LA, NM
EMFLAZA 18 mg Oral Tablet	1		NDS, PA, QL(30 EA per 30 days), LA, NM
EMFLAZA 30 mg Oral Tablet, 6 mg Oral Tablet	1		NDS, PA, QL(60 EA per 30 days), LA, NM
<i>fluocinolone acetonide 0.01 % External Cream, 0.025 % External Cream, 0.025 % External Ointment</i>	1	SYNALAR	
<i>fluocinolone acetonide 0.01 % External Solution</i>	1	SYNALAR	
<i>fluocinolone acetonide scalp</i>	1		
<i>fluocinonide 0.05 % External Cream, 0.05 % External Gel, 0.05 % External Ointment</i>	1	LIDEX	
<i>fluocinonide 0.05 % External Solution</i>	1	LIDEX	
<i>fluocinonide 0.1 % External Cream</i>	1	VANOS	
<i>fluocinonide emulsified base</i>	1	LIDEX-E	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>fluticasone propionate 0.005 % External Ointment, 0.05 % External Cream</i>	1	CUTIVATE	
<i>fluticasone propionate 0.05 % External Lotion</i>	1	CUTIVATE	
<i>halobetasol propionate</i>	1	ULTRAVATE	
<i>hydrocortisone 1 % External Cream, 1 % External Ointment</i>	1	ALA-CORT	
<i>hydrocortisone 2.5 % External Cream, 2.5 % External Ointment</i>	1	HYTONE	
<i>hydrocortisone 2.5 % External Lotion</i>	1	HYTONE	
<i>hydrocortisone butyrate 0.1 % External Cream, 0.1 % External Ointment</i>	1	LOCOID	
<i>hydrocortisone butyrate 0.1 % External Solution</i>	1	LOCOID	
<i>hydrocortisone valerate</i>	1	WESTCORT	
<i>mometasone furoate 0.1 % External Cream, 0.1 % External Ointment</i>	1	ELOCON	
<i>mometasone furoate 0.1 % External Solution</i>	1	ELOCON	
<i>prednisolone</i>	1	PRELONE	PA BvD
<i>prednisolone sodium phosphate 25 mg/5ml Oral Solution</i>	1		PA BvD
<i>prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint</i>	1	ORAPRED	PA BvD
<i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml Oral Solution</i>	1	PEDIAPRED	PA BvD
<i>prednisone 10 mg (21) Oral Tablet Therapy Pack, 10 mg (48) Oral Tablet Therapy Pack, 5 mg (21) Oral Tablet Therapy Pack, 5 mg (48) Oral Tablet Therapy Pack</i>	1		
<i>prednisone 1 mg Oral Tablet, 10 mg Oral Tablet, 2.5 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet, 50 mg Oral Tablet</i>	1		PA BvD
<i>prednisone 5 mg/5ml Oral Solution</i>	1		PA BvD
PROCTOCREAM HC	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
PROCTO-MED HC	1		
PROCTO-PAK	1		
PROCTOSOL HC	1		
PROCTOZONE-HC	1		
TOLAK	1		
<i>triamcinolone acetonide 0.05 % External Ointment</i>	1		
<i>triamcinolone acetonide 0.025 % External Ointment, 0.1 % External Ointment, 0.5 % External Ointment</i>	1	KENALOG	
<i>triamcinolone acetonide 0.025 % External Lotion, 0.1 % External Lotion, 40 mg/ml Injection Suspension</i>	1	KENALOG	
<i>triamcinolone acetonide 0.025 % External Cream, 0.1 % External Cream, 0.5 % External Cream</i>	1	TRIDERM	
TRIANEX	1		
TRIDERM	1		
ANTIMIGRAINE AGENTS			
Abortive Agents			
<i>almotriptan malate</i>	1	AXERT	QL(16 EA per 28 days)
<i>dihydroergotamine mesylate</i>	1	MIGRANAL	QL(8 ML per 28 days)
<i>ergotamine-caffeine</i>	1	CAFERGOT	QL(40 EA per 28 days)
MIGERGOT	1		QL(20 EA per 28 days)
<i>naratriptan hcl</i>	1	AMERGE	QL(16 EA per 28 days)
<i>rizatriptan benzoate</i>	1	MAXALT	QL(16 EA per 28 days)
<i>sumatriptan</i>	1	IMITREX	QL(16 EA per 28 days)
<i>sumatriptan succinate 4 mg/0.5ml Subcutaneous Solution Auto-injector, 6 mg/0.5ml Subcutaneous Solution, 6 mg/0.5ml Subcutaneous Solution Auto-injector, 6 mg/0.5ml Subcutaneous Solution Prefilled Syringe</i>	1	IMITREX	QL(8 ML per 28 days)
<i>sumatriptan succinate 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	IMITREX	QL(16 EA per 28 days)
<i>sumatriptan succinate refill</i>	1	IMITREX	QL(8 ML per 28 days)
UBRELVY	1		PA, QL(16 EA per 30 days)
<i>zolmitriptan</i>	1	ZOMIG	QL(16 EA per 28 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
Prophylactic Agents			
AIMOVIG	1		PA, QL(1 ML per 30 days)
AJOVY	1		(1 syringe), PA, QL(1.5 ML per 30 days)
EMGALITY	1		PA, QL(2 ML per 30 days)
EMGALITY (300 MG DOSE)	1		PA, QL(3 ML per 30 days)
ANTIMYASTHENIC AGENTS			
Parasympathomimetics			
<i>guanidine hcl</i>	1		
<i>pyridostigmine bromide 30 mg Oral Tablet</i>	1		
<i>pyridostigmine bromide 60 mg Oral Tablet</i>	1	MESTINON	
ANTIMYCOBACTERIALS			
Antimycobacterials, Other			
<i>dapsone</i>	1		
<i>rifabutin</i>	1	MYCOBUTIN	
Antituberculars			
CAPASTAT SULFATE	1		
<i>cycloserine</i>	1		
<i>ethambutol hcl</i>	1	MYAMBUTOL	
<i>isoniazid 100 mg Oral Tablet, 300 mg Oral Tablet</i>	1		
<i>isoniazid 100 mg/ml Injection Solution, 50 mg/5ml Oral Syrup</i>	1		
PASER	1		
<i>pretomanid</i>	1		PA, QL(30 EA per 30 days)
PRIFTIN	1		
<i>pyrazinamide</i>	1		
<i>rifampin</i>	1	RIFADIN	
RIFATER	1		
SIRTURO	1		NDS, PA, NM
TRECTOR	1		
ANTINEOPLASTICS			
Alkylating Agents			
BENDEKA	1		NDS, NM
<i>busulfan</i>	1	BUSULFEX	
<i>carboplatin</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>carmustine</i>	1		
<i>cisplatin 50 mg Intravenous Solution Reconstituted</i>	1		
<i>cisplatin 50 mg/50ml Intravenous Solution</i>	1		
<i>cyclophosphamide 1 gm Injection Solution Reconstituted, 2 gm Injection Solution Reconstituted, 500 mg Injection Solution Reconstituted</i>	1		
<i>cyclophosphamide 25 mg Oral Capsule, 50 mg Oral Capsule</i>	1		PA BvD
<i>dacarbazine</i>	1		
GLEOSTINE	1		
<i>ifosfamide 3 gm Intravenous Solution Reconstituted</i>	1		PA BvD
<i>ifosfamide 1 gm/20ml Intravenous Solution, 3 gm/60ml Intravenous Solution</i>	1		PA BvD
<i>ifosfamide 1 gm Intravenous Solution Reconstituted</i>	1	IFEX	PA BvD
LEUKERAN	1		
MATULANE	1		NDS, LA, NM
<i>melphalan hcl</i>	1	ALKERAN	
<i>oxaliplatin 100 mg Intravenous Solution Reconstituted, 50 mg Intravenous Solution Reconstituted</i>	1		
<i>oxaliplatin 50 mg/10ml Intravenous Solution</i>	1		
<i>oxaliplatin 100 mg/20ml Intravenous Solution</i>	1	ELOXATIN	
TEMODAR	1		
<i>thiotepa</i>	1	THIOPLEX	
TREANDA	1		NDS, NM
VALCHLOR	1		NDS, PA-NSO, LA, NM
YONDELIS	1		NDS, PA-NSO, NM
ZANOSAR	1		
Antiandrogens			
<i>abiraterone acetate</i>	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
<i>bicalutamide</i>	1	CASODEX	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ERLEADA	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
<i>flutamide</i>	1	EULEXIN	
<i>nilutamide</i>	1	NILANDRON	QL(60 EA per 30 days)
NUBEQA	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
XTANDI	1		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
YONSA	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
ZYTIGA	1		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
Antiangiogenic Agents			
POMALYST	1		NDS, PA-NSO, QL(21 EA per 28 days), LA, NM
REVLIMID	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
THALOMID	1		NDS, NM
Antiestrogens/modifiers			
DEPO-PROVERA	1		
EMCYT	1		
FASLODEX	1		NDS, NM
<i>fulvestrant</i>	1		NDS, NM
SOLTAMOX	1		
<i>tamoxifen citrate</i>	1	NOLVADEX	
<i>toremifene citrate</i>	1	FARESTON	
Antimetabolites			
ADRUCIL	1		PA BvD
ALIMTA 500 mg Intravenous Solution Reconstituted	1		NDS, NM
ARRANON	1		NDS, PA-NSO, NM
<i>cladribine</i>	1	LEUSTATIN	PA BvD
<i>cytarabine (pf)</i>	1		PA BvD
DROXIA	1		
<i>floxuridine</i>	1		PA BvD
<i>fluorouracil 1 gm/20ml Intravenous Solution, 5 gm/100ml Intravenous</i>	1		PA BvD

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Solution, 500 mg/10ml Intravenous Solution</i>			
<i>fluorouracil 0.5 % External Cream</i>	1	CARAC	
<i>fluorouracil 5 % External Cream</i>	1	EFUDEX	
<i>fluorouracil 2 % External Solution, 5 % External Solution</i>	1	EFUDEX	
FOLOTYN	1		NDS, NM
<i>gemcitabine hcl 2 gm Intravenous Solution Reconstituted, 200 mg Intravenous Solution Reconstituted</i>	1		
<i>gemcitabine hcl 1 gm/26.3ml Intravenous Solution, 2 gm/20ml Intravenous Solution, 2 gm/52.6ml Intravenous Solution, 200 mg/5.26ml Intravenous Solution</i>	1		
<i>gemcitabine hcl 1 gm Intravenous Solution Reconstituted</i>	1	GEMZAR	
<i>hydroxyurea</i>	1	HYDREA	
<i>mercaptopurine</i>	1	PURINETHOL	
NIPENT	1		
PURIXAN	1		
SIKLOS	1		PA
TABLOID	1		
Antineoplastics, Other			
ALIMTA 100 mg Intravenous Solution Reconstituted	1		NDS, NM
<i>amifostine</i>	1	ETHYOL	
<i>arsenic trioxide</i>	1		
<i>azacitidine</i>	1	VIDAZA	NDS, NM
<i>bleomycin sulfat 15 unit Injection Solution Reconstituted</i>	1		PA BvD
<i>bleomycin sulfat 30 unit Injection Solution Reconstituted</i>	1	BLENOXANE	PA BvD
<i>bortezomib</i>	1		NDS, PA-NSO, NM
<i>clofarabine</i>	1	CLOLAR	NDS, PA-NSO, NM
<i>dactinomycin</i>	1	COSMEGEN	
<i>daunorubicin hcl 20 mg Intravenous Solution Reconstituted</i>	1		
<i>daunorubicin hcl 20 mg/4ml Intravenous Solution, 50 mg/10ml Intravenous Solution</i>	1		
<i>decitabine</i>	1	DACOGEN	NDS, PA-NSO, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>dexrazoxane hcl</i>	1		
<i>docetaxel 200 mg/10ml Intravenous Concentrate</i>	1		
<i>doxorubicin hcl 10 mg Intravenous Solution Reconstituted, 50 mg Intravenous Solution Reconstituted</i>	1		PA BvD
<i>doxorubicin hcl 2 mg/ml Intravenous Solution</i>	1	ADRIAMYCIN	PA BvD
<i>doxorubicin hcl liposomal</i>	1	DOXIL	
<i>epirubicin hcl 200 mg Intravenous Solution Reconstituted</i>	1		
<i>epirubicin hcl 50 mg/25ml Intravenous Solution</i>	1		
<i>epirubicin hcl 200 mg/100ml Intravenous Solution</i>	1	ELLEENCE	
ERWINAZE	1		NDS, PA-NSO, NM
<i>fludarabine phosphate 50 mg/2ml Intravenous Solution</i>	1		
<i>fludarabine phosphate 50 mg Intravenous Solution Reconstituted</i>	1	FLUDARA	
HALAVEN	1		NDS, PA-NSO, NM
<i>idarubicin hcl 20 mg/20ml Intravenous Solution, 5 mg/5ml Intravenous Solution</i>	1		
<i>idarubicin hcl 10 mg/10ml Intravenous Solution</i>	1	IDAMYCIN	
IMLYGIC 1000000 unit/ml Intralesional Suspension	1		NDS, PA-NSO, QL(4 ML per 180 days), NM
IMLYGIC 100000000 unit/ml Intralesional Suspension	1		NDS, PA-NSO, QL(8 ML per 28 days), NM
IXEMPRA KIT	1		NDS, PA-NSO, NM
KADCYLA	1		NDS, PA-NSO, LA, NM
KYPROLIS	1		NDS, PA-NSO, NM
<i>leucovorin calcium 10 mg Oral Tablet, 100 mg Injection Solution Reconstituted, 15 mg Oral Tablet, 200 mg Injection Solution Reconstituted, 25 mg Oral Tablet, 350 mg Injection Solution Reconstituted, 5 mg Oral Tablet, 50 mg Injection Solution</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Reconstituted, 500 mg Injection Solution Reconstituted</i>			
<i>leucovorin calcium 100 mg/10ml Injection Solution, 500 mg/50ml Injection Solution</i>	1		
<i>levoleucovorin calcium</i>	1		
<i>levoleucovorin calcium pf</i>	1		NDS, NM
LONSURF 20-8.19 mg Oral Tablet	1		NDS, PA-NSO, QL(80 EA per 28 days), LA, NM
LONSURF 15-6.14 mg Oral Tablet	1		NDS, PA-NSO, QL(100 EA per 28 days), LA, NM
LYNPARZA	1		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
LYSODREN	1		
MARQIBO	1		NDS, PA-NSO, NM
MESNEX	1		
<i>mitomycin</i>	1	MUTAMYCIN	PA BvD
<i>mitoxantrone hcl</i>	1		
NINLARO	1		NDS, PA-NSO, QL(3 EA per 28 days), NM
ODOMZO	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
ONCASPASPAR	1		NDS, NM
PEGINTRON	1		NDS, QL(2 EA per 28 days), NM
PICATO 0.05 % External Gel	1		QL(2 EA per 30 days)
PICATO 0.015 % External Gel	1		QL(3 EA per 30 days)
PROLEUKIN	1		NDS, NM
SYLATRON	1		NDS, PA-NSO, NM
SYNRIBO	1		NDS, PA-NSO, NM
<i>valrubicin</i>	1		
VALSTAR	1		
VENCLEXTA 50 mg Oral Tablet	1		PA-NSO, QL(30 EA per 30 days), LA
VENCLEXTA 10 mg Oral Tablet	1		PA-NSO, QL(60 EA per 30 days), LA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
VENCLEXTA 100 mg Oral Tablet	1		NDS, PA-NSO, QL(180 EA per 30 days), LA, NM
VENCLEXTA STARTING PACK	1		NDS, PA-NSO, QL(42 EA per 180 days), LA, NM
<i>vinblastine sulfate</i>	1		PA BvD
<i>vincasar pfs</i>	1	VINCASAR	PA BvD
<i>vincristine sulfate</i>	1	VINCASAR	PA BvD
<i>vinorelbine tartrate 10 mg/ml Intravenous Solution</i>	1		
<i>vinorelbine tartrate 50 mg/5ml Intravenous Solution</i>	1	NAVELBINE	
VYXEOS	1		NDS, PA-NSO, NM
XPOVIO (100 MG ONCE WEEKLY)	1		NDS, PA-NSO, QL(20 EA per 28 days), NM
XPOVIO (60 MG ONCE WEEKLY)	1		NDS, PA-NSO, QL(12 EA per 28 days), NM
XPOVIO (80 MG ONCE WEEKLY)	1		NDS, PA-NSO, QL(16 EA per 28 days), NM
XPOVIO (80 MG TWICE WEEKLY)	1		NDS, PA-NSO, QL(32 EA per 28 days), NM
ZALTRAP	1		NDS, PA-NSO, LA, NM
ZOLINZA	1		NDS, QL(120 EA per 30 days), NM
ZYDELIG	1		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
Aromatase Inhibitors, 3rd Generation			
<i>anastrozole</i>	1	ARIMIDEX	
<i>exemestane</i>	1	AROMASIN	
<i>letrozole</i>	1	FEMARA	
Enzyme Inhibitors			
ABRAXANE	1		NDS, PA-NSO, NM
COPIKTRA	1		NDS, PA-NSO, QL(60 EA per 30 days), NM
DOCEFREZ	1		NDS, NM
<i>docetaxel 160 mg/8ml Intravenous Concentrate, 20 mg/2ml Intravenous Solution, 20 mg/ml Intravenous Concentrate</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>docetaxel 80 mg/4ml Intravenous Concentrate</i>	1	TAXOTERE	
ETOPOPHOS	1		
<i>etoposide</i>	1	VEPESID	
<i>irinotecan hcl 300 mg/15ml Intravenous Solution, 40 mg/2ml Intravenous Solution, 500 mg/25ml Intravenous Solution</i>	1		
<i>irinotecan hcl 100 mg/5ml Intravenous Solution</i>	1	CAMPTOSAR	
JEVTANA	1		NDS, PA-NSO, NM
ONIVYDE	1		NDS, PA-NSO, NM
<i>paclitaxel</i>	1		
PIQRAY (200 MG DAILY DOSE)	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
PIQRAY (250 MG DAILY DOSE)	1		NDS, PA-NSO, QL(60 EA per 30 days), NM
PIQRAY (300 MG DAILY DOSE)	1		NDS, PA-NSO, QL(60 EA per 30 days), NM
TALZENNA 1 mg Oral Capsule	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
TALZENNA 0.25 mg Oral Capsule	1		NDS, PA-NSO, QL(90 EA per 30 days), NM
TOPOSAR	1		
<i>topotecan hcl 4 mg/4ml Intravenous Solution</i>	1		
<i>topotecan hcl 4 mg Intravenous Solution Reconstituted</i>	1	HYCAMTIN	
VIZIMPRO	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
Molecular Target Inhibitors			
AFINITOR	1		NDS, PA-NSO, QL(28 EA per 28 days), NM
AFINITOR DISPERZ	1		NDS, PA-NSO, QL(112 EA per 28 days), NM
ALECENSA	1		NDS, PA-NSO, QL(240 EA per 30 days), LA, NM
ALIQOPA	1		NDS, PA-NSO, QL(3 EA per 28 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ALUNBRIG 180 mg Oral Tablet, 90 mg Oral Tablet	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
ALUNBRIG 90 & 180 mg Oral Tablet Therapy Pack	1		NDS, PA-NSO, QL(30 EA per 180 days), LA, NM
ALUNBRIG 30 mg Oral Tablet	1		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
AYVAKIT	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
BALVERSA 5 mg Oral Tablet	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
BALVERSA 4 mg Oral Tablet	1		NDS, PA-NSO, QL(60 EA per 30 days), NM
BALVERSA 3 mg Oral Tablet	1		NDS, PA-NSO, QL(90 EA per 30 days), NM
BOSULIF 400 mg Oral Tablet, 500 mg Oral Tablet	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
BOSULIF 100 mg Oral Tablet	1		NDS, PA-NSO, QL(90 EA per 30 days), NM
BRAFTOVI 50 mg Oral Capsule	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
BRAFTOVI 75 mg Oral Capsule	1		NDS, PA-NSO, QL(180 EA per 30 days), NM
BRUKINSA	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
CABOMETYX 20 mg Oral Tablet, 60 mg Oral Tablet	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
CABOMETYX 40 mg Oral Tablet	1		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
CALQUENCE	1		NDS, PA-NSO, QL(60 EA per 30 days), NM
CAPRELSA 300 mg Oral Tablet	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
CAPRELSA 100 mg Oral Tablet	1		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
COMETRIQ (100 MG DAILY DOSE)	1		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
COMETRIQ (140 MG DAILY DOSE)	1		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
COMETRIQ (60 MG DAILY DOSE)	1		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM
COTELLIC	1		NDS, PA-NSO, QL(63 EA per 28 days), LA, NM
DAURISMO 100 mg Oral Tablet	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
DAURISMO 25 mg Oral Tablet	1		NDS, PA-NSO, QL(60 EA per 30 days), NM
ERIVEDGE	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
<i>erlotinib hcl 100 mg Oral Tablet, 150 mg Oral Tablet</i>	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
<i>erlotinib hcl 25 mg Oral Tablet</i>	1		NDS, PA-NSO, QL(90 EA per 30 days), NM
<i>everolimus 2.5 mg Oral Tablet, 5 mg Oral Tablet, 7.5 mg Oral Tablet</i>	1		NDS, PA-NSO, QL(28 EA per 28 days), NM
FARYDAK	1		NDS, PA-NSO, QL(6 EA per 21 days), LA, NM
GILOTRIF	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
IBRANCE 100 mg Oral Tablet, 125 mg Oral Tablet, 75 mg Oral Tablet	1		NDS, PA-NSO, QL(21 EA per 28 days), NM
IBRANCE 100 mg Oral Capsule, 125 mg Oral Capsule, 75 mg Oral Capsule	1		NDS, PA-NSO, QL(21 EA per 28 days), LA, NM
ICLUSIG 45 mg Oral Tablet	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
ICLUSIG 15 mg Oral Tablet	1		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
IDHIFA	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
<i>imatinib mesylate 400 mg Oral Tablet</i>	1	GLEEVEC	NDS, QL(60 EA per 30 days), NM
<i>imatinib mesylate 100 mg Oral Tablet</i>	1	GLEEVEC	NDS, QL(90 EA per 30 days), NM
IMBRUVICA 140 mg Oral Tablet, 280 mg Oral Tablet, 420 mg Oral Tablet, 560 mg Oral Tablet, 70 mg Oral Capsule	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
IMBRUVICA 140 mg Oral Capsule	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
INLYTA 5 mg Oral Tablet	1		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
INLYTA 1 mg Oral Tablet	1		NDS, PA-NSO, QL(180 EA per 30 days), LA, NM
INREBIC	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
IRESSA	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
JAKAFI	1		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
KISQALI (200 MG DOSE)	1		NDS, PA-NSO, QL(63 EA per 28 days), NM
KISQALI (400 MG DOSE)	1		NDS, PA-NSO, QL(63 EA per 28 days), NM
KISQALI (600 MG DOSE)	1		NDS, PA-NSO, QL(63 EA per 28 days), NM
KISQALI FEMARA (400 MG DOSE)	1		NDS, PA-NSO, QL(91 EA per 28 days), NM
KISQALI FEMARA (600 MG DOSE)	1		NDS, PA-NSO, QL(91 EA per 28 days), NM
KISQALI FEMARA(200 MG DOSE)	1		NDS, PA-NSO, QL(91 EA per 28 days), NM
KOSELUGO 25 mg Oral Capsule	1		NDS, PA-NSO, QL(120 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
KOSELUGO 10 mg Oral Capsule	1		NDS, PA-NSO, QL(240 EA per 30 days), NM
LENVIMA (10 MG DAILY DOSE)	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
LENVIMA (12 MG DAILY DOSE)	1		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM
LENVIMA (14 MG DAILY DOSE)	1		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
LENVIMA (18 MG DAILY DOSE)	1		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM
LENVIMA (20 MG DAILY DOSE)	1		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
LENVIMA (24 MG DAILY DOSE)	1		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM
LENVIMA (4 MG DAILY DOSE)	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
LENVIMA (8 MG DAILY DOSE)	1		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
LORBRENA 100 mg Oral Tablet	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
LORBRENA 25 mg Oral Tablet	1		NDS, PA-NSO, QL(90 EA per 30 days), NM
LUMOXITI	1		NDS, PA-NSO, NM
MEKINIST 2 mg Oral Tablet	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
MEKINIST 0.5 mg Oral Tablet	1		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM
MEKTOVI	1		NDS, PA-NSO, QL(180 EA per 30 days), NM
NERLYNX	1		NDS, PA-NSO, QL(180 EA per 30 days), LA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
NEXAVAR	1		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
PEMAZYRE	1		NDS, PA-NSO, QL(14 EA per 21 days), NM
QINLOCK	1		NDS, PA-NSO, QL(90 EA per 30 days), NM
RETEVMO 40 mg Oral Capsule	1		NDS, PA-NSO, QL(60 EA per 30 days), NM
RETEVMO 80 mg Oral Capsule	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
<i>romidepsin 10 mg Intravenous Solution Reconstituted</i>	1		NDS, PA-NSO, NM
<i>romidepsin 27.5 mg/5.5ml Intravenous Solution</i>	1		NDS, PA-NSO, NM
ROZLYTREK 100 mg Oral Capsule	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
ROZLYTREK 200 mg Oral Capsule	1		NDS, PA-NSO, QL(90 EA per 30 days), NM
RUBRACA	1		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
RYDAPT	1		NDS, PA-NSO, QL(224 EA per 28 days), NM
SPRYCEL 100 mg Oral Tablet, 140 mg Oral Tablet, 50 mg Oral Tablet, 70 mg Oral Tablet, 80 mg Oral Tablet	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
SPRYCEL 20 mg Oral Tablet	1		NDS, PA-NSO, QL(90 EA per 30 days), NM
STIVARGA	1		NDS, PA-NSO, QL(84 EA per 28 days), LA, NM
SUTENT	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
TABRECTA	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
TAFINLAR	1		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
TAGRISSO	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
TASIGNA	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
TAZVERIK	1		NDS, PA-NSO, QL(240 EA per 30 days), NM
<i>temsirolimus</i>	1		NDS, PA-NSO, NM
TIBSOVO	1		NDS, PA-NSO, QL(60 EA per 30 days), NM
TUKYSA	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
TURALIO	1		NDS, PA-NSO, QL(120 EA per 30 days), NM
TYKERB	1		NDS, PA-NSO, QL(180 EA per 30 days), LA, NM
VERZENIO	1		NDS, PA-NSO, QL(56 EA per 28 days), LA, NM
VITRAKVI 100 mg Oral Capsule	1		NDS, PA-NSO, QL(60 EA per 30 days), NM
VITRAKVI 25 mg Oral Capsule	1		NDS, PA-NSO, QL(180 EA per 30 days), NM
VITRAKVI 20 mg/ml Oral Solution	1		NDS, PA-NSO, QL(300 ML per 30 days), NM
VOTRIENT	1		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
XALKORI	1		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
XOSPATA	1		NDS, PA-NSO, NM
XPOVIO (40 MG ONCE WEEKLY)	1		NDS, PA-NSO, QL(8 EA per 28 days), NM
XPOVIO (40 MG TWICE WEEKLY)	1		NDS, PA-NSO, QL(16 EA per 28 days), NM
XPOVIO (60 MG TWICE WEEKLY)	1		NDS, PA-NSO, QL(24 EA per 28 days), NM
ZEJULA	1		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ZELBORAF	1		NDS, PA-NSO, QL(240 EA per 30 days), LA, NM
ZYKADIA	1		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM
Monoclonal Antibody/antibody-drug Conjugate			
ADCETRIS	1		NDS, PA-NSO, NM
ARZERRA	1		NDS, PA-NSO, NM
AVASTIN	1		NDS, LA, NM
BAVENCIO	1		NDS, PA-NSO, NM
BESPONSA	1		NDS, PA-NSO, NM
BLINCYTO	1		NDS, PA-NSO, NM
CYRAMZA	1		NDS, PA-NSO, NM
DARZALEX 400 mg/20ml Intravenous Solution	1		NDS, PA-NSO, NM
DARZALEX 100 mg/5ml Intravenous Solution	1		NDS, PA-NSO, LA, NM
EMPLICITI	1		NDS, PA-NSO, NM
ENHERTU	1		NDS, PA-NSO, NM
ERBITUX	1		NDS, NM
GAZYVA	1		NDS, PA-NSO, LA, NM
HERCEPTIN	1		NDS, PA BvD, NM
HERCEPTIN HYLECTA	1		NDS, QL(5 ML per 21 days), NM
HERZUMA	1		NDS, NM
IMFINZI	1		NDS, PA-NSO, NM
KANJINTI	1		NDS, PA BvD, NM
KEYTRUDA	1		NDS, PA-NSO, NM
LARTRUVO	1		NDS, PA-NSO, NM
LIBTAYO	1		NDS, PA-NSO, NM
MVASI	1		NDS, NM
MYLOTARG	1		NDS, PA-NSO, NM
OGIVRI	1		NDS, PA BvD, NM
ONTRUZANT	1		NDS, NM
OPDIVO	1		NDS, PA-NSO, NM
PADCEV	1		NDS, PA-NSO, NM
PERJETA	1		NDS, NM
POLIVY	1		NDS, PA-NSO, NM
PORTRAZZA	1		NDS, PA-NSO, QL(100 ML per 21 days), LA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
RITUXAN	1		NDS, PA-NSO, LA, NM
RITUXAN HYCELA 1600-26800 MG -ut/13.4ml Subcutaneous Solution	1		NDS, PA-NSO, QL(13.4 ML per 28 days), NM
RITUXAN HYCELA 1400-23400 MG -ut/11.7ml Subcutaneous Solution	1		NDS, PA-NSO, QL(46.8 ML per 28 days), NM
SARCLISA	1		NDS, PA-NSO, NM
SYLVANT	1		NDS, PA-NSO, NM
TECENTRIQ	1		NDS, PA-NSO, NM
TRUXIMA	1		NDS, PA-NSO, NM
UNITUXIN	1		NDS, PA-NSO, QL(40 ML per 30 days), NM
VECTIBIX	1		NDS, PA-NSO, NM
YERVOY	1		NDS, PA-NSO, LA, NM
Retinoids			
<i>bexarotene</i>	1	TARGRETIN	NDS, NM
PANRETIN	1		NDS, NM
TARGRETIN	1		NDS, PA-NSO, NM
<i>tretinoin 10 mg Oral Capsule</i>	1	VESANOID	NDS, NM
Treatment Adjuncts			
ELITEK	1		NDS, PA, NM
<i>mesna</i>	1	MESNEX	
ANTIPARASITICS			
Anthelmintics			
<i>albendazole</i>	1	ALBENZA	
EMVERM	1		PA
<i>ivermectin</i>	1	STROMEKTOL	
<i>praziquantel</i>	1	BILTRICIDE	
Antiprotozoals			
ALINIA 500 mg Oral Tablet	1		PA
ALINIA 100 mg/5ml Oral Suspension Reconstituted	1		PA
<i>atovaquone</i>	1	MEPRON	
<i>atovaquone-proguanil hcl</i>	1	MALARONE	
<i>chloroquine phosphate</i>	1		
COARTEM	1		
<i>hydroxychloroquine sulfate</i>	1	PLAQUENIL	
KRINTAFEL	1		
<i>mefloquine hcl</i>	1		
NEBUPENT	1		PA BvD

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>pentamidine isethionate 300 mg Injection Solution Reconstituted</i>	1		
<i>pentamidine isethionate 300 mg Inhalation Solution Reconstituted</i>	1		PA BvD
<i>primaquine phosphate</i>	1		
<i>pyrimethamine</i>	1		NDS, PA, NM
<i>quinine sulfate</i>	1	QUALAQUIN	PA
Pediculicides/ Scabicides			
<i>lindane</i>	1		
<i>malathion</i>	1	OVIDE	
<i>permethrin</i>	1	ELIMITE	
ANTIPARKINSON AGENTS			
Anticholinergics			
<i>benztropine mesylate</i>	1	COGENTIN	
<i>trihexyphenidyl hcl 0.4 mg/ml Oral Solution</i>	1		AL, PA-HRM
<i>trihexyphenidyl hcl 2 mg Oral Tablet, 5 mg Oral Tablet</i>	1	ARTANE	AL, PA-HRM
Antiparkinson Agents, Other			
<i>amantadine hcl 100 mg Oral Capsule, 100 mg Oral Tablet</i>	1	SYMMETREL	
<i>amantadine hcl 50 mg/5ml Oral Syrup</i>	1	SYMMETREL	
<i>carbidopa</i>	1	LODOSYN	
<i>entacapone</i>	1	COMTAN	
INBRIJA	1		NDS, QL(300 EA per 30 days), NM
NOURIANZ	1		NDS, PA, QL(30 EA per 30 days), NM
<i>tolcapone</i>	1	TASMAR	ST
Dopamine Agonists			
APOKYN	1		NDS, LA, NM
<i>bromocriptine mesylate</i>	1	PARLODEL	
NEUPRO	1		ST
<i>pramipexole dihydrochloride</i>	1	MIRAPEX	
<i>ropinirole hcl</i>	1	REQUIP	
<i>ropinirole hcl er</i>	1	REQUIP XL	
Dopamine Precursors/ L-amino Acid Decarboxylase Inhibitors			
<i>carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint</i>	1	PARCOPA	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>carbidopa-levodopa 10-100 mg Oral Tablet, 25-100 mg Oral Tablet, 25-250 mg Oral Tablet</i>	1	SINEMET	
<i>carbidopa-levodopa er</i>	1	SINEMET CR	
<i>carbidopa-levodopa-entacapone</i>	1	STALEVO	
Monoamine Oxidase B (mao-b) Inhibitors			
<i>rasagiline mesylate</i>	1	AZILECT	QL(30 EA per 30 days)
<i>selegiline hcl 5 mg Oral Tablet</i>	1		
<i>selegiline hcl 5 mg Oral Capsule</i>	1	ELDEPRYL	
ANTIPSYCHOTICS			
1st Generation/ Typical			
ADASUVE	1		PA-NSO, QL(1 EA per 7 days)
<i>fluphenazine decanoate</i>	1	PROLIXIN	
<i>fluphenazine hcl 1 mg Oral Tablet, 10 mg Oral Tablet, 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	1	PROLIXIN	
<i>fluphenazine hcl 2.5 mg/5ml Oral Elixir, 2.5 mg/ml Injection Solution, 5 mg/ml Oral Concentrate</i>	1	PROLIXIN	
<i>haloperidol</i>	1	HALDOL	
<i>haloperidol decanoate</i>	1	HALDOL	
<i>haloperidol lactate</i>	1	HALDOL	
<i>loxapine succinate</i>	1	LOXITANE	
<i>molindone hcl</i>	1	MOBAN	
<i>pimozide</i>	1	ORAP	
<i>thioridazine hcl</i>	1	MELLARIL	AL, PA-NSO, PA-HRM
<i>thiothixene</i>	1	NAVANE	
<i>trifluoperazine hcl</i>	1	STELAZINE	
2nd Generation/ Atypical			
ABILIFY MAINTENA	1		NDS, PA-NSO, QL(1 EA per 28 days), NM
ABILIFY MYCITE	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
<i>aripiprazole 1 mg/ml Oral Solution</i>	1	ABILIFY	
<i>aripiprazole 10 mg Oral Tablet, 15 mg Oral Tablet, 2 mg Oral Tablet, 20 mg Oral Tablet, 30 mg Oral Tablet, 5 mg Oral Tablet</i>	1	ABILIFY	QL(30 EA per 30 days)
<i>aripiprazole 10 mg tab disint, 15 mg tab disint</i>	1	ABILIFY	NDS, QL(60 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ARISTADA 441 mg/1.6ml Intramuscular Prefilled Syringe	1		(1 syringe) NDS, PA-NSO, QL(1.6 ML per 28 days), NM
ARISTADA 662 mg/2.4ml Intramuscular Prefilled Syringe	1		(1 syringe) NDS, PA-NSO, QL(2.4 ML per 28 days), NM
ARISTADA 882 mg/3.2ml Intramuscular Prefilled Syringe	1		(1 syringe) NDS, PA-NSO, QL(3.2 ML per 28 days), NM
ARISTADA 1064 mg/3.9ml Intramuscular Prefilled Syringe	1		(1 syringe) NDS, PA-NSO, QL(3.9 ML per 56 days), NM
ARISTADA INITIO	1		(1 syringe) NDS, PA-NSO, QL(2.4 ML per 180 days), NM
CAPLYTA	1		PA-NSO, QL(30 EA per 30 days)
<i>clozapine 100 mg Oral Tablet, 200 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	CLOZARIL	
<i>clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint</i>	1	FAZACLO	
FANAPT	1		QL(60 EA per 30 days)
FANAPT TITRATION PACK	1		QL(8 EA per 28 days)
INVEGA SUSTENNA 39 mg/0.25ml Intramuscular Suspension Prefilled Syringe	1		(1 syringe), PA-NSO, QL(0.25 ML per 28 days)
INVEGA SUSTENNA 78 mg/0.5ml Intramuscular Suspension Prefilled Syringe	1		(1 syringe) NDS, PA-NSO, QL(0.5 ML per 28 days), NM
INVEGA SUSTENNA 117 mg/0.75ml Intramuscular Suspension Prefilled Syringe	1		(1 syringe) NDS, PA-NSO, QL(0.75 ML per 28 days), NM
INVEGA SUSTENNA 156 mg/ml Intramuscular Suspension Prefilled Syringe	1		(1 syringe) NDS, PA-NSO, QL(1 ML per 28 days), NM
INVEGA SUSTENNA 234 mg/1.5ml Intramuscular Suspension Prefilled Syringe	1		(1 syringe) NDS, PA-NSO, QL(1.5 ML per 28 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
INVEGA TRINZA 273 mg/0.875ml Intramuscular Suspension Prefilled Syringe	1		(1 syringe) NDS, PA-NSO, QL(0.88 ML per 84 days), NM
INVEGA TRINZA 410 mg/1.315ml Intramuscular Suspension Prefilled Syringe	1		(1 syringe) NDS, PA-NSO, QL(1.32 ML per 84 days), NM
INVEGA TRINZA 546 mg/1.75ml Intramuscular Suspension Prefilled Syringe	1		(1 syringe) NDS, PA-NSO, QL(1.75 ML per 84 days), NM
INVEGA TRINZA 819 mg/2.625ml Intramuscular Suspension Prefilled Syringe	1		(1 syringe) NDS, PA-NSO, QL(2.63 ML per 84 days), NM
LATUDA 120 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet, 60 mg Oral Tablet	1		PA-NSO, QL(30 EA per 30 days)
LATUDA 80 mg Oral Tablet	1		PA-NSO, QL(60 EA per 30 days)
NUPLAZID	1		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
<i>olanzapine 10 mg Oral Tablet, 10 mg tab disint, 15 mg Oral Tablet, 15 mg tab disint, 2.5 mg Oral Tablet, 20 mg Oral Tablet, 20 mg tab disint, 5 mg Oral Tablet, 5 mg tab disint, 7.5 mg Oral Tablet</i>	1	ZYPREXA	QL(30 EA per 30 days)
<i>olanzapine 10 mg Intramuscular Solution Reconstituted</i>	1	ZYPREXA	QL(120 EA per 30 days)
<i>paliperidone er 1.5 mg Oral Tablet Extended Release 24 Hour, 3 mg Oral Tablet Extended Release 24 Hour, 9 mg Oral Tablet Extended Release 24 Hour</i>	1	INVEGA	QL(30 EA per 30 days)
<i>paliperidone er 6 mg Oral Tablet Extended Release 24 Hour</i>	1	INVEGA	QL(60 EA per 30 days)
PERSERIS	1		NDS, PA-NSO, QL(1 EA per 28 days), NM
<i>quetiapine fumarate 300 mg Oral Tablet, 400 mg Oral Tablet</i>	1	SEROQUEL	QL(60 EA per 30 days)
<i>quetiapine fumarate 100 mg Oral Tablet, 200 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	SEROQUEL	QL(90 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>quetiapine fumarate er 200 mg Oral Tablet Extended Release 24 Hour</i>	1	SEROQUEL XR	QL(30 EA per 30 days)
<i>quetiapine fumarate er 150 mg Oral Tablet Extended Release 24 Hour, 300 mg Oral Tablet Extended Release 24 Hour, 400 mg Oral Tablet Extended Release 24 Hour, 50 mg Oral Tablet Extended Release 24 Hour</i>	1	SEROQUEL XR	QL(60 EA per 30 days)
REXULTI	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
RISPERDAL CONSTA 37.5 mg Intramuscular Suspension Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER	1		NDS, PA-NSO, QL(2 EA per 28 days), NM
RISPERDAL CONSTA 12.5 mg Intramuscular Suspension Reconstituted ER, 25 mg Intramuscular Suspension Reconstituted ER	1		PA-NSO, QL(2 EA per 28 days)
<i>risperidone 0.25 mg Oral Tablet, 0.25 mg tab disint, 0.5 mg Oral Tablet, 0.5 mg tab disint, 1 mg Oral Tablet, 1 mg tab disint, 2 mg Oral Tablet, 2 mg tab disint, 3 mg Oral Tablet, 3 mg tab disint</i>	1	RISPERDAL	QL(60 EA per 30 days)
<i>risperidone 4 mg Oral Tablet, 4 mg tab disint</i>	1	RISPERDAL	QL(120 EA per 30 days)
<i>risperidone 1 mg/ml Oral Solution</i>	1	RISPERDAL	QL(480 ML per 30 days)
SAPHRIS	1		PA-NSO, QL(60 EA per 30 days)
SECUADO	1		PA-NSO, QL(30 EA per 30 days)
VERSACLOZ	1		
VRAYLAR 1.5 & 3 mg Oral Capsule Therapy Pack	1		PA-NSO, QL(7 EA per 180 days)
VRAYLAR 1.5 mg Oral Capsule, 3 mg Oral Capsule, 4.5 mg Oral Capsule, 6 mg Oral Capsule	1		NDS, PA-NSO, QL(30 EA per 30 days), NM
<i>ziprasidone hcl</i>	1	GEODON	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>ziprasidone mesylate</i>	1		QL(60 EA per 30 days)
ZYPREXA RELPREVV 300 mg Intramuscular Suspension Reconstituted, 405 mg Intramuscular Suspension Reconstituted	1		NDS, PA-NSO, QL(2 EA per 28 days), NM
ZYPREXA RELPREVV 210 mg Intramuscular Suspension Reconstituted	1		PA-NSO, QL(2 EA per 28 days)
ANTISPASTICITY AGENTS			
Antispasticity Agents			
<i>baclofen 5 mg Oral Tablet</i>	1		
<i>baclofen 10 mg Oral Tablet, 20 mg Oral Tablet</i>	1	LIORESAL	
BELEODAQ	1		NDS, PA-NSO, NM
<i>dantrolene sodium 20 mg Intravenous Solution Reconstituted</i>	1		
<i>dantrolene sodium 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	1	DANTRIUM	
REVONTO	1		
<i>tizanidine hcl</i>	1	ZANAFLEX	
ANTIVIRALS			
Anti-cytomegalovirus (cmv) Agents			
<i>cidofovir</i>	1	VISTIDE	
<i>ganciclovir sodium 500 mg/10ml Intravenous Solution</i>	1		PA BvD
<i>ganciclovir sodium 500 mg Intravenous Solution Reconstituted</i>	1	CYTOVENE	PA BvD
PREVYMIS 240 mg/12ml Intravenous Solution, 480 mg/24ml Intravenous Solution	1		NDS, PA, NM
PREVYMIS 240 mg Oral Tablet, 480 mg Oral Tablet	1		NDS, PA, QL(30 EA per 30 days), NM
<i>valganciclovir hcl</i>	1	VALCYTE	
ZIRGAN	1		
Anti-hepatitis B (hbv) Agents			
<i>adefovir dipivoxil</i>	1	HEPSERA	
BARACLUDE	1		NDS, NM
<i>entecavir</i>	1	BARACLUDE	QL(30 EA per 30 days)
<i>lamivudine 300 mg Oral Tablet</i>	1	EPIVIR	QL(30 EA per 30 days)
<i>lamivudine 150 mg Oral Tablet</i>	1	EPIVIR	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>lamivudine 10 mg/ml Oral Solution</i>	1	EPIVIR	QL(960 ML per 30 days)
<i>lamivudine 100 mg Oral Tablet</i>	1	EPIVIR HBV	QL(30 EA per 30 days)
PEGASYS 180 mcg/0.5ml Subcutaneous Solution	1		NDS, QL(2 ML per 28 days), NM
PEGASYS 180 mcg/ml Subcutaneous Solution	1		NDS, QL(4 ML per 28 days), NM
PEGASYS PROCLICK	1		NDS, QL(2 ML per 28 days), NM
<i>tenofovir disoproxil fumarate</i>	1	VIREAD	QL(30 EA per 30 days)
VEMLIDY	1		QL(30 EA per 30 days)
VIREAD 150 mg Oral Tablet, 200 mg Oral Tablet, 250 mg Oral Tablet	1		QL(30 EA per 30 days)
VIREAD 40 mg/gm Oral Powder	1		QL(240 GM per 30 days)
Anti-hepatitis C (hcv) Agents, Direct Acting Agents			
<i>ledipasvir-sofosbuvir</i>	1	HARVONI	NDS, PA, QL(28 EA per 28 days), NM
MAVYRET	1		NDS, PA, QL(84 EA per 28 days), NM
<i>sofosbuvir-velpatasvir</i>	1	EPCLUSA	NDS, PA, QL(28 EA per 28 days), NM
Anti-hepatitis C (hcv) Agents, Other			
INTRON A 10000000 unit Injection Solution Reconstituted, 18000000 unit Injection Solution Reconstituted, 50000000 unit Injection Solution Reconstituted	1		
INTRON A 10000000 unit/ml Injection Solution, 6000000 unit/ml Injection Solution	1		
REBETOL	1		
RIBASPHERE	1		
RIBASPHERE RIBAPAK (1000 PACK)	1		
<i>ribavirin 200 mg Oral Tablet</i>	1	COPEGUS	
<i>ribavirin 200 mg Oral Capsule</i>	1	REBETOL	
<i>ribavirin 6 gm Inhalation Solution Reconstituted</i>	1	VIRAZOLE	NDS, PA, NM
Antiherpetic Agents			
<i>acyclovir 200 mg Oral Capsule, 400 mg Oral Tablet, 800 mg Oral Tablet</i>	1	ZOVIRAX	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>acyclovir 5 % External Ointment</i>	1	ZOVIRAX	
<i>acyclovir 200 mg/5ml Oral Suspension</i>	1	ZOVIRAX	
<i>acyclovir 5 % External Cream</i>	1	ZOVIRAX	QL(5 GM per 30 days)
<i>acyclovir sodium</i>	1	ZOVIRAX	PA BvD
DENAVIR	1		QL(5 GM per 30 days)
<i>famciclovir</i>	1	FAMVIR	
<i>trifluridine</i>	1	VIROPTIC	
<i>valacyclovir hcl</i>	1	VALTREX	
Anti-hiv Agents, Integrase Inhibitors (insti)			
DOVATO	1		NDS, QL(30 EA per 30 days), NM
GENVOYA	1		NDS, QL(30 EA per 30 days), NM
ISENTRESS 100 mg Oral Packet	1		QL(60 EA per 30 days)
ISENTRESS 400 mg Oral Tablet	1		NDS, QL(120 EA per 30 days), NM
ISENTRESS 100 mg Oral Tablet Chewable	1		NDS, QL(180 EA per 30 days), NM
ISENTRESS 25 mg Oral Tablet Chewable	1		QL(180 EA per 30 days)
ISENTRESS HD	1		NDS, QL(60 EA per 30 days), NM
JULUCA	1		NDS, QL(30 EA per 30 days), NM
STRIBILD	1		NDS, QL(30 EA per 30 days), NM
TIVICAY 25 mg Oral Tablet, 50 mg Oral Tablet	1		NDS, QL(60 EA per 30 days), NM
TIVICAY 10 mg Oral Tablet	1		QL(60 EA per 30 days)
TRIUMEQ	1		NDS, QL(30 EA per 30 days), NM
Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nrti)			
ATRIPLA	1		NDS, QL(30 EA per 30 days), NM
COMPLERA	1		NDS, QL(30 EA per 30 days), NM
DELSTRIGO	1		NDS, QL(30 EA per 30 days), NM
EDURANT	1		NDS, QL(30 EA per 30 days), NM
<i>efavirenz 600 mg Oral Tablet</i>	1	SUSTIVA	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>efavirenz 200 mg Oral Capsule</i>	1	SUSTIVA	QL(90 EA per 30 days)
<i>efavirenz 50 mg Oral Capsule</i>	1	SUSTIVA	QL(180 EA per 30 days)
INTELENCE 100 mg Oral Tablet, 200 mg Oral Tablet	1		QL(60 EA per 30 days)
INTELENCE 25 mg Oral Tablet	1		QL(120 EA per 30 days)
<i>nevirapine 200 mg Oral Tablet</i>	1	VIRAMUNE	QL(60 EA per 30 days)
<i>nevirapine 50 mg/5ml Oral Suspension</i>	1	VIRAMUNE	QL(1200 ML per 30 days)
<i>nevirapine er 400 mg Oral Tablet Extended Release 24 Hour</i>	1	VIRAMUNE XR	QL(30 EA per 30 days)
<i>nevirapine er 100 mg Oral Tablet Extended Release 24 Hour</i>	1	VIRAMUNE XR	QL(90 EA per 30 days)
ODEFSEY	1		NDS, QL(30 EA per 30 days), NM
PIFELTRO	1		NDS, QL(60 EA per 30 days), NM
SYMFI LO	1		NDS, QL(30 EA per 30 days), NM
Anti-hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (nrti)			
<i>abacavir sulfate 300 mg Oral Tablet</i>	1	ZIAGEN	QL(60 EA per 30 days)
<i>abacavir sulfate 20 mg/ml Oral Solution</i>	1	ZIAGEN	QL(960 ML per 30 days)
<i>abacavir sulfate-lamivudine</i>	1	EPZICOM	QL(30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	1	TRIZIVIR	NDS, QL(60 EA per 30 days), NM
CIMDUO	1		NDS, QL(30 EA per 30 days), NM
DESCOVY	1		NDS, QL(30 EA per 30 days), NM
<i>didanosine</i>	1	VIDEX	QL(30 EA per 30 days)
EMTRIVA 200 mg Oral Capsule	1		QL(30 EA per 30 days)
EMTRIVA 10 mg/ml Oral Solution	1		QL(850 ML per 30 days)
<i>lamivudine-zidovudine</i>	1	COMBIVIR	QL(60 EA per 30 days)
RETROVIR	1		
<i>stavudine</i>	1	ZERIT	QL(60 EA per 30 days)
TEMIXYS	1		NDS, QL(30 EA per 30 days), NM
TRUVADA	1		NDS, QL(30 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
VIDEX	1		QL(1200 ML per 30 days)
<i>zidovudine 300 mg Oral Tablet</i>	1	RETROVIR	QL(60 EA per 30 days)
<i>zidovudine 100 mg Oral Capsule</i>	1	RETROVIR	QL(180 EA per 30 days)
<i>zidovudine 50 mg/5ml Oral Syrup</i>	1	RETROVIR	QL(1920 ML per 30 days)
Anti-hiv Agents, Other			
BIKTARVY	1		NDS, QL(30 EA per 30 days), NM
<i>foscarnet sodium</i>	1		PA BvD
FUZEON	1		NDS, QL(60 EA per 30 days), NM
SELZENTRY 150 mg Oral Tablet, 75 mg Oral Tablet	1		NDS, QL(60 EA per 30 days), NM
SELZENTRY 300 mg Oral Tablet	1		NDS, QL(120 EA per 30 days), NM
SELZENTRY 25 mg Oral Tablet	1		QL(240 EA per 30 days)
SELZENTRY 20 mg/ml Oral Solution	1		QL(1800 ML per 30 days)
SYMFI	1		NDS, QL(30 EA per 30 days), NM
SYMTUZA	1		NDS, QL(30 EA per 30 days), NM
TROGARZO	1		NDS, NM
TYBOST	1		QL(30 EA per 30 days)
Anti-hiv Agents, Protease Inhibitors			
APTIVUS 250 mg Oral Capsule	1		QL(120 EA per 30 days)
APTIVUS 100 mg/ml Oral Solution	1		QL(380 ML per 30 days)
<i>atazanavir sulfate 300 mg Oral Capsule</i>	1	REYATAZ	QL(30 EA per 30 days)
<i>atazanavir sulfate 150 mg Oral Capsule, 200 mg Oral Capsule</i>	1	REYATAZ	QL(60 EA per 30 days)
CRIXIVAN 400 mg Oral Capsule	1		QL(180 EA per 30 days)
CRIXIVAN 200 mg Oral Capsule	1		QL(270 EA per 30 days)
EVOTAZ	1		NDS, QL(30 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>fosamprenavir calcium</i>	1	LEXIVA	QL(120 EA per 30 days)
INVIRASE	1		NDS, QL(120 EA per 30 days), NM
KALETRA 200-50 mg Oral Tablet	1		NDS, QL(120 EA per 30 days), NM
KALETRA 100-25 mg Oral Tablet	1		QL(300 EA per 30 days)
LEXIVA	1		QL(1800 ML per 30 days)
<i>lopinavir-ritonavir</i>	1	KALETRA	QL(480 ML per 30 days)
NORVIR 100 mg Oral Packet	1		QL(360 EA per 30 days)
NORVIR 80 mg/ml Oral Solution	1		QL(480 ML per 30 days)
PREZCOBIX	1		NDS, QL(30 EA per 30 days), NM
PREZISTA 800 mg Oral Tablet	1		NDS, QL(30 EA per 30 days), NM
PREZISTA 600 mg Oral Tablet	1		NDS, QL(60 EA per 30 days), NM
PREZISTA 150 mg Oral Tablet	1		NDS, QL(180 EA per 30 days), NM
PREZISTA 100 mg/ml Oral Suspension	1		NDS, QL(400 ML per 30 days), NM
PREZISTA 75 mg Oral Tablet	1		QL(480 EA per 30 days)
REYATAZ	1		QL(180 EA per 30 days)
<i>ritonavir</i>	1	NORVIR	QL(360 EA per 30 days)
VIRACEPT 625 mg Oral Tablet	1		NDS, QL(120 EA per 30 days), NM
VIRACEPT 250 mg Oral Tablet	1		NDS, QL(270 EA per 30 days), NM
Anti-influenza Agents			
<i>oseltamivir phosphate 45 mg Oral Capsule, 75 mg Oral Capsule</i>	1	TAMIFLU	QL(42 EA per 180 days)
<i>oseltamivir phosphate 30 mg Oral Capsule</i>	1	TAMIFLU	QL(84 EA per 180 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>oseltamivir phosphate 6 mg/ml Oral Suspension Reconstituted</i>	1	TAMIFLU	QL(540 ML per 180 days)
RELENZA DISKHALER	1		QL(60 EA per 180 days)
<i>rimantadine hcl</i>	1	FLUMADINE	
XOFLUZA (40 MG DOSE)	1		QL(4 EA per 180 days)
XOFLUZA (80 MG DOSE)	1		QL(4 EA per 180 days)
ANXIOLYTICS			
Anxiolytics, Other			
<i>buspirone hcl</i>	1	BUSPAR	
<i>hydroxyzine pamoate</i>	1	VISTARIL	
<i>meprobamate</i>	1		AL, NDS, PA-HRM, NM
Benzodiazepines			
<i>alprazolam 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint</i>	1	NIRAVAM	NDS, QL(120 EA per 30 days), NM
<i>alprazolam 2 mg tab disint</i>	1	NIRAVAM	NDS, QL(150 EA per 30 days), NM
<i>alprazolam 0.25 mg Oral Tablet, 0.5 mg Oral Tablet, 1 mg Oral Tablet</i>	1	XANAX	NDS, QL(120 EA per 30 days), NM
<i>alprazolam 2 mg Oral Tablet</i>	1	XANAX	NDS, QL(150 EA per 30 days), NM
<i>alprazolam er 0.5 mg Oral Tablet Extended Release 24 Hour, 1 mg Oral Tablet Extended Release 24 Hour</i>	1	XANAX XR	NDS, QL(30 EA per 30 days), NM
<i>alprazolam er 3 mg Oral Tablet Extended Release 24 Hour</i>	1	XANAX XR	NDS, QL(90 EA per 30 days), NM
<i>alprazolam er 2 mg Oral Tablet Extended Release 24 Hour</i>	1	XANAX XR	NDS, QL(150 EA per 30 days), NM
<i>alprazolam intensol</i>	1	XANAX	NDS, QL(300 ML per 30 days), NM
<i>clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg Oral Tablet, 0.5 mg tab disint, 1 mg Oral Tablet, 1 mg tab disint</i>	1	KLONOPIN	NDS, QL(120 EA per 30 days), NM
<i>clonazepam 2 mg Oral Tablet, 2 mg tab disint</i>	1	KLONOPIN	NDS, QL(300 EA per 30 days), NM
<i>clorazepate dipotassium 3.75 mg Oral Tablet, 7.5 mg Oral Tablet</i>	1	TRANXENE	NDS, QL(120 EA per 30 days), NM
<i>clorazepate dipotassium 15 mg Oral Tablet</i>	1	TRANXENE	NDS, QL(180 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>diazepam 5 mg/ml Oral Concentrate</i>	1		NDS, QL(240 ML per 30 days), NM
<i>diazepam 10 mg Oral Tablet, 2 mg Oral Tablet, 5 mg Oral Tablet</i>	1	VALIUM	NDS, QL(120 EA per 30 days), NM
<i>diazepam 5 mg/5ml Oral Solution</i>	1	VALIUM	NDS, QL(1200 ML per 30 days), NM
<i>lorazepam 4 mg/ml Injection Solution</i>	1		NDS, QL(90 ML per 30 days), NM
<i>lorazepam 2 mg/ml Injection Solution</i>	1		NDS, QL(120 ML per 30 days), NM
<i>lorazepam 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</i>	1	ATIVAN	NDS, NM
<i>lorazepam intensol</i>	1		NDS, QL(150 ML per 30 days), NM
<i>oxazepam</i>	1	SERAX	NDS, QL(120 EA per 30 days), NM
BIPOLAR AGENTS			
Mood Stabilizers			
<i>carbamazepine er 100 mg Oral Capsule Extended Release 12 Hour, 200 mg Oral Capsule Extended Release 12 Hour, 300 mg Oral Capsule Extended Release 12 Hour</i>	1	CARBATROL	
<i>lamotrigine 100 mg Oral Tablet, 150 mg Oral Tablet, 200 mg Oral Tablet, 25 mg Oral Tablet</i>	1	LAMICTAL	
<i>lithium</i>	1		
<i>lithium carbonate 150 mg Oral Capsule, 300 mg Oral Tablet, 600 mg Oral Capsule</i>	1		
<i>lithium carbonate 300 mg Oral Capsule</i>	1	ESKALITH	
<i>lithium carbonate er 450 mg Oral Tablet Extended Release</i>	1	ESKALITH CR	
<i>lithium carbonate er 300 mg Oral Tablet Extended Release</i>	1	LITHOBID	
SUBVENITE	1		
BLOOD GLUCOSE REGULATORS			
Antidiabetic Agents			
<i>acarbose</i>	1	PRECOSE	QL(90 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ACTOPLUS MET XR 30-1000 mg Oral Tablet Extended Release 24 Hour	1		QL(30 EA per 30 days)
ACTOPLUS MET XR 15-1000 mg Oral Tablet Extended Release 24 Hour	1		QL(60 EA per 30 days)
BYDUREON	1		QL(4 EA per 28 days), ST
BYDUREON BCISE	1		(4 pens), QL(3.4 ML per 28 days), ST
BYETTA 10 MCG PEN	1		(1 pen), QL(2.4 ML per 30 days), ST
BYETTA 5 MCG PEN	1		(1 pen), QL(1.2 ML per 30 days), ST
CYCLOSET	1		PA, QL(180 EA per 30 days)
<i>glimepiride 4 mg Oral Tablet</i>	1	AMARYL	QL(60 EA per 30 days)
<i>glimepiride 2 mg Oral Tablet</i>	1	AMARYL	QL(120 EA per 30 days)
<i>glimepiride 1 mg Oral Tablet</i>	1	AMARYL	QL(240 EA per 30 days)
<i>glipizide 10 mg Oral Tablet</i>	1	GLUCOTROL	QL(120 EA per 30 days)
<i>glipizide 5 mg Oral Tablet</i>	1	GLUCOTROL	QL(240 EA per 30 days)
<i>glipizide er 10 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOTROL	QL(60 EA per 30 days)
<i>glipizide er 5 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOTROL	QL(120 EA per 30 days)
<i>glipizide er 2.5 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOTROL	QL(240 EA per 30 days)
<i>glipizide-metformin hcl 2.5-500 mg Oral Tablet, 5-500 mg Oral Tablet</i>	1	METAGLIP	QL(120 EA per 30 days)
<i>glipizide-metformin hcl 2.5-250 mg Oral Tablet</i>	1	METAGLIP	QL(240 EA per 30 days)
<i>glyburide 5 mg Oral Tablet</i>	1	DIABETA	AL, PA-HRM, QL(120 EA per 30 days)
<i>glyburide 2.5 mg Oral Tablet</i>	1	DIABETA	AL, PA-HRM, QL(240 EA per 30 days)
<i>glyburide 1.25 mg Oral Tablet</i>	1	DIABETA	AL, PA-HRM, QL(480 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>glyburide micronized 6 mg Oral Tablet</i>	1	GLYNASE	AL, PA-HRM, QL(60 EA per 30 days)
<i>glyburide micronized 3 mg Oral Tablet</i>	1	GLYNASE	AL, PA-HRM, QL(120 EA per 30 days)
<i>glyburide micronized 1.5 mg Oral Tablet</i>	1	GLYNASE	AL, PA-HRM, QL(240 EA per 30 days)
<i>glyburide-metformin 2.5-500 mg Oral Tablet, 5-500 mg Oral Tablet</i>	1	GLUCOVANCE	AL, PA-HRM, QL(120 EA per 30 days)
<i>glyburide-metformin 1.25-250 mg Oral Tablet</i>	1	GLUCOVANCE	AL, PA-HRM, QL(240 EA per 30 days)
GLYXAMBI	1		QL(30 EA per 30 days)
INVOKAMET	1		QL(60 EA per 30 days)
INVOKAMET XR 150-1000 mg Oral Tablet Extended Release 24 Hour, 150-500 mg Oral Tablet Extended Release 24 Hour, 50-1000 mg Oral Tablet Extended Release 24 Hour	1		QL(60 EA per 30 days)
INVOKAMET XR 50-500 mg Oral Tablet Extended Release 24 Hour	1		QL(120 EA per 30 days)
INVOKANA	1		QL(30 EA per 30 days)
JARDIANCE	1		QL(30 EA per 30 days)
JENTADUETO	1		QL(60 EA per 30 days)
JENTADUETO XR 5-1000 mg Oral Tablet Extended Release 24 Hour	1		QL(30 EA per 30 days)
JENTADUETO XR 2.5-1000 mg Oral Tablet Extended Release 24 Hour	1		QL(60 EA per 30 days)
KORLYM	1		NDS, PA, QL(120 EA per 30 days), LA, NM
<i>metformin hcl 1000 mg Oral Tablet</i>	1	GLUCOPHAGE	QL(75 EA per 30 days)
<i>metformin hcl 850 mg Oral Tablet</i>	1	GLUCOPHAGE	QL(90 EA per 30 days)
<i>metformin hcl 500 mg Oral Tablet</i>	1	GLUCOPHAGE	QL(150 EA per 30 days)
<i>metformin hcl er 750 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOPHAGE	QL(60 EA per 30 days)
<i>metformin hcl er 500 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOPHAGE	QL(120 EA per 30 days)
<i>miglitol</i>	1	GLYSET	QL(90 EA per 30 days)
<i>nateglinide</i>	1	STARLIX	QL(90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE)	1		(1 pen), QL(1.5 ML per 28 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
OZEMPIC (1 MG/DOSE)	1		(2 pens), QL(3 ML per 28 days)
<i>pioglitazone hcl 30 mg Oral Tablet, 45 mg Oral Tablet</i>	1	ACTOS	QL(30 EA per 30 days)
<i>pioglitazone hcl 15 mg Oral Tablet</i>	1	ACTOS	QL(90 EA per 30 days)
<i>pioglitazone hcl-metformin hcl</i>	1	ACTOPLUS MET	QL(90 EA per 30 days)
<i>repaglinide 0.5 mg Oral Tablet, 1 mg Oral Tablet</i>	1	PRANDIN	QL(120 EA per 30 days)
<i>repaglinide 2 mg Oral Tablet</i>	1	PRANDIN	QL(240 EA per 30 days)
RYBELSUS 14 mg Oral Tablet, 7 mg Oral Tablet	1		QL(30 EA per 30 days)
RYBELSUS 3 mg Oral Tablet	1		QL(30 EA per 180 days)
SYMLINPEN 120	1		(4 pens), PA, QL(10.8 ML per 28 days)
SYMLINPEN 60	1		(4 pens), PA, QL(6 ML per 28 days)
SYNJARDY	1		QL(60 EA per 30 days)
SYNJARDY XR 10-1000 mg Oral Tablet Extended Release 24 Hour, 25-1000 mg Oral Tablet Extended Release 24 Hour	1		QL(30 EA per 30 days)
SYNJARDY XR 12.5-1000 mg Oral Tablet Extended Release 24 Hour, 5-1000 mg Oral Tablet Extended Release 24 Hour	1		QL(60 EA per 30 days)
<i>tolazamide 500 mg Oral Tablet</i>	1	TOLINASE	QL(60 EA per 30 days)
<i>tolazamide 250 mg Oral Tablet</i>	1	TOLINASE	QL(120 EA per 30 days)
<i>tolbutamide</i>	1	ORINASE	QL(180 EA per 30 days)
TRADJENTA	1		QL(30 EA per 30 days)
TRULICITY	1		QL(2 ML per 28 days)
VICTOZA	1		QL(9 ML per 30 days)
Devices			
<i>alcohol preps</i>	1		
BD INSULIN SYRINGE	1		
BD INSULIN SYRINGE ULTRAFINE	1		
BD PEN MINI	1		
BD PEN NEEDLE MINI U/F	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>gauze pads</i>	1		
Glycemic Agents			
BAQSIMI TWO PACK	1		
<i>diazoxide</i>	1		
GLUCAGEN HYPOKIT	1		
GLUCAGON EMERGENCY	1		
GVOKE PFS	1		
Insulins			
LANTUS	1		
LANTUS SOLOSTAR	1		
LEVEMIR	1		
LEVEMIR FLEXTOUCH	1		
NOVOLIN 70/30	1		
NOVOLIN 70/30 FLEXPEN	1		
NOVOLIN 70/30 FLEXPEN RELION	1		
NOVOLIN N	1		
NOVOLIN N FLEXPEN	1		
NOVOLIN R	1		
NOVOLIN R FLEXPEN	1		
NOVOLOG	1		
NOVOLOG FLEXPEN	1		
NOVOLOG MIX 70/30	1		
NOVOLOG MIX 70/30 FLEXPEN	1		
NOVOLOG PENFILL	1		
TOUJEO MAX SOLOSTAR	1		
TOUJEO SOLOSTAR	1		
TRESIBA	1		
TRESIBA FLEXTOUCH	1		
XULTOPHY	1		QL(15 ML per 30 days), ST
BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS			
Anticoagulants			
BEVYXXA	1		QL(30 EA per 30 days)
<i>coumadin</i>	1	COUMADIN	
ELIQUIS 2.5 mg Oral Tablet	1		QL(60 EA per 30 days)
ELIQUIS 5 mg Oral Tablet	1		QL(120 EA per 30 days)
ELIQUIS DVT/PE STARTER PACK	1		QL(74 EA per 180 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>enoxaparin sodium 30 mg/0.3ml Subcutaneous Solution</i>	1	LOVENOX	(28 syringes), QL(8.4 ML per 14 days)
<i>enoxaparin sodium 40 mg/0.4ml Subcutaneous Solution</i>	1	LOVENOX	(28 syringes), QL(11.2 ML per 14 days)
<i>enoxaparin sodium 60 mg/0.6ml Subcutaneous Solution</i>	1	LOVENOX	(28 syringes), QL(16.8 ML per 14 days)
<i>enoxaparin sodium 120 mg/0.8ml Subcutaneous Solution, 80 mg/0.8ml Subcutaneous Solution</i>	1	LOVENOX	(28 syringes), QL(22.4 ML per 14 days)
<i>enoxaparin sodium 100 mg/ml Subcutaneous Solution, 150 mg/ml Subcutaneous Solution, 300 mg/3ml Injection Solution</i>	1	LOVENOX	QL(28 ML per 14 days)
<i>fondaparinux sodium 5 mg/0.4ml Subcutaneous Solution</i>	1	ARIXTRA	(14 syringes), QL(5.6 ML per 14 days)
<i>fondaparinux sodium 2.5 mg/0.5ml Subcutaneous Solution</i>	1	ARIXTRA	(14 syringes), QL(7 ML per 14 days)
<i>fondaparinux sodium 7.5 mg/0.6ml Subcutaneous Solution</i>	1	ARIXTRA	(14 syringes), QL(8.4 ML per 14 days)
<i>fondaparinux sodium 10 mg/0.8ml Subcutaneous Solution</i>	1	ARIXTRA	(14 syringes), QL(11.2 ML per 14 days)
<i>heparin (porcine) in nacl</i>	1		
<i>heparin sod (porcine) in d5w</i>	1		
<i>heparin sodium (porcine) 10000 unit/ml Injection Solution</i>	1		
<i>heparin sodium (porcine) 1000 unit/ml Injection Solution, 20000 unit/ml Injection Solution, 5000 unit/0.5ml Injection Solution Prefilled Syringe, 5000 unit/ml Injection Solution</i>	1		PA BvD
<i>heparin sodium (porcine) pf</i>	1		PA BvD
JANTOVEN	1		
PRADAXA	1		QL(60 EA per 30 days), ST
<i>warfarin sodium</i>	1	COUMADIN	
XARELTO	1		
XARELTO STARTER PACK	1		
Blood Formation Modifiers			
ARANESP (ALBUMIN FREE)	1		PA
DOPTELET 20 mg Oral Tablet	1		NDS, PA, QL(10 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
DOPTELET 20 mg Oral Tablet	1		NDS, PA, QL(15 EA per 30 days), NM
DOPTELET 20 mg Oral Tablet	1		NDS, PA, QL(60 EA per 30 days), NM
EPOGEN	1		PA, QL(12 ML per 28 days)
FULPHILA	1		NDS, PA, NM
GRANIX	1		NDS, PA, NM
LEUKINE	1		NDS, PA, NM
MOZOBIL	1		NDS, NM
MULPLETA	1		NDS, PA, QL(7 EA per 30 days), NM
NEULASTA	1		NDS, PA, NM
NEUPOGEN	1		NDS, PA, NM
NIVESTYM	1		NDS, PA, NM
NPLATE	1		NDS, PA, LA, NM
PROCRIT 40000 unit/ml Injection Solution	1		PA, QL(6 ML per 28 days)
PROCRIT 10000 unit/ml Injection Solution, 2000 unit/ml Injection Solution, 20000 unit/ml Injection Solution, 3000 unit/ml Injection Solution, 4000 unit/ml Injection Solution	1		PA, QL(12 ML per 28 days)
PROMACTA	1		NDS, PA, NM
REBLOZYL	1		NDS, PA, NM
RETACRIT 40000 unit/ml Injection Solution	1		PA, QL(6 ML per 28 days)
RETACRIT 10000 unit/ml Injection Solution, 2000 unit/ml Injection Solution, 3000 unit/ml Injection Solution, 4000 unit/ml Injection Solution	1		PA, QL(12 ML per 28 days)
UDENYCA	1		NDS, PA, NM
Blood Products/ Modifiers/ Volume Expanders, Other			
<i>aminocaproic acid</i>	1		
<i>anagrelide hcl</i>	1	AGRYLIN	
BIVIGAM	1		NDS, PA, NM
CUTAQUIG	1		NDS, PA, NM
CUVITRU	1		NDS, PA, NM
FLEBOGAMMA DIF	1		NDS, PA, NM
GAMASTAN	1		PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
GAMMAGARD	1		NDS, PA, NM
GAMMAGARD S/D LESS IGA	1		NDS, PA, NM
GAMMAPLEX	1		NDS, PA, NM
GAMUNEX-C	1		NDS, PA, NM
HIZENTRA	1		NDS, PA, NM
HYQVIA	1		NDS, PA, LA, NM
PANZYGA	1		NDS, PA, NM
PRIVIGEN	1		NDS, PA, NM
SYNAGIS	1		NDS, PA, NM
TAVALISSE	1		NDS, PA, QL(60 EA per 30 days), NM
<i>tranexamic acid 1000 mg/10ml Intravenous Solution</i>	1	CYKLOKAPRON	
<i>tranexamic acid 650 mg Oral Tablet</i>	1	LYSTEDA	
Platelet Modifying Agents			
<i>aspirin-dipyridamole er</i>	1	AGGRENOX	
BRILINTA	1		
<i>cilostazol</i>	1	PLETAL	
<i>clopidogrel bisulfate</i>	1	PLAVIX	
<i>dipyridamole</i>	1	PERSANTINE	
<i>prasugrel hcl</i>	1	EFFIENT	QL(30 EA per 30 days)
ZONTIVITY	1		PA
CARDIOVASCULAR AGENTS			
Alpha-adrenergic Agonists			
<i>clonidine</i>	1		
<i>clonidine hcl</i>	1	CATAPRES	
<i>midodrine hcl</i>	1	PROAMATINE	
NORTHERA 100 mg Oral Capsule	1		NDS, PA, QL(90 EA per 30 days), LA, NM
NORTHERA 200 mg Oral Capsule, 300 mg Oral Capsule	1		NDS, PA, QL(180 EA per 30 days), LA, NM
Alpha-adrenergic Blocking Agents			
<i>doxazosin mesylate</i>	1	CARDURA	
<i>phenylephrine hcl</i>	1		
<i>prazosin hcl</i>	1	MINIPRESS	
<i>terazosin hcl</i>	1	HYTRIN	
Angiotensin II Receptor Antagonists			
<i>candesartan cilexetil 32 mg Oral Tablet</i>	1	ATACAND	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>candesartan cilexetil 16 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	1	ATACAND	QL(60 EA per 30 days)
EDARBI	1		QL(30 EA per 30 days)
<i>irbesartan</i>	1	AVAPRO	QL(30 EA per 30 days)
<i>losartan potassium 100 mg Oral Tablet</i>	1	COZAAR	QL(45 EA per 30 days)
<i>losartan potassium 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	COZAAR	QL(60 EA per 30 days)
<i>olmesartan medoxomil 20 mg Oral Tablet, 40 mg Oral Tablet</i>	1	BENICAR	QL(30 EA per 30 days)
<i>olmesartan medoxomil 5 mg Oral Tablet</i>	1	BENICAR	QL(60 EA per 30 days)
<i>telmisartan</i>	1	MICARDIS	QL(30 EA per 30 days)
<i>valsartan 320 mg Oral Tablet</i>	1	DIOVAN	QL(30 EA per 30 days)
<i>valsartan 160 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet</i>	1	DIOVAN	QL(60 EA per 30 days)
Angiotensin-converting Enzyme (ace) Inhibitors			
<i>benazepril hcl</i>	1	LOTENSIN	QL(60 EA per 30 days)
<i>captopril</i>	1	CAPOTEN	
<i>enalapril maleate</i>	1	VASOTEC	QL(60 EA per 30 days)
<i>enalaprilat</i>	1		QL(120 ML per 30 days)
<i>fosinopril sodium</i>	1	MONOPRIL	QL(60 EA per 30 days)
<i>lisinopril</i>	1	ZESTRIL	QL(60 EA per 30 days)
<i>moexipril hcl</i>	1	UNIVASC	
<i>perindopril erbumine</i>	1	ACEON	QL(60 EA per 30 days)
<i>quinapril hcl</i>	1	ACCUPRIL	QL(60 EA per 30 days)
<i>ramipril</i>	1	ALTACE	QL(60 EA per 30 days)
<i>trandolapril</i>	1	MAVIK	QL(60 EA per 30 days)
Antiarrhythmics			
<i>amiodarone hcl 450 mg/9ml Intravenous Solution, 900 mg/18ml Intravenous Solution</i>	1		
<i>amiodarone hcl 200 mg Oral Tablet</i>	1	CORDARONE	
<i>amiodarone hcl 100 mg Oral Tablet, 400 mg Oral Tablet</i>	1	PACERONE	
<i>amiodarone hcl 150 mg/3ml Intravenous Solution</i>	1	PACERONE	
<i>disopyramide phosphate</i>	1	NORPACE	
<i>dofetilide</i>	1	TIKOSYN	
<i>flecainide acetate</i>	1	TAMBOCOR	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>lidocaine hcl (cardiac) pf 50 mg/5ml iv soln pfs</i>	1		
<i>lidocaine in d5w</i>	1		
<i>mexiletine hcl</i>	1	MEXITIL	
MULTAQ	1		
PACERONE	1		
<i>procainamide hcl</i>	1	PRONESTYL	
<i>propafenone hcl</i>	1	RYTHMOL	
<i>propafenone hcl er</i>	1	RYTHMOL	
<i>quinidine gluconate er</i>	1		
<i>quinidine sulfate</i>	1		
SORINE	1		
<i>sotalol hcl</i>	1	BETAPACE	
<i>sotalol hcl (af)</i>	1	BETAPACE AF	
Beta-adrenergic Blocking Agents			
<i>acebutolol hcl</i>	1	SECTRAL	
<i>atenolol</i>	1	TENORMIN	
<i>betaxolol hcl 10 mg Oral Tablet, 20 mg Oral Tablet</i>	1	KERLONE	
<i>bisoprolol fumarate</i>	1	ZEBETA	
<i>carvedilol</i>	1	COREG	
<i>labetalol hcl 100 mg Oral Tablet, 200 mg Oral Tablet, 300 mg Oral Tablet</i>	1	NORMODYNE	
<i>labetalol hcl 5 mg/ml Intravenous Solution</i>	1	NORMODYNE	
<i>metoprolol succinate er</i>	1	TOPROL	
<i>metoprolol tartrate 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	LOPRESSOR	
<i>metoprolol tartrate 5 mg/5ml Intravenous Solution, 5 mg/5ml iv soln cart</i>	1	LOPRESSOR	
<i>metoprolol-hydrochlorothiazide</i>	1	LOPRESSOR HCT	
<i>nadolol</i>	1	CORGARD	
<i>pindolol</i>	1	VISKEN	
<i>propranolol hcl 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet, 60 mg Oral Tablet, 80 mg Oral Tablet</i>	1	INDERAL	
<i>propranolol hcl 1 mg/ml Intravenous Solution, 20 mg/5ml</i>	1	INDERAL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Oral Solution, 40 mg/5ml Oral Solution</i>			
<i>propranolol hcl er</i>	1	INDERAL LA	
<i>timolol maleate 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	1	BLOCADREN	
Calcium Channel Blocking Agents			
AFEDITAB CR	1		
<i>amlodipine besylate</i>	1	NORVASC	
CARTIA XT	1		
<i>diltiazem hcl 125 mg/25ml Intravenous Solution, 25 mg/5ml Intravenous Solution</i>	1		
<i>diltiazem hcl 100 mg Intravenous Solution Reconstituted, 120 mg Oral Tablet, 30 mg Oral Tablet, 60 mg Oral Tablet, 90 mg Oral Tablet</i>	1	CARDIZEM	
<i>diltiazem hcl 50 mg/10ml Intravenous Solution</i>	1	CARDIZEM	
<i>diltiazem hcl er</i>	1	CARDIZEM	
<i>diltiazem hcl er beads</i>	1	TIAZAC	
<i>diltiazem hcl er coated beads 180 mg Oral Capsule Extended Release 24 Hour, 180 mg Oral Tablet Extended Release 24 Hour, 240 mg Oral Tablet Extended Release 24 Hour, 300 mg Oral Tablet Extended Release 24 Hour, 360 mg Oral Tablet Extended Release 24 Hour, 420 mg Oral Tablet Extended Release 24 Hour</i>	1		
<i>diltiazem hcl er coated beads 120 mg Oral Capsule Extended Release 24 Hour, 240 mg Oral Capsule Extended Release 24 Hour, 300 mg Oral Capsule Extended Release 24 Hour</i>	1	CARDIZEM	
<i>dilt-xr</i>	1		
<i>felodipine er</i>	1	PLENDIL	
<i>isradipine</i>	1	DYNACIRC	
MATZIM LA	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>nicardipine hcl 20 mg Oral Capsule, 30 mg Oral Capsule</i>	1	CARDENE	
<i>nicardipine hcl 2.5 mg/ml Intravenous Solution</i>	1	CARDENE	
<i>nifedipine er</i>	1	ADALAT CC	
<i>nifedipine er osmotic release</i>	1	PROCARDIA XL	
<i>nimodipine</i>	1	NIMOTOP	
<i>nisoldipine er</i>	1	SULAR	
TAZTIA XT	1		
TIADYLT ER	1		
<i>verapamil hcl 120 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet</i>	1	CALAN	
<i>verapamil hcl 2.5 mg/ml Intravenous Solution</i>	1	CALAN	
<i>verapamil hcl er 120 mg Oral Tablet Extended Release, 180 mg Oral Tablet Extended Release, 240 mg Oral Tablet Extended Release</i>	1	CALAN	
<i>verapamil hcl er 100 mg Oral Capsule Extended Release 24 Hour, 120 mg Oral Capsule Extended Release 24 Hour, 180 mg Oral Capsule Extended Release 24 Hour, 200 mg Oral Capsule Extended Release 24 Hour, 240 mg Oral Capsule Extended Release 24 Hour, 300 mg Oral Capsule Extended Release 24 Hour, 360 mg Oral Capsule Extended Release 24 Hour</i>	1	VERELAN	
Cardiovascular Agents, Other			
ALDACTAZIDE	1		
<i>aliskiren fumarate</i>	1	TEKTURNA	QL(30 EA per 30 days)
<i>amiloride-hydrochlorothiazide</i>	1	MODURETIC	
<i>amlodipine besy-benazepril hcl</i>	1	LOTREL	
<i>amlodipine besylate-valsartan</i>	1	EXFORGE	
<i>amlodipine-atorvastatin</i>	1	CADUET	QL(30 EA per 30 days)
<i>amlodipine-valsartan-hctz</i>	1	EXFORGE HCT	
<i>atenolol-chlorthalidone</i>	1	TENORETIC	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>atropine sulfate 0.25 mg/5ml Injection Solution Prefilled Syringe, 1 mg/10ml Injection Solution Prefilled Syringe</i>	1		
<i>benazepril-hydrochlorothiazide</i>	1	LOTENSIN HCT	QL(60 EA per 30 days)
<i>bisoprolol-hydrochlorothiazide</i>	1	ZIAC	
<i>candesartan cilexetil-hctz 32-12.5 mg Oral Tablet, 32-25 mg Oral Tablet</i>	1	ATACAND HCT	QL(30 EA per 30 days)
<i>candesartan cilexetil-hctz 16-12.5 mg Oral Tablet</i>	1	ATACAND HCT	QL(60 EA per 30 days)
<i>captopril-hydrochlorothiazide</i>	1	CAPOZIDE	
CORLANOR	1		PA, QL(60 EA per 30 days)
DEMSEK	1		NDS, PA, NM
DIGITEK	1		
<i>digox</i>	1	LANOXIN	
<i>digoxin 125 mcg Oral Tablet, 250 mcg Oral Tablet</i>	1	LANOXIN	
<i>digoxin 0.05 mg/ml Oral Solution, 0.25 mg/ml Injection Solution</i>	1	LANOXIN	
<i>dobutamine hcl</i>	1		PA BvD
<i>dobutamine in d5w</i>	1		PA BvD
EDARBYCLOR	1		QL(30 EA per 30 days)
<i>enalapril-hydrochlorothiazide</i>	1	VASERETIC	QL(60 EA per 30 days)
ENTRESTO 97-103 mg Oral Tablet	1		QL(60 EA per 30 days)
ENTRESTO 49-51 mg Oral Tablet	1		QL(90 EA per 30 days)
ENTRESTO 24-26 mg Oral Tablet	1		QL(180 EA per 30 days)
<i>fosinopril sodium-hctz</i>	1	MONOPRIL-HCT	QL(120 EA per 30 days)
<i>irbesartan-hydrochlorothiazide</i>	1	AVALIDE	QL(30 EA per 30 days)
LANOXIN	1		
<i>lisinopril-hydrochlorothiazide</i>	1	ZESTORETIC	QL(60 EA per 30 days)
<i>losartan potassium-hctz</i>	1	HYZAAR	QL(30 EA per 30 days)
<i>milrinone lactate</i>	1		PA BvD
<i>milrinone lactate in dextrose</i>	1		PA BvD
<i>nadolol-bendroflumethiazide</i>	1	CORZIDE	
<i>olmesartan medoxomil-hctz</i>	1	BENICAR HCT	QL(30 EA per 30 days)
<i>pentoxifylline er</i>	1	TRENTAL	
<i>propranolol-hctz</i>	1	INDERIDE	
<i>quinapril-hydrochlorothiazide</i>	1	ACCURETIC	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>ranolazine er</i>	1	RANEXA	
<i>spironolactone-hctz</i>	1	ALDACTAZIDE	
TEKTURNA HCT	1		
<i>telmisartan-amlodipine</i>	1	TWYNSTA	QL(30 EA per 30 days)
<i>telmisartan-hctz</i>	1	MICARDIS-HCT	QL(30 EA per 30 days)
<i>triamterene-hctz 37.5-25 mg Oral Capsule</i>	1	DYAZIDE	
<i>triamterene-hctz 37.5-25 mg Oral Tablet, 75-50 mg Oral Tablet</i>	1	MAXZIDE	
<i>valsartan-hydrochlorothiazide 160-25 mg Oral Tablet, 320-12.5 mg Oral Tablet, 320-25 mg Oral Tablet</i>	1	DIOVAN HCT	QL(30 EA per 30 days)
<i>valsartan-hydrochlorothiazide 160-12.5 mg Oral Tablet, 80-12.5 mg Oral Tablet</i>	1	DIOVAN HCT	QL(60 EA per 30 days)
VYNDAMAX	1		NDS, PA, QL(30 EA per 30 days), NM
VYNDAQEL	1		NDS, PA, QL(120 EA per 30 days), NM
Diuretics, Carbonic Anhydrase Inhibitors			
<i>acetazolamide</i>	1	DIAMOX	
<i>acetazolamide er</i>	1	DIAMOX	
<i>acetazolamide sodium</i>	1	DIAMOX	
<i>methazolamide</i>	1	NEPTAZANE	
Diuretics, Loop			
<i>bumetanide 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</i>	1	BUMEX	
<i>bumetanide 0.25 mg/ml Injection Solution</i>	1	BUMEX	
<i>furosemide 20 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet</i>	1	LASIX	
<i>furosemide 10 mg/ml Injection Solution, 10 mg/ml Oral Solution, 8 mg/ml Oral Solution</i>	1	LASIX	
<i>toremide</i>	1	DEMADEX	
Diuretics, Potassium-sparing			
<i>amiloride hcl</i>	1	MIDAMOR	
<i>eplerenone</i>	1	INSPRA	
<i>spironolactone</i>	1	ALDACTONE	
Diuretics, Thiazide			
<i>chlorothiazide</i>	1	DIURIL	
<i>chlorothiazide sodium</i>	1	DIURIL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>chlorthalidone</i>	1	HYGROTON	
<i>hydrochlorothiazide 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	HYDRODIURIL	
<i>hydrochlorothiazide 12.5 mg Oral Capsule, 12.5 mg Oral Tablet</i>	1	MICROZIDE	
<i>indapamide</i>	1	LOZOL	
<i>methyclothiazide</i>	1	ENDURON	
<i>metolazone</i>	1	ZAROXOLYN	
Dyslipidemics, Fibric Acid Derivatives			
<i>fenofibrate 150 mg Oral Capsule, 50 mg Oral Capsule</i>	1	LIPOFEN	
<i>fenofibrate 134 mg Oral Capsule, 145 mg Oral Tablet, 160 mg Oral Tablet, 48 mg Oral Tablet, 54 mg Oral Tablet</i>	1	TRICOR	
<i>fenofibrate micronized 130 mg Oral Capsule, 43 mg Oral Capsule</i>	1	ANTARA	
<i>fenofibrate micronized 200 mg Oral Capsule, 67 mg Oral Capsule</i>	1	TRICOR	
<i>fenofibric acid 105 mg Oral Tablet, 35 mg Oral Tablet</i>	1	FIBRICOR	
<i>fenofibric acid 135 mg Oral Capsule Delayed Release, 45 mg Oral Capsule Delayed Release</i>	1	TRILIPIX	
<i>gemfibrozil</i>	1	LOPID	
Dyslipidemics, Hmg Coa Reductase Inhibitors			
<i>atorvastatin calcium 80 mg Oral Tablet</i>	1	LIPITOR	QL(30 EA per 30 days)
<i>atorvastatin calcium 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet</i>	1	LIPITOR	QL(45 EA per 30 days)
<i>fluvastatin sodium</i>	1	LESCOL	QL(60 EA per 30 days)
<i>lovastatin 10 mg Oral Tablet, 20 mg Oral Tablet</i>	1	MEVACOR	QL(45 EA per 30 days)
<i>lovastatin 40 mg Oral Tablet</i>	1	MEVACOR	QL(60 EA per 30 days)
<i>pravastatin sodium 80 mg Oral Tablet</i>	1	PRAVACHOL	QL(30 EA per 30 days)
<i>pravastatin sodium 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet</i>	1	PRAVACHOL	QL(45 EA per 30 days)
<i>rosuvastatin calcium 40 mg Oral Tablet</i>	1	CRESTOR	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>rosuvastatin calcium 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	1	CRESTOR	QL(45 EA per 30 days)
<i>simvastatin 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	1	ZOCOR	QL(45 EA per 30 days)
<i>simvastatin 80 mg Oral Tablet</i>	1	ZOCOR	(PA only w/ amiodarone), PA, QL(30 EA per 30 days)
<i>simvastatin 40 mg Oral Tablet</i>	1	ZOCOR	(PA only w/ amiodarone), PA, QL(45 EA per 30 days)
Dyslipidemics, Other			
<i>cholestyramine</i>	1		
<i>cholestyramine light</i>	1	QUESTRAN LIGHT	
<i>colesevelam hcl</i>	1	WELCHOL	
<i>colestipol hcl 5 gm Oral Packet</i>	1		
<i>colestipol hcl 1 gm Oral Tablet</i>	1	COLESTID	
<i>ezetimibe</i>	1	ZETIA	
<i>ezetimibe-simvastatin</i>	1	VYTORIN	QL(30 EA per 30 days)
JUXTAPID	1		NDS, PA, QL(30 EA per 30 days), LA, NM
<i>niacin er (antihyperlipidemic)</i>	1	NIASPAN	QL(60 EA per 30 days)
NIACOR	1		
<i>omega-3-acid ethyl esters</i>	1	LOVAZA	
PRALUENT	1		PA, QL(2 ML per 28 days)
PREVALITE	1		
REPATHA	1		PA, QL(3 ML per 28 days)
REPATHA PUSHTRONEX SYSTEM	1		(1 cartridge), PA, QL(3.5 ML per 28 days)
REPATHA SURECLICK	1		PA, QL(3 ML per 28 days)
VASCEPA	1		QL(120 EA per 30 days)
Vasodilators, Direct-acting Arterial			
<i>hydralazine hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	APRESOLINE	
<i>hydralazine hcl 20 mg/ml Injection Solution</i>	1	APRESOLINE	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>minoxidil</i>	1	LONITEN	
Vasodilators, Direct-acting Arterial/ Venous			
<i>isosorbide dinitrate 40 mg Oral Tablet</i>	1		
<i>isosorbide dinitrate 10 mg Oral Tablet, 20 mg Oral Tablet, 30 mg Oral Tablet, 5 mg Oral Tablet</i>	1	ISORDIL	
<i>isosorbide dinitrate er</i>	1	ISORDIL	
<i>isosorbide mononitrate</i>	1	MONOKET	
<i>isosorbide mononitrate er</i>	1	IMDUR	
MINITRAN	1		
NITRO-BID	1		
NITRO-DUR	1		
<i>nitroglycerin 5 mg/ml Intravenous Solution</i>	1	NITRO-BID	
<i>nitroglycerin 0.1 mg/hr Transdermal Patch 24 Hour, 0.2 mg/hr Transdermal Patch 24 Hour, 0.4 mg/hr Transdermal Patch 24 Hour, 0.6 mg/hr Transdermal Patch 24 Hour</i>	1	NITRO-DUR	
<i>nitroglycerin 0.4 mg/spray Translingual Solution</i>	1	NITROLINGUAL	
<i>nitroglycerin 0.3 mg Sublingual Tablet Sublingual, 0.4 mg Sublingual Tablet Sublingual, 0.6 mg Sublingual Tablet Sublingual</i>	1	NITROSTAT	
<i>nitroglycerin in d5w</i>	1		
NITROSTAT	1		
CENTRAL NERVOUS SYSTEM AGENTS			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
<i>amphetamine-dextroamphet er</i>	1	ADDERALL XR	NDS, NM
<i>amphetamine-dextroamphetamine</i>	1	ADDERALL	NDS, NM
<i>dextroamphetamine sulfate 5 mg/5ml Oral Solution</i>	1		NDS, NM
<i>dextroamphetamine sulfate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	DEXEDRINE	NDS, NM
<i>dextroamphetamine sulfate er</i>	1	DEXEDRINE	NDS, NM
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			
<i>atomoxetine hcl</i>	1	STRATTERA	PA
<i>dexmethylphenidate hcl</i>	1	FOCALIN	NDS, NM
<i>dexmethylphenidate hcl er</i>	1	FOCALIN XR	NDS, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>guanfacine hcl er</i>	1	INTUNIV	PA
<i>methylphenidate hcl 10 mg Oral Tablet Chewable, 2.5 mg Oral Tablet Chewable, 5 mg Oral Tablet Chewable</i>	1	METHYLIN	NDS, NM
<i>methylphenidate hcl 10 mg/5ml Oral Solution, 5 mg/5ml Oral Solution</i>	1	METHYLIN	NDS, NM
<i>methylphenidate hcl 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	1	RITALIN	NDS, NM
<i>methylphenidate hcl er 18 mg Oral Tablet Extended Release 24 Hour, 27 mg Oral Tablet Extended Release 24 Hour, 36 mg Oral Tablet Extended Release 24 Hour, 54 mg Oral Tablet Extended Release 24 Hour, 72 mg Oral Tablet Extended Release</i>	1		NDS, NM
<i>methylphenidate hcl er 18 mg Oral Tablet Extended Release, 27 mg Oral Tablet Extended Release, 36 mg Oral Tablet Extended Release, 54 mg Oral Tablet Extended Release</i>	1	CONCERTA	NDS, NM
<i>methylphenidate hcl er 10 mg Oral Tablet Extended Release</i>	1	METADATE	NDS, NM
<i>methylphenidate hcl er 20 mg Oral Tablet Extended Release</i>	1	RITALIN SR	NDS, NM
<i>methylphenidate hcl er (cd) 30 mg Oral Capsule Extended Release, 50 mg Oral Capsule Extended Release, 60 mg Oral Capsule Extended Release</i>	1	METADATE	NDS, NM
<i>methylphenidate hcl er (cd) 10 mg Oral Capsule Extended Release, 20 mg Oral Capsule Extended Release, 40 mg Oral Capsule Extended Release</i>	1	METADATE CD	NDS, NM
<i>methylphenidate hcl er (la)</i>	1	RITALIN LA	NDS, NM
Central Nervous System, Other			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
AUSTEDO	1		NDS, PA, QL(120 EA per 30 days), NM
<i>caffeine citrate</i>	1		
FIRDAPSE	1		NDS, PA, QL(240 EA per 30 days), NM
INGREZZA 40 & 80 mg Oral Capsule Therapy Pack	1		NDS, PA, QL(28 EA per 180 days), NM
INGREZZA 40 mg Oral Capsule, 80 mg Oral Capsule	1		NDS, PA, QL(30 EA per 30 days), NM
NUEDEXTA	1		PA
ONPATTRO	1		NDS, PA, QL(15 ML per 21 days), NM
<i>riluzole</i>	1	RILUTEK	
TEGSEDI	1		NDS, PA, QL(6 ML per 28 days), NM
<i>tetrabenazine</i>	1	XENAZINE	NDS, QL(120 EA per 30 days), NM
TIGLUTIK	1		NDS, PA, QL(600 ML per 30 days), NM
Fibromyalgia Agents			
<i>duloxetine hcl 20 mg Oral Capsule Delayed Release Particles, 30 mg Oral Capsule Delayed Release Particles, 60 mg Oral Capsule Delayed Release Particles</i>	1	CYMBALTA	QL(60 EA per 30 days)
<i>duloxetine hcl 40 mg Oral Capsule Delayed Release Particles</i>	1	IRENKA	QL(60 EA per 30 days)
SAVELLA	1		
SAVELLA TITRATION PACK	1		
Multiple Sclerosis Agents			
AUBAGIO	1		NDS, QL(30 EA per 30 days), NM
AVONEX	1		NDS, QL(4 EA per 28 days), NM
AVONEX PEN	1		NDS, QL(1 EA per 28 days), NM
AVONEX PREFILLED	1		NDS, QL(1 EA per 28 days), NM
BETASERON	1		NDS, QL(14 EA per 28 days), NM
<i>dalfampridine er</i>	1	AMPYRA	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
EXTAVIA	1		NDS, QL(14 EA per 28 days), NM
GILENYA	1		NDS, QL(30 EA per 30 days), NM
<i>glatiramer acetate 40 mg/ml Subcutaneous Solution Prefilled Syringe</i>	1	COPAXONE	NDS, QL(12 ML per 28 days), NM
<i>glatiramer acetate 20 mg/ml Subcutaneous Solution Prefilled Syringe</i>	1	COPAXONE	NDS, QL(30 ML per 30 days), NM
MAVENCLAD (10 TABS)	1		NDS, PA, QL(20 EA per 301 days), NM
MAVENCLAD (4 TABS)	1		NDS, PA, QL(8 EA per 301 days), NM
MAVENCLAD (5 TABS)	1		NDS, PA, QL(10 EA per 301 days), NM
MAVENCLAD (6 TABS)	1		NDS, PA, QL(12 EA per 301 days), NM
MAVENCLAD (7 TABS)	1		NDS, PA, QL(14 EA per 301 days), NM
MAVENCLAD (8 TABS)	1		NDS, PA, QL(16 EA per 301 days), NM
MAVENCLAD (9 TABS)	1		NDS, PA, QL(18 EA per 301 days), NM
MAYZENT 2 mg Oral Tablet	1		NDS, QL(30 EA per 30 days), NM
MAYZENT 0.25 mg Oral Tablet	1		NDS, QL(150 EA per 30 days), NM
OCREVUS	1		NDS, PA, QL(20 ML per 180 days), NM
PLEGRIDY	1		NDS, QL(1 ML per 28 days), NM
PLEGRIDY STARTER PACK	1		NDS, QL(1 ML per 28 days), NM
RADICAVA	1		NDS, PA, QL(2800 ML per 28 days), NM
REBIF	1		NDS, QL(6 ML per 28 days), NM
REBIF REBIDOSE	1		NDS, QL(6 ML per 28 days), NM
REBIF REBIDOSE TITRATION PACK	1		NDS, QL(4.2 ML per 28 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
REBIF TITRATION PACK	1		NDS, QL(4.2 ML per 28 days), NM
TECFIDERA 120 mg Oral Capsule Delayed Release, 240 mg Oral Capsule Delayed Release	1		NDS, QL(60 EA per 30 days), LA, NM
TECFIDERA 120 & 240 mg Oral Miscellaneous	1		NDS, QL(120 EA per 180 days), LA, NM
TYSABRI	1		NDS, PA, LA, NM
VUMERITY	1		NDS, QL(120 EA per 30 days), NM
DENTAL AND ORAL AGENTS			
Dental And Oral Agents			
<i>cevimeline hcl</i>	1	EVOXAC	
<i>chlorhexidine gluconate</i>	1	PERIOGARD	
DENTA 5000 PLUS	1		
DENTAGEL	1		
KEPIVANCE	1		NDS, NM
<i>oralone</i>	1	KENALOG IN ORABASE	
PAROEX	1		
PERIOGARD	1		
<i>pilocarpine hcl 5 mg Oral Tablet, 7.5 mg Oral Tablet</i>	1	SALAGEN	
<i>sf</i>	1		
<i>triamcinolone acetonide 0.1 % Mouth/Throat Paste</i>	1	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS			
Dermatological Agents			
<i>acitretin 25 mg Oral Capsule</i>	1	SORIATANE	PA
<i>acitretin 10 mg Oral Capsule, 17.5 mg Oral Capsule</i>	1	SORIATANE	PA, QL(60 EA per 30 days)
<i>adapalene 0.1 % External Cream, 0.3 % External Gel</i>	1	DIFFERIN	
<i>adapalene 0.1 % External Gel</i>	1	DIFFERIN	(Rx product only)
<i>adapalene-benzoyl peroxide</i>	1	EPIDUO	
<i>ammonium lactate</i>	1	LAC-HYDRIN	
AMNESTEEM	1		
AVITA	1		PA
<i>azelaic acid</i>	1		
<i>benzoyl peroxide-erythromycin</i>	1	BENZAMYCIN	
<i>calcipotriene 0.005 % External Cream, 0.005 % External Ointment</i>	1	DOVONEX	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>calcipotriene 0.005 % External Solution</i>	1	DOVONEX	
<i>calcipotriene-betameth diprop</i>	1	TACLONEX	
CALCITRENE	1		
CLARAVIS	1		
<i>clindamycin phos-benzoyl perox 1-5 % External Gel</i>	1	BENZACLIN	
<i>clindamycin phos-benzoyl perox 1.2-5 % External Gel</i>	1	DUAC	
<i>clotrimazole-betamethasone 1-0.05 % External Cream</i>	1	LOTRISONE	
<i>clotrimazole-betamethasone 1-0.05 % External Lotion</i>	1	LOTRISONE	
CONDYLOX	1		
DUPIXENT 200 mg/1.14ml Subcutaneous Solution Prefilled Syringe	1		(4 syringes) NDS, PA, QL(4.56 ML per 28 days), NM
DUPIXENT 300 mg/2ml Subcutaneous Solution Pen-injector	1		(4 pens) NDS, PA, QL(8 ML per 28 days), NM
DUPIXENT 300 mg/2ml Subcutaneous Solution Prefilled Syringe	1		(4 syringes) NDS, PA, QL(8 ML per 28 days), NM
EPIFOAM	1		
EUCRISA	1		PA
FABIOR	1		PA
<i>imiquimod</i>	1	ALDARA	
<i>imiquimod pump</i>	1		
<i>isotretinoin</i>	1	CLARAVIS	
LEVULAN KERASTICK	1		
<i>methoxsalen rapid</i>	1	OXSORALEN-ULTRA	
MYORISAN	1		
<i>nystatin-triamcinolone</i>	1	MYCOLOG	
<i>pimecrolimus</i>	1	ELIDEL	PA
<i>podofilox</i>	1	CONDYLOX	
<i>prednicarbate</i>	1	DERMATOP	
PROCTOFOAM HC	1		
REGRANEX	1		NDS, NM
SANTYL	1		
<i>selenium sulfide</i>	1	SELSUN	
<i>tacrolimus 0.03 % External Ointment, 0.1 % External Ointment</i>	1	PROTOPIC	QL(60 GM per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>tazarotene</i>	1	TAZORAC	
TAZORAC	1		PA
<i>tretinoin 0.05 % External Gel</i>	1	ATRALIN	PA
<i>tretinoin 0.01 % External Gel, 0.025 % External Cream, 0.025 % External Gel, 0.05 % External Cream, 0.1 % External Cream</i>	1	RETIN-A	PA
<i>tretinoin microsphere</i>	1	RETIN-A	PA
UVADEX	1		
ZENATANE	1		
ZYCLARA PUMP	1		
ELECTROLYTES/MINERALS/ METALS/ VITAMINS			
Electrolyte/mineral Replacement			
AMINOSYN	1		PA BvD
AMINOSYN II	1		PA BvD
AMINOSYN II/ELECTROLYTES	1		PA BvD
AMINOSYN M	1		PA BvD
AMINOSYN/ELECTROLYTES	1		PA BvD
AMINOSYN-PF	1		PA BvD
AMINOSYN-RF	1		PA BvD
<i>calcium chloride</i>	1		
<i>calcium gluconate</i>	1		
CARBAGLU	1		NDS, PA, NM
CLINISOL SF	1		PA BvD
CLINOLIPID	1		PA BvD
<i>dextrose 5 % Intravenous Solution</i>	1		
<i>dextrose 10 % Intravenous Solution, 20 % Intravenous Solution, 250 mg/ml Intravenous Solution, 40 % Intravenous Solution, 50 % Intravenous Solution, 70 % Intravenous Solution</i>	1		PA BvD
<i>dextrose 5%/electrolyte #48</i>	1		
<i>dextrose in lactated ringers</i>	1		
<i>dextrose-nacl</i>	1		
<i>dextrose-sodium chloride</i>	1		
ENDARI	1		NDS, PA, QL(180 EA per 30 days), NM
INTRALIPID	1		PA BvD
<i>kcl in d5w lactated ringers</i>	1		
<i>kcl in dextrose-nacl</i>	1		
<i>kcl-lactated ringers-d5w</i>	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
KLOR-CON	1		
KLOR-CON 10	1		
KLOR-CON M10	1		
KLOR-CON M15	1		
KLOR-CON M20	1		
KLOR-CON SPRINKLE	1		
<i>levocarnitine 330 mg Oral Tablet</i>	1	CARNITOR	PA BvD
<i>levocarnitine 1 gm/10ml Oral Solution</i>	1	CARNITOR	PA BvD
<i>magnesium sulfate</i>	1		
<i>magnesium sulfate in d5w</i>	1		
<i>nutrilipid</i>	1		PA BvD
<i>potassium acetate</i>	1		
<i>potassium chloride 20 meq Oral Packet</i>	1		
<i>potassium chloride 10 meq/100ml Intravenous Solution, 10 meq/50ml Intravenous Solution, 2 meq/ml Intravenous Solution, 20 meq/100ml Intravenous Solution, 20 meq/50ml Intravenous Solution, 40 meq/100ml Intravenous Solution</i>	1		
<i>potassium chloride 20 MEQ/15ML (10%) Oral Solution, 40 MEQ/15ML (20%) Oral Solution</i>	1	K-SOL	
<i>potassium chloride crys er 10 meq Oral Tablet Extended Release</i>	1		
<i>potassium chloride crys er 20 meq Oral Tablet Extended Release</i>	1	KLOR-CON	
<i>potassium chloride er 20 meq Oral Tablet Extended Release</i>	1	K-TAB	
<i>potassium chloride er 10 meq Oral Tablet Extended Release, 8 meq Oral Tablet Extended Release</i>	1	KLOR-CON	
<i>potassium chloride er 10 meq Oral Capsule Extended Release, 8 meq Oral Capsule Extended Release</i>	1	MICRO-K	
<i>potassium chloride in dextrose</i>	1		
<i>potassium chloride in nacl</i>	1		
<i>potassium citrate er</i>	1	UROKIT-K	
PR NATAL 440 EC	1		
PREMASOL	1		PA BvD

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
PROSOL	1		PA BvD
<i>ringers</i>	1		
<i>sodium acetate</i>	1		
<i>sodium chloride</i>	1		
<i>sodium fluoride</i>	1		
<i>sodium lactate</i>	1		
<i>sodium phosphates</i>	1		
TRAVASOL	1		PA BvD
TROPHAMINE	1		PA BvD
Electrolyte/mineral/metal Modifiers			
<i>deferasirox</i>	1		NDS, PA, NM
<i>deferoxamine mesylate</i>	1		PA BvD
FERRIPROX	1		NDS, PA, LA, NM
FERRIPROX TWICE-A-DAY	1		NDS, PA, NM
JADENU SPRINKLE	1		NDS, PA, NM
JYNARQUE 45 & 15 mg Oral Tablet Therapy Pack, 60 & 30 mg Oral Tablet Therapy Pack, 90 & 30 mg Oral Tablet Therapy Pack	1		NDS, PA, QL(56 EA per 28 days), NM
JYNARQUE 15 mg Oral Tablet, 30 mg Oral Tablet	1		NDS, PA, QL(120 EA per 30 days), NM
KIONEX	1		
LOKELMA 5 gm Oral Packet	1		PA, QL(30 EA per 30 days)
LOKELMA 10 gm Oral Packet	1		PA, QL(34 EA per 30 days)
<i>penicillamine</i>	1		
<i>sodium polystyrene sulfonate Oral Powder</i>	1	KAYEXALATE	
<i>sodium polystyrene sulfonate 15 gm/60ml Oral Suspension</i>	1	SPS	
SPS	1		
<i>trientine hcl</i>	1	SYPRINE	NDS, PA, NM
VELTASSA	1		PA, QL(30 EA per 30 days), LA
Phosphate Binders			
AURYXIA	1		NDS, PA, QL(360 EA per 30 days), NM
<i>calcium acetate (phos binder) 667 mg Oral Tablet</i>	1		
<i>calcium acetate (phos binder) 667 mg Oral Capsule</i>	1	PHOSLO	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
FOSRENOL	1		
<i>lanthanum carbonate</i>	1	FOSRENOL	
<i>sevelamer carbonate</i>	1	RENVELA	
VELPHORO	1		NDS, ST, NM
Vitamin-d Analogs			
<i>calcitriol 1 mcg/ml Intravenous Solution</i>	1	CALCIJEX	PA BvD
<i>calcitriol 0.25 mcg Oral Capsule, 0.5 mcg Oral Capsule</i>	1	ROCALTROL	PA BvD
<i>calcitriol 1 mcg/ml Oral Solution</i>	1	ROCALTROL	PA BvD
<i>calcitriol 3 mcg/gm External Ointment</i>	1	VECTICAL	
<i>paricalcitol 1 mcg Oral Capsule, 2 mcg Oral Capsule, 4 mcg Oral Capsule</i>	1	ZEMPLAR	PA BvD
<i>paricalcitol 2 mcg/ml Intravenous Solution, 5 mcg/ml Intravenous Solution</i>	1	ZEMPLAR	PA BvD
GASTROINTESTINAL AGENTS			
Antispasmodics, Gastrointestinal			
<i>dicyclomine hcl 10 mg Oral Capsule, 20 mg Oral Tablet</i>	1	BENTYL	
<i>dicyclomine hcl 10 mg/5ml Oral Solution</i>	1	BENTYL	
<i>diphenoxylate-atropine 2.5-0.025 mg Oral Tablet</i>	1	LOMOTIL	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml Oral Liquid</i>	1	LOMOTIL	
<i>glycopyrrolate 0.2 mg/ml Injection Solution, 0.4 mg/2ml Injection Solution, 1 mg/5ml Injection Solution</i>	1		
<i>glycopyrrolate 1 mg Oral Tablet, 2 mg Oral Tablet</i>	1	ROBINUL	
<i>loperamide hcl</i>	1	IMODIUM	
Gastrointestinal Agents, Other			
<i>cromolyn sodium 100 mg/5ml Oral Concentrate</i>	1	GASTROCROM	
GATTEX	1		NDS, PA, LA, NM
<i>methscopolamine bromide</i>	1	PAMINE	
MOVANTIK	1		QL(30 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>nizatidine 150 mg Oral Capsule, 300 mg Oral Capsule</i>	1	AXID	
<i>nizatidine 15 mg/ml Oral Solution</i>	1	AXID	
<i>propantheline bromide</i>	1	PRO-BANTHINE	
RECTIV	1		
RELISTOR 8 mg/0.4ml Subcutaneous Solution	1		(1 per day), PA, QL(12 ML per 30 days)
RELISTOR 12 mg/0.6ml Subcutaneous Solution	1		(1 per day), PA, QL(18 ML per 30 days)
<i>ursodiol 300 mg Oral Capsule</i>	1	ACTIGALL	
<i>ursodiol 250 mg Oral Tablet, 500 mg Oral Tablet</i>	1	URSO	
XERMELO	1		NDS, PA, QL(90 EA per 30 days), LA, NM
Histamine2 (h2) Receptor Antagonists			
<i>cimetidine</i>	1	TAGAMET	
<i>cimetidine hcl</i>	1	TAGAMET	
<i>famotidine 40 mg/4ml Intravenous Solution</i>	1		
<i>famotidine 20 mg Oral Tablet, 40 mg Oral Tablet</i>	1	PEPCID	
<i>famotidine 20 mg/2ml Intravenous Solution, 40 mg/5ml Oral Suspension Reconstituted</i>	1	PEPCID	
<i>famotidine premixed</i>	1	PEPCID	
Irritable Bowel Syndrome Agents			
<i>alosetron hcl</i>	1	LOTRONEX	QL(60 EA per 30 days)
AMITIZA	1		QL(60 EA per 30 days)
LINZESS	1		QL(30 EA per 30 days)
XIFAXAN	1		PA
Laxatives			
CLENPIQ	1		
<i>constulose</i>	1	CONSTULOSE	
<i>enulose</i>	1		
GAVILYTE-C	1		
GAVILYTE-G	1		
GAVILYTE-N WITH FLAVOR PACK	1		
<i>generlac</i>	1		
GOLYTELY	1		
<i>lactulose</i>	1	CONSTULOSE	
MOVIPREP	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
OSMOPREP	1		
<i>peg 3350/electrolytes</i>	1		
<i>peg 3350-kcl-na bicarb-nacl</i>	1	NULYTELY	
<i>peg-3350/electrolytes</i>	1	GOLYTELY	
PLENVU	1		
PREPOPIK	1		
SUPREP BOWEL PREP KIT	1		
TRILYTE	1		
Protectants			
<i>misoprostol</i>	1	CYTOTEC	
<i>sucralfate 1 gm/10ml Oral Suspension</i>	1		
<i>sucralfate 1 gm Oral Tablet</i>	1	CARAFATE	
Proton Pump Inhibitors			
<i>esomeprazole magnesium 10 mg Oral Packet, 20 mg Oral Packet, 40 mg Oral Packet</i>	1		ST
<i>esomeprazole magnesium 20 mg Oral Capsule Delayed Release, 40 mg Oral Capsule Delayed Release</i>	1	NEXIUM	
<i>esomeprazole sodium</i>	1	NEXIUM	PA
<i>lansoprazole</i>	1	PREVACID	
<i>omeprazole</i>	1	PRILOSEC	
<i>pantoprazole sodium</i>	1	PROTONIX	
<i>rabeprazole sodium</i>	1	ACIPHEX	
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT			
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment			
ADAGEN	1		NDS, LA, NM
ALDURAZYME	1		NDS, PA, NM
ARALAST NP	1		NDS, PA, NM
CEREZYME	1		NDS, PA, NM
CHOLBAM	1		NDS, PA, NM
CREON	1		
CRYSVITA 10 mg/ml Subcutaneous Solution	1		NDS, PA, QL(2 ML per 28 days), NM
CRYSVITA 30 mg/ml Subcutaneous Solution	1		NDS, PA, QL(6 ML per 28 days), NM
CRYSVITA 20 mg/ml Subcutaneous Solution	1		NDS, PA, QL(8 ML per 28 days), NM
CYSTAGON	1		LA
ELAPRASE	1		NDS, PA, NM
ELELYSO	1		NDS, PA, LA, NM

¹You 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	Reference Name	Requirements/Limits ¹
EXONDYS 51	1		NDS, PA, LA, NM
FABRAZYME	1		NDS, PA, NM
GALAFOLD	1		NDS, PA, QL(14 EA per 28 days), NM
KUVAN	1		NDS, PA, LA, NM
MEPSEVII	1		NDS, PA, NM
<i>miglustat</i>	1	ZAVESCA	NDS, PA, QL(90 EA per 30 days), NM
NAGLAZYME	1		NDS, PA, NM
NITYR	1		NDS, PA, NM
PALYNZIQ 2.5 mg/0.5ml Subcutaneous Solution Prefilled Syringe	1		NDS, PA, QL(4.5 ML per 30 days), NM
PALYNZIQ 10 mg/0.5ml Subcutaneous Solution Prefilled Syringe	1		NDS, PA, QL(15 ML per 30 days), NM
PALYNZIQ 20 mg/ml Subcutaneous Solution Prefilled Syringe	1		NDS, PA, QL(60 ML per 30 days), NM
PROCYSBI 300 mg Oral Packet, 75 mg Oral Packet	1		NDS, PA, NM
PROCYSBI 25 mg Oral Capsule Delayed Release, 75 mg Oral Capsule Delayed Release	1		NDS, PA, LA, NM
PROLASTIN-C	1		NDS, PA, LA, NM
RAVICTI	1		NDS, PA, QL(525 ML per 30 days), LA, NM
REVCovi	1		NDS, PA, NM
<i>sodium phenylbutyrate 500 mg Oral Tablet</i>	1	BUPHENYL	NDS, NM
<i>sodium phenylbutyrate 3 gm/tsp Oral Powder</i>	1	BUPHENYL	NDS, NM
STRENSIQ	1		NDS, PA, LA, NM
VPRIV	1		NDS, PA, LA, NM
ZENPEP	1		ST
GENITOURINARY AGENTS			
Antispasmodics, Urinary			
<i>flavoxate hcl</i>	1		
MYRBETRIQ	1		QL(30 EA per 30 days)
<i>oxybutynin chloride 5 mg Oral Tablet</i>	1	DITROPAN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>oxybutynin chloride 5 mg/5ml Oral Syrup</i>	1	DITROPAN	
<i>oxybutynin chloride er</i>	1	DITROPAN	
<i>solifenacin succinate</i>	1		QL(30 EA per 30 days)
<i>tolterodine tartrate</i>	1	DETROL	
<i>tolterodine tartrate er</i>	1	DETROL	QL(30 EA per 30 days)
<i>tropium chloride</i>	1	SANCTURA	
<i>tropium chloride er</i>	1	SANCTURA XR	
Benign Prostatic Hypertrophy Agents			
<i>alfuzosin hcl er</i>	1	UROXATRAL	
<i>dutasteride</i>	1	AVODART	
<i>finasteride</i>	1	PROSCAR	
<i>tamsulosin hcl</i>	1	FLOMAX	
Genitourinary Agents, Other			
<i>bethanechol chloride</i>	1	URECHOLINE	
ELMIRON	1		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)			
Hormonal Agents, Stimulant/ Replacement/ Modifying (adrenal)			
<i>betamethasone sod phos & acet</i>	1		
<i>cortisone acetate</i>	1	CORTONE	
<i>dexamethasone sod phosphate pf</i>	1		
<i>dexamethasone sodium phosphate 100 mg/10ml Injection Solution, 120 mg/30ml Injection Solution, 4 mg/ml Injection Solution</i>	1		
<i>fludrocortisone acetate</i>	1	FLORINEF	
<i>hydrocortisone 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	1	CORTEF	
<i>methylprednisolone</i>	1	MEDROL	
<i>methylprednisolone acetate</i>	1	DEPO-MEDROL	
<i>methylprednisolone sodium succ 500 mg Injection Solution Reconstituted</i>	1		
<i>methylprednisolone sodium succ 1000 mg Injection Solution Reconstituted, 125 mg Injection Solution Reconstituted, 40 mg Injection Solution Reconstituted</i>	1	SOLU-MEDROL	
SOLU-CORTEF	1		
SOLU-MEDROL	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)			
Anabolic Steroids			
ANADROL-50	1		
<i>oxandrolone</i>	1	OXANDRIN	
Androgens			
ANDRODERM	1		
<i>danazol</i>	1	DANOCRINE	
<i>methitest</i>	1		
<i>testosterone 40.5 MG/2.5GM (1.62%) Transdermal Gel</i>	1		
<i>testosterone 20.25 MG/1.25GM (1.62%) Transdermal Gel, 20.25 MG/ACT (1.62%) Transdermal Gel, 25 MG/2.5GM (1%) Transdermal Gel, 50 MG/5GM (1%) Transdermal Gel</i>	1	ANDROGEL	
<i>testosterone 10 MG/ACT (2%) Transdermal Gel</i>	1	FORTESTA	
<i>testosterone 12.5 MG/ACT (1%) Transdermal Gel</i>	1	VOGELXO	
<i>testosterone cypionate</i>	1	DEPO-TESTOSTERONE	
<i>testosterone enanthate</i>	1	DELATESTRYL	
Estrogens			
DOTTI	1		
<i>estradiol 0.025 mg/24hr Transdermal Patch Weekly, 0.0375 mg/24hr Transdermal Patch Weekly, 0.05 mg/24hr Transdermal Patch Weekly, 0.06 mg/24hr Transdermal Patch Weekly, 0.075 mg/24hr Transdermal Patch Weekly, 0.1 mg/24hr Transdermal Patch Weekly</i>	1	CLIMARA	
<i>estradiol 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</i>	1	ESTRACE	
<i>estradiol 0.1 mg/gm Vaginal Cream</i>	1	ESTRACE	
<i>estradiol 10 mcg Vaginal Tablet</i>	1	VAGIFEM	
<i>estradiol 0.025 mg/24hr Transdermal Patch Twice Weekly, 0.0375 mg/24hr Transdermal Patch</i>	1	VIVELLE-DOT	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Twice Weekly, 0.05 mg/24hr Transdermal Patch Twice Weekly, 0.075 mg/24hr Transdermal Patch Twice Weekly, 0.1 mg/24hr Transdermal Patch Twice Weekly</i>			
<i>estradiol valerate</i>	1	DELESTROGEN	
ESTRING	1		
FEMRING	1		QL(1 EA per 90 days)
MENEST	1		
PREMARIN 0.3 mg Oral Tablet, 0.45 mg Oral Tablet, 0.625 mg Oral Tablet, 0.9 mg Oral Tablet, 1.25 mg Oral Tablet, 25 mg Injection Solution Reconstituted	1		
PREMARIN 0.625 mg/gm Vaginal Cream	1		
YUVAFEM	1		
Hormonal Agents, Stimulant/ Replacement/ Modifying (sex Hormones/ Modifiers)			
AFIRMELLE	1		
ALTAVERA	1		
<i>alyacen 1/35</i>	1		
<i>alyacen 7/7/7</i>	1		
AMABELZ	1		
AMETHIA	1		
AMETHIA LO	1		
APRI	1		
ARANELLE	1		
ASHLYNA	1		
AUBRA EQ	1		
AUROVELA 1.5/30	1		
AUROVELA 1/20	1		
AUROVELA 24 FE	1		
AUROVELA FE 1.5/30	1		
AUROVELA FE 1/20	1		
AVIANE	1		
AYUNA	1		
AZURETTE	1		
BALZIVA	1		
BEKYREE	1		
BLISOVI 24 FE	1		
BLISOVI FE 1.5/30	1		
BLISOVI FE 1/20	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>briellyn</i>	1		
CAMRESE	1		
CAMRESE LO	1		
CAZANT	1		
CRYSSELLE-28	1		
CYCLAFEM 1/35	1		
CYCLAFEM 7/7/7	1		
CYRED EQ	1		
DASETTA 1/35	1		
DASETTA 7/7/7	1		
DAYSEE	1		
DELYLA	1		
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg Oral Tablet</i>	1		
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) Oral Tablet</i>	1	BEKYREE 28 DAY	
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg Oral Tablet</i>	1	BEYAZ	
<i>drospiren-eth estrad-levomefol 3-0.03-0.451 mg Oral Tablet</i>	1	SAFYRAL	
<i>drospirenone-ethinyl estradiol 3-0.03 mg Oral Tablet</i>	1	OCELLA 28 DAY	
<i>drospirenone-ethinyl estradiol 3-0.02 mg Oral Tablet</i>	1	YAZ	
ELINEST	1		
ELURYNG	1		
EMOQUETTE	1		
ENPRESSE-28	1		
ENSKYCE	1		
ESTARYLLA	1		
<i>estradiol-norethindrone acet</i>	1	ACTIVEVILLA	
<i>ethynodiol diac-eth estradiol 1-35 mg-mcg Oral Tablet</i>	1	ZOVIA 1/35E	
<i>ethynodiol diac-eth estradiol 1-50 mg-mcg Oral Tablet</i>	1	ZOVIA 1/50E	
<i>etonogestrel-ethinyl estradiol</i>	1		
FALMINA	1		
FAYOSIM	1		
FEMYNOR	1		
FYAVOLV	1		
GIANVI	1		
HAILEY 1.5/30	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
HAILEY 24 FE	1		
INTROVALE	1		
ISIBLOOM	1		
JAIMIESS	1		
JASMIEL	1		
JINTELI	1		
JOLESSA	1		
JULEBER	1		
JUNEL 1.5/30	1		
JUNEL 1/20	1		
JUNEL FE 1.5/30	1		
JUNEL FE 1/20	1		
JUNEL FE 24	1		
KAITLIB FE	1		
KALLIGA	1		
KARIVA	1		
KELNOR 1/35	1		
KELNOR 1/50	1		
KURVELO	1		
LARIN 1.5/30	1		
LARIN 1/20	1		
LARIN 24 FE	1		
LARIN FE 1.5/30	1		
LARIN FE 1/20	1		
LARISSIA	1		
LAYOLIS FE	1		
LEENA	1		
LESSINA	1		
LEVONEST	1		
<i>levonorgest-eth est & eth est</i>	1	QUARTETTE	
<i>levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg Oral Tablet</i>	1		
<i>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg Oral Tablet</i>	1	AMETHIA 91 DAY	
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg Oral Tablet</i>	1	SEASONALE	
<i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg Oral Tablet</i>	1		
<i>levonorgestrel-ethinyl estrad 90-20 mcg Oral Tablet</i>	1	AMETHYST 28 DAY	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg Oral Tablet</i>	1	AVIANE	
<i>levonorg-eth estrad triphasic</i>	1	ENPRESSE 28 DAY	
LEVORA 0.15/30 (28)	1		
LILLOW	1		
LOJAIMIESS	1		
LOPREEZA	1		
LORYNA	1		
LOW-OGESTREL	1		
LO-ZUMANDIMINE	1		
LUTERA	1		
<i>marlissa</i>	1		
<i>methylegonovine maleate</i>	1		
MICROGESTIN 1.5/30	1		
MICROGESTIN 1/20	1		
MICROGESTIN FE 1.5/30	1		
MICROGESTIN FE 1/20	1		
MILI	1		
MIMVEY	1		
MIMVEY LO	1		
MONO-LINYAH	1		
MONONESSA	1		
MYZILRA	1		
NECON 0.5/35 (28)	1		
NIKKI	1		
<i>norethin ace-eth estrad-fe 1-20 mg-mcg Oral Tablet, 1.5-30 mg-mcg Oral Tablet</i>	1		
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) Oral Tablet</i>	1	BLISOVI 24 FE 1/20 28 DAY	
<i>norethindrone acet-ethinyl est 1.5-30 mg-mcg Oral Tablet</i>	1		
<i>norethindrone acet-ethinyl est 1-20 mg-mcg Oral Tablet</i>	1	LOESTRIN 1/20	
<i>norethindrone-eth estradiol 0.5-2.5 mg-mcg Oral Tablet</i>	1	FEMHRT 0.5/2.5 28 DAY	
<i>norethindrone-eth estradiol 1-5 mg-mcg Oral Tablet</i>	1	FYAVOLV	
<i>norgestimate-eth estradiol</i>	1		
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg Oral Tablet</i>	1	ORTHO TRI-CYCLEN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>norgestim-eth estrad triphasic</i> <i>0.18/0.215/0.25 mg-25 mcg Oral</i> <i>Tablet</i>	1	ORTHO TRI-CYCLEN LO	
NORTREL 0.5/35 (28)	1		
NORTREL 1/35 (21)	1		
NORTREL 1/35 (28)	1		
NORTREL 7/7/7	1		
<i>ocella</i>	1	OCELLA 28 DAY	
OGESTREL	1		
ORSYTHIA	1		
PHILITH	1		
PIMTREA	1		
PIRMELLA 1/35	1		
PIRMELLA 7/7/7	1		
PORTIA-28	1		
PREMPHASE	1		
PREMPRO	1		
PREVIFEM	1		
RECLIPSEN	1		
RIVELSA	1		
SETLAKIN	1		
SIMLIYA	1		
SIMPESSE	1		
SPRINTEC 28	1		
SRONYX	1		
SYEDA	1		
TARINA 24 FE	1		
TARINA FE 1/20 EQ	1		
TILIA FE	1		
TRI FEMYNOR	1		
TRI-ESTARYLLA	1		
TRI-LEGEST FE	1		
TRI-LINYAH	1		
TRI-LO-ESTARYLLA	1		
TRI-LO-MARZIA	1		
TRI-LO-MILI	1		
TRI-LO-SPRINTEC	1		
TRI-MILI	1		
TRI-PREVIFEM	1		
TRI-SPRINTEC	1		
TRIVORA (28)	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
TRI-VYLIBRA	1		
TRI-VYLIBRA LO	1		
TYDEMY	1		
VELIVET	1		
VIENVA	1		
<i>viorele</i>	1	BEKYREE 28 DAY	
VOLNEA	1		
VYFEMLA	1		
VYLIBRA	1		
WERA	1		
WYMZYA FE	1		
XULANE	1		
ZARAH	1		
ZOVIA 1/35E (28)	1		
ZUMANDIMINE	1		
Progestins			
CAMILA	1		
CRINONE	1		PA
DEBLITANE	1		
ELLA	1		
ERRIN	1		
HEATHER	1		
<i>hydroxyprogesterone caproate</i>	1		NDS, NM
INCASSIA	1		
JENCYCLA	1		
JOLIVETTE	1		
LYZA	1		
<i>medroxyprogesterone acetate 150 mg/ml Intramuscular Suspension Prefilled Syringe</i>	1		
<i>medroxyprogesterone acetate 150 mg/ml Intramuscular Suspension</i>	1	DEPO-PROVERA	
<i>medroxyprogesterone acetate 10 mg Oral Tablet, 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	1	PROVERA	
<i>megestrol acetate 20 mg Oral Tablet, 40 mg Oral Tablet</i>	1	MEGACE	
<i>megestrol acetate 40 mg/ml Oral Suspension, 625 mg/5ml Oral Suspension</i>	1	MEGACE	
NORA-BE	1		
<i>norethindrone</i>	1	NOR-QD	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>norethindrone acetate</i>	1	AYGESTIN	
NORLYDA	1		
NORLYROC	1		
<i>progesterone</i>	1		
<i>progesterone micronized</i>	1	PROMETRIUM	
SHAROBEL	1		
TULANA	1		
Selective Estrogen Receptor Modifying Agents			
DUAVEE	1		PA
<i>raloxifene hcl</i>	1	EVISTA	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)			
Hormonal Agents, Stimulant/replacement/ Modifying (pituitary)			
<i>chorionic gonadotropin</i>	1	PREGNYL	PA
<i>desmopressin ace spray refrig</i>	1	MINIRIN	
<i>desmopressin acetate 0.1 mg Oral Tablet, 0.2 mg Oral Tablet</i>	1	DDAVP	
<i>desmopressin acetate 4 mcg/ml Injection Solution</i>	1	DDAVP	
INCRELEX	1		NDS, NM
NOCDURNA	1		PA, QL(30 EA per 30 days)
NORDITROPIN FLEXPRO	1		PA
SEROSTIM	1		NDS, PA, NM
VASOSTRICT	1		
ZORBTIVE	1		NDS, PA, NM
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)			
Hormonal Agents, Stimulant/replacement/ Modifying (thyroid)			
EUTHYROX	1		
LEVO-T	1		
<i>levothyroxine sodium 100 mcg Intravenous Solution Reconstituted, 200 mcg Intravenous Solution Reconstituted, 500 mcg Intravenous Solution Reconstituted</i>	1		
<i>levothyroxine sodium 100 mcg/5ml Intravenous Solution, 200 mcg/5ml Intravenous Solution, 500 mcg/5ml Intravenous Solution</i>	1		
<i>levothyroxine sodium 100 mcg Oral Tablet, 112 mcg Oral Tablet, 125 mcg Oral Tablet, 137 mcg Oral Tablet, 150 mcg Oral Tablet, 175</i>	1	SYNTHROID	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>mcg Oral Tablet, 200 mcg Oral Tablet, 25 mcg Oral Tablet, 300 mcg Oral Tablet, 50 mcg Oral Tablet, 75 mcg Oral Tablet, 88 mcg Oral Tablet</i>			
LEVOXYL	1		
<i>liothyronine sodium 25 mcg Oral Tablet, 5 mcg Oral Tablet, 50 mcg Oral Tablet</i>	1	CYTOMEL	
<i>liothyronine sodium 10 mcg/ml Intravenous Solution</i>	1	TRIOSTAT	
SYNTHROID	1		
UNITHROID	1		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)			
Hormonal Agents, Suppressant (pituitary)			
<i>cabergoline</i>	1	DOSTINEX	
ELIGARD	1		
FIRMAGON	1		
FIRMAGON (240 MG DOSE)	1		
<i>leuprolide acetate</i>	1	LUPRON	
LUPRON DEPOT (1-MONTH)	1		NDS, NM
LUPRON DEPOT (3-MONTH)	1		NDS, NM
LUPRON DEPOT (4-MONTH)	1		NDS, NM
LUPRON DEPOT-PED (1-MONTH)	1		NDS, NM
LUPRON DEPOT-PED (3-MONTH)	1		NDS, NM
<i>octreotide acetate 100 mcg/ml Injection Solution, 200 mcg/ml Injection Solution, 50 mcg/ml Injection Solution, 500 mcg/ml Injection Solution</i>	1	SANDOSTATIN	
<i>octreotide acetate 1000 mcg/ml Injection Solution</i>	1	SANDOSTATIN	NDS, NM
ORILISSA 150 mg Oral Tablet	1		NDS, PA, QL(30 EA per 30 days), NM
ORILISSA 200 mg Oral Tablet	1		NDS, PA, QL(60 EA per 30 days), NM
SIGNIFOR	1		NDS, PA, QL(60 ML per 30 days), LA, NM
SIGNIFOR LAR	1		NDS, PA, QL(1 EA per 28 days), LA, NM
SOMATULINE DEPOT	1		NDS, NM
SOMAVERT	1		NDS, LA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
SUPPRELIN LA	1		PA
SYNAREL	1		NDS, NM
TRELSTAR MIXJECT	1		NDS, NM
TRIPTODUR	1		PA, QL(1 EA per 168 days)
VANTAS	1		
ZOLADEX	1		
HORMONAL AGENTS, SUPPRESSANT (THYROID)			
Antithyroid Agents			
<i>methimazole</i>	1	TAPAZOLE	
<i>propylthiouracil</i>	1		
IMMUNOLOGICAL AGENTS			
Angioedema Agents			
CINRYZE	1		NDS, PA, LA, NM
HAEGARDA	1		NDS, PA, LA, NM
<i>icatibant acetate</i>	1		NDS, PA, QL(18 ML per 30 days), NM
TAKHZYRO	1		NDS, PA, QL(4 ML per 28 days), NM
Immune Suppressants			
ASTAGRAF XL	1		PA-NSO
ATGAM	1		
AZASAN	1		PA BvD
<i>azathioprine</i>	1	IMURAN	PA BvD
<i>azathioprine sodium</i>	1	IMURAN	PA BvD
<i>cyclosporine 100 mg Oral Capsule, 25 mg Oral Capsule</i>	1	SANDIMMUNE	PA BvD
<i>cyclosporine 50 mg/ml Intravenous Solution</i>	1	SANDIMMUNE	PA BvD
<i>cyclosporine modified 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	1	NEORAL	PA BvD
<i>cyclosporine modified 100 mg/ml Oral Solution</i>	1	NEORAL	PA BvD
ENVARUSUS XR	1		PA BvD
<i>everolimus 0.25 mg Oral Tablet, 0.5 mg Oral Tablet, 0.75 mg Oral Tablet</i>	1		PA-NSO
GENGRAF 100 mg Oral Capsule, 25 mg Oral Capsule	1		PA BvD
GENGRAF 100 mg/ml Oral Solution	1		PA BvD

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>methotrexate</i>	1		
<i>methotrexate sodium 50 mg/2ml Injection Solution</i>	1		
<i>methotrexate sodium 1 gm Injection Solution Reconstituted</i>	1		PA BvD
<i>methotrexate sodium (pf)</i>	1		
<i>mycophenolate mofetil 250 mg Oral Capsule, 500 mg Oral Tablet</i>	1	CELLCEPT	PA BvD
<i>mycophenolate mofetil 200 mg/ml Oral Suspension Reconstituted</i>	1	CELLCEPT	PA BvD
<i>mycophenolate mofetil hcl</i>	1	CELLCEPT	PA BvD
<i>mycophenolate sodium</i>	1	MYFORTIC	PA BvD
NULOJIX	1		NDS, PA-NSO, NM
PROGRAF 0.2 mg Oral Packet, 1 mg Oral Packet	1		PA BvD
PROGRAF 5 mg/ml Intravenous Solution	1		PA BvD
SIMULECT	1		NDS, PA BvD, NM
<i>sirolimus 1 mg/ml Oral Solution</i>	1		PA BvD
<i>sirolimus 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</i>	1	RAPAMUNE	PA BvD
<i>tacrolimus 0.5 mg Oral Capsule, 1 mg Oral Capsule, 5 mg Oral Capsule</i>	1	PROGRAF	PA BvD
THYMOGLOBULIN	1		NDS, NM
XATMEP	1		PA-NSO
ZORTRESS	1		NDS, PA-NSO, NM
Immunomodulators			
ACTEMRA 162 mg/0.9ml Subcutaneous Solution Prefilled Syringe	1		(4 syringes) NDS, PA, QL(3.6 ML per 28 days), NM
ACTEMRA 200 mg/10ml Intravenous Solution, 400 mg/20ml Intravenous Solution, 80 mg/4ml Intravenous Solution	1		NDS, PA, QL(40 ML per 30 days), NM
ACTEMRA ACTPEN	1		(4 syringes) NDS, PA, QL(3.6 ML per 28 days), NM
ACTIMMUNE	1		NDS, LA, NM
ARCALYST	1		NDS, PA, LA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
BENLYSTA 120 mg Intravenous Solution Reconstituted, 400 mg Intravenous Solution Reconstituted	1		NDS, PA, LA, NM
BENLYSTA 200 mg/ml Subcutaneous Solution Auto-injector, 200 mg/ml Subcutaneous Solution Prefilled Syringe	1		NDS, PA, QL(4 ML per 28 days), NM
CABLIVI	1		NDS, PA, QL(28 EA per 28 days), NM
CIMZIA	1		NDS, PA, QL(3 EA per 28 days), NM
CIMZIA PREFILLED	1		NDS, PA, QL(3 EA per 28 days), NM
COSENTYX (300 MG DOSE)	1		NDS, PA, NM
COSENTYX SENSOREADY (300 MG)	1		NDS, PA, NM
ENBREL 25 mg Subcutaneous Solution Reconstituted	1		NDS, PA, QL(8 EA per 28 days), NM
ENBREL 25 mg/0.5ml Subcutaneous Solution Prefilled Syringe, 50 mg/ml Subcutaneous Solution Prefilled Syringe	1		NDS, PA, QL(8 ML per 28 days), NM
ENBREL MINI	1		NDS, PA, QL(8 ML per 28 days), NM
ENBREL SURECLICK	1		NDS, PA, QL(8 ML per 28 days), NM
FASENRA	1		NDS, PA, QL(1 ML per 28 days), NM
FASENRA PEN	1		NDS, PA, QL(1 ML per 28 days), NM
HUMIRA 10 mg/0.1ml Subcutaneous Prefilled Syringe Kit, 10 mg/0.2ml Subcutaneous Prefilled Syringe Kit, 20 mg/0.2ml Subcutaneous Prefilled Syringe Kit, 20 mg/0.4ml Subcutaneous Prefilled Syringe Kit	1		NDS, PA, QL(2 EA per 28 days), NM
HUMIRA 40 mg/0.4ml Subcutaneous Prefilled Syringe Kit, 40 mg/0.8ml Subcutaneous Prefilled Syringe Kit	1		NDS, PA, QL(4 EA per 28 days), NM

¹You 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	Reference Name	Requirements/Limits ¹
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40mg/0.4ml Subcutaneous Prefilled Syringe Kit	1		NDS, PA, QL(2 EA per 28 days), NM
HUMIRA PEDIATRIC CROHNS START 40 mg/0.8ml Subcutaneous Prefilled Syringe Kit, 80 mg/0.8ml Subcutaneous Prefilled Syringe Kit	1		NDS, PA, QL(3 EA per 28 days), NM
HUMIRA PEDIATRIC CROHNS START 40 mg/0.8ml Subcutaneous Prefilled Syringe Kit	1		NDS, PA, QL(6 EA per 28 days), NM
HUMIRA PEN	1		NDS, PA, QL(4 EA per 28 days), NM
HUMIRA PEN-CD/UC/HS STARTER 80 mg/0.8ml Subcutaneous Pen-injector Kit	1		(1 starter kit) NDS, PA, QL(3 EA per 28 days), NM
HUMIRA PEN-CD/UC/HS STARTER 40 mg/0.8ml Subcutaneous Pen-injector Kit	1		(1 starter kit) NDS, PA, QL(6 EA per 28 days), NM
HUMIRA PEN-PS/UV/ADOL HS START 80 MG/0.8ML & 40mg/0.4ml Subcutaneous Pen-injector Kit	1		(1 starter kit) NDS, PA, QL(3 EA per 28 days), NM
HUMIRA PEN-PS/UV/ADOL HS START 40 mg/0.8ml Subcutaneous Pen-injector Kit	1		(1 starter kit) NDS, PA, QL(4 EA per 28 days), NM
ILARIS	1		NDS, PA, QL(2 ML per 28 days), LA, NM
INFLECTRA	1		NDS, PA, NM
KEVZARA 150 mg/1.14ml Subcutaneous Solution Auto-injector, 200 mg/1.14ml Subcutaneous Solution Auto-injector	1		(2 pens) NDS, PA, QL(2.28 ML per 28 days), NM
KEVZARA 150 mg/1.14ml Subcutaneous Solution Prefilled Syringe, 200 mg/1.14ml Subcutaneous Solution Prefilled Syringe	1		(2 syringes) NDS, PA, QL(2.28 ML per 28 days), NM
KINERET	1		NDS, PA, NM
<i>leflunomide</i>	1	ARAVA	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
NUCALA 100 mg/ml Subcutaneous Solution Auto-injector, 100 mg/ml Subcutaneous Solution Prefilled Syringe	1		NDS, PA, QL(3 ML per 28 days), NM
NUCALA 100 mg Subcutaneous Solution Reconstituted	1		NDS, PA, QL(3 EA per 28 days), LA, NM
OLUMIANT	1		NDS, PA, QL(30 EA per 30 days), NM
ORENCIA 50 mg/0.4ml Subcutaneous Solution Prefilled Syringe	1		(4 syringes) NDS, PA, QL(1.6 ML per 28 days), NM
ORENCIA 87.5 mg/0.7ml Subcutaneous Solution Prefilled Syringe	1		(4 syringes) NDS, PA, QL(2.8 ML per 28 days), NM
ORENCIA 125 mg/ml Subcutaneous Solution Prefilled Syringe	1		NDS, PA, QL(4 ML per 28 days), NM
ORENCIA CLICKJECT	1		NDS, PA, QL(4 ML per 28 days), NM
OTEZLA	1		NDS, PA, QL(60 EA per 30 days), NM
RIDAURA	1		
RINVOQ	1		NDS, PA, QL(30 EA per 30 days), NM
SIMPONI 50 mg/0.5ml Subcutaneous Solution Auto-injector, 50 mg/0.5ml Subcutaneous Solution Prefilled Syringe	1		(1 syringe) NDS, PA, QL(0.5 ML per 28 days), NM
SIMPONI 100 mg/ml Subcutaneous Solution Auto-injector, 100 mg/ml Subcutaneous Solution Prefilled Syringe	1		NDS, PA, QL(4 ML per 28 days), NM
SKYRIZI (150 MG DOSE)	1		NDS, PA, QL(1 EA per 28 days), NM
STELARA	1		NDS, PA, NM
XELJANZ	1		NDS, PA, QL(60 EA per 30 days), NM
XELJANZ XR	1		NDS, PA, QL(30 EA per 30 days), NM
XOLAIR 150 mg Subcutaneous Solution Reconstituted	1		NDS, PA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
XOLAIR 150 mg/ml Subcutaneous Solution Prefilled Syringe, 75 mg/0.5ml Subcutaneous Solution Prefilled Syringe	1		NDS, PA, NM
Vaccines			
ACTHIB	1		
ADACEL	1		
<i>bcg vaccine</i>	1		
BEXSERO	1		
BOOSTRIX	1		
DAPTACEL	1		
<i>diphtheria-tetanus toxoids dt</i>	1		
ENGERIX-B	1		PA BvD
GARDASIL 9	1		
HAVRIX	1		
HIBERIX	1		
IMOVAX RABIES	1		PA BvD
INFANRIX	1		
IPOL	1		
IXIARO	1		
KINRIX	1		
MENACTRA	1		
MENVEO	1		
M-M-R II	1		
PEDIARIX	1		
PEDVAX HIB	1		
PENTACEL	1		
PROQUAD	1		
QUADRACEL	1		
RABAVERT	1		PA BvD
RECOMBIVAX HB	1		PA BvD
ROTARIX	1		
ROTATEQ	1		
SHINGRIX	1		QL(2 EA per 999 days)
TDVAX	1		
TENIVAC	1		
TICE BCG	1		
TRUMENBA	1		
TWINRIX	1		
TYPHIM VI	1		
VAQTA	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
VARIVAX	1		
VARIZIG	1		
YF-VAX	1		
ZOSTAVAX	1		
INFLAMMATORY BOWEL DISEASE			
Glucocorticoids			
<i>budesonide er</i>	1		PA, QL(30 EA per 30 days)
INFLAMMATORY BOWEL DISEASE AGENTS			
Aminosalicylates			
<i>balsalazide disodium</i>	1	COLAZAL	
DELZICOL	1		
DIPENTUM	1		
<i>mesalamine 400 mg Oral Capsule Delayed Release</i>	1		
<i>mesalamine 4 gm Rectal Enema</i>	1		
<i>mesalamine 800 mg Oral Tablet Delayed Release</i>	1	ASACOL HD	
<i>mesalamine 1000 mg Rectal Suppository</i>	1	CANASA	
<i>mesalamine 1.2 gm Oral Tablet Delayed Release</i>	1	LIALDA	
PENTASA	1		
<i>sulfasalazine</i>	1	AZULFIDINE	
Glucocorticoids			
<i>budesonide 3 mg Oral Capsule Delayed Release Particles</i>	1	ENTOCORT	
COLOCORT	1		
<i>hydrocortisone 100 mg/60ml Rectal Enema</i>	1	CORTENEMA	
IRRIGATING SOLUTIONS			
Irrigating Solutions			
<i>acetic acid 0.25 % Irrigation Solution</i>	1		
<i>ringers irrigation</i>	1		
<i>sorbitol</i>	1		
<i>sorbitol-mannitol</i>	1		
<i>sterile water for irrigation</i>	1		
METABOLIC BONE DISEASE AGENTS			
Metabolic Bone Disease Agents			
<i>alendronate sodium 70 mg/75ml Oral Solution</i>	1	FOSAMAX	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>alendronate sodium 35 mg Oral Tablet, 70 mg Oral Tablet</i>	1	FOSAMAX	QL(4 EA per 28 days)
<i>alendronate sodium 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	FOSAMAX	QL(30 EA per 30 days)
<i>calcitonin (salmon)</i>	1	MIACALCIN	PA BvD
<i>cinacalcet hcl 60 mg Oral Tablet, 90 mg Oral Tablet</i>	1		NDS, PA BvD, NM
<i>cinacalcet hcl 30 mg Oral Tablet</i>	1		PA BvD, QL(60 EA per 30 days)
<i>doxercalciferol 0.5 mcg Oral Capsule, 1 mcg Oral Capsule, 2.5 mcg Oral Capsule</i>	1	HECTOROL	PA BvD
<i>doxercalciferol 4 mcg/2ml Intravenous Solution</i>	1	HECTOROL	PA BvD
<i>etidronate disodium</i>	1	DIDRONEL	
EVENITY	1		(2 syringes) NDS, PA, QL(2.34 ML per 30 days), NM
FORTEO	1		(1 pen) NDS, PA, QL(2.4 ML per 28 days), NM
FOSAMAX PLUS D	1		
<i>ibandronate sodium 150 mg Oral Tablet</i>	1	BONIVA	
<i>ibandronate sodium 3 mg/3ml Intravenous Solution</i>	1	BONIVA	PA
MIACALCIN	1		PA BvD
NATPARA	1		NDS, PA, QL(2 EA per 28 days), LA, NM
<i>pamidronate disodium 30 mg Intravenous Solution Reconstituted, 90 mg Intravenous Solution Reconstituted</i>	1		PA BvD
<i>pamidronate disodium 30 mg/10ml Intravenous Solution, 6 mg/ml Intravenous Solution, 90 mg/10ml Intravenous Solution</i>	1		PA BvD
PROLIA	1		PA
<i>risedronate sodium 150 mg Oral Tablet, 30 mg Oral Tablet, 35 mg Oral Tablet, 5 mg Oral Tablet</i>	1	ACTONEL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>risedronate sodium 35 mg Oral Tablet Delayed Release</i>	1	ATELVIA	QL(4 EA per 28 days)
<i>teriparatide (recombinant)</i>	1		(1 pen) NDS, PA, QL(2.4 ML per 28 days), NM
TYMLOS	1		(1 pen) NDS, PA, QL(1.56 ML per 30 days), NM
XGEVA	1		NDS, PA-NSO, NM
<i>zoledronic acid 4 mg Intravenous Solution Reconstituted</i>	1		PA BvD
<i>zoledronic acid 4 mg/100ml Intravenous Solution</i>	1		PA BvD
<i>zoledronic acid 5 mg/100ml Intravenous Solution</i>	1	RECLAST	PA BvD
<i>zoledronic acid 4 mg/5ml Intravenous Concentrate</i>	1	ZOMETA	PA BvD
OPHTHALMIC AGENTS			
Ophthalmic Prostaglandin And Prostanoid Analogs			
<i>latanoprost</i>	1	XALATAN	
LUMIGAN	1		
<i>travoprost (bak free)</i>	1		
VYZULTA	1		ST
XELPROS	1		ST
Ophthalmic Agents, Other			
AKTEN	1		
ALOMIDE	1		
BLEPHAMIDE	1		
BLEPHAMIDE S.O.P.	1		
<i>cyclopentolate hcl</i>	1		
CYSTARAN	1		NDS, LA, NM
NATACYN	1		
PRED-G	1		
<i>proparacaine hcl</i>	1	ALCAINE	
RESTASIS	1		
<i>sulfacetamide-prednisolone</i>	1	VASOCIDIN	
<i>tropicamide</i>	1		
XIIDRA	1		
Ophthalmic Anti-allergy Agents			
ALTAFRIN	1		
<i>azelastine hcl 0.05 % Ophthalmic Solution</i>	1	OPTIVAR	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>cromolyn sodium 4 % Ophthalmic Solution</i>	1	OPTICROM	
<i>epinastine hcl</i>	1	ELESTAT	
Ophthalmic Antiglaucoma Agents			
ALPHAGAN P	1		
<i>atropine sulfate 1 % Ophthalmic Solution</i>	1		
AZOPT	1		
<i>betaxolol hcl 0.5 % Ophthalmic Solution</i>	1	BETOPTIC	
BETOPTIC-S	1		
<i>brimonidine tartrate</i>	1	ALPHAGAN	
<i>carteolol hcl</i>	1	OCUPRESS	
COMBIGAN	1		
<i>dorzolamide hcl</i>	1	TRUSOPT	
<i>dorzolamide hcl-timolol mal</i>	1	COSOPT	
FML	1		
FML FORTE	1		
<i>levobunolol hcl</i>	1	BETAGAN	
PHOSPHOLINE IODIDE	1		
<i>pilocarpine hcl 1 % Ophthalmic Solution, 2 % Ophthalmic Solution, 4 % Ophthalmic Solution</i>	1	ISOPTOCARPINE	
SIMBRINZA	1		
<i>timolol maleate 0.5 % (daily) Ophthalmic Solution</i>	1	ISTALOL	
<i>timolol maleate 0.25 % Ophthalmic Gel Forming Solution, 0.25 % Ophthalmic Solution, 0.5 % Ophthalmic Gel Forming Solution, 0.5 % Ophthalmic Solution</i>	1	TIMOPTIC	
ZIOPTAN	1		ST
Ophthalmic Anti-inflammatories			
ALOCRIAL	1		
ALREX	1		
<i>bromfenac sodium (once-daily)</i>	1		
<i>dexamethasone sodium phosphate 0.1 % Ophthalmic Solution</i>	1	MAXIDEX	
<i>diclofenac sodium 0.1 % Ophthalmic Solution</i>	1	VOLTAREN	
DUREZOL	1		
FLAREX	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>fluorometholone</i>	1	FML	
<i>flurbiprofen sodium</i>	1	OCUFEN	
<i>ketorolac tromethamine</i>	1	ACULAR	
<i>loteprednol etabonate</i>	1		
MAXIDEX	1		
<i>prednisolone acetate</i>	1	PRED FORTE	
<i>prednisolone sodium phosphate 1 % Ophthalmic Solution</i>	1		
OTIC AGENTS			
Otic Agents			
<i>acetic acid 2 % Otic Solution</i>	1	VOSOL	
CIPRODEX	1		
<i>fluocinolone acetonide 0.01 % Otic Oil</i>	1	DERMOTIC	
<i>hydrocortisone-acetic acid</i>	1	ACETASOL HC	
<i>neomycin-polymyxin-hc 1 % Otic Solution, 3.5-10000-1 Otic Suspension</i>	1	CORTISPORIN	
<i>ofloxacin 0.3 % Otic Solution</i>	1	FLOXIN	
RESPIRATORY TRACT/ PULMONARY AGENTS			
Antihistamines			
<i>azelastine hcl 0.1 % Nasal Solution</i>	1	ASTELIN	
<i>azelastine hcl 0.15 % Nasal Solution</i>	1	ASTEPRO	
<i>cetirizine hcl</i>	1	ZYRTEC	(Rx product only)
<i>cyproheptadine hcl 4 mg Oral Tablet</i>	1	PERIACTIN	AL, PA-HRM
<i>cyproheptadine hcl 2 mg/5ml Oral Syrup</i>	1	PERIACTIN	AL, PA-HRM
<i>desloratadine</i>	1	CLARINEX	QL(30 EA per 30 days)
<i>diphenhydramine hcl</i>	1	BENADRYL	
<i>hydroxyzine hcl 10 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	ATARAX	
<i>hydroxyzine hcl 10 mg/5ml Oral Syrup</i>	1	ATARAX	
<i>levocetirizine dihydrochloride</i>	1	XYZAL	(Rx product only)
<i>olopatadine hcl</i>	1	PATANASE	
<i>promethazine hcl 6.25 mg/5ml Oral Syrup</i>	1	PHENERGAN	AL, PA-HRM
Anti-inflammatories, Inhaled Corticosteroids			
ARNUITY ELLIPTA	1		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ASMANEX (120 METERED DOSES)	1		ST
ASMANEX (14 METERED DOSES)	1		ST
ASMANEX (30 METERED DOSES)	1		ST
ASMANEX (60 METERED DOSES)	1		ST
ASMANEX HFA	1		ST
BECONASE AQ	1		PA
<i>budesonide 0.25 mg/2ml Inhalation Suspension, 0.5 mg/2ml Inhalation Suspension, 1 mg/2ml Inhalation Suspension</i>	1	PULMICORT	PA BvD
FLOVENT DISKUS	1		
FLOVENT HFA	1		
<i>flunisolide</i>	1	NASALIDE	
<i>fluticasone propionate 50 mcg/act Nasal Suspension</i>	1	FLONASE	(Rx product only)
<i>mometasone furoate 50 mcg/act Nasal Suspension</i>	1	NASONEX	
PULMICORT FLEXHALER	1		
QVAR REDHALER	1		
Antileukotrienes			
<i>montelukast sodium</i>	1	SINGULAIR	
<i>zafirlukast</i>	1	ACCOLATE	
<i>zileuton er</i>	1	ZYFLO CR	QL(120 EA per 30 days)
Bronchodilators, Anticholinergic			
ATROVENT HFA	1		
INCRUSE ELLIPTA	1		
<i>ipratropium bromide 0.02 % Inhalation Solution</i>	1	ATROVENT	PA BvD
SPIRIVA HANDIHALER	1		
SPIRIVA RESPIMAT	1		
TUDORZA PRESSAIR	1		ST
YUPELRI	1		NDS, PA BvD, QL(90 ML per 30 days), NM
Bronchodilators, Sympathomimetic			
<i>albuterol sulfate 0.63 mg/3ml Inhalation Nebulization Solution,</i>	1	ACCUNEB	PA BvD

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>1.25 mg/3ml Inhalation Nebulization Solution</i>			
<i>albuterol sulfate 2 mg Oral Tablet, 4 mg Oral Tablet</i>	1	PROVENTIL	
<i>albuterol sulfate 2 mg/5ml Oral Syrup</i>	1	PROVENTIL	
<i>albuterol sulfate 2.5 mg/0.5ml Inhalation Nebulization Solution</i>	1	PROVENTIL	PA BvD
<i>albuterol sulfate (2.5 MG/3ML) 0.083% Inhalation Nebulization Solution</i>	1	VENTOLIN	PA BvD
<i>albuterol sulfate er</i>	1	VOSPIRE ER	
<i>albuterol sulfate hfa</i>	1		
BROVANA	1		PA
<i>epinephrine 0.3 mg/0.3ml Injection Solution Auto-injector</i>	1	ADRENACLICK	QL(4 EA per 30 days)
<i>epinephrine 0.15 mg/0.3ml Injection Solution Auto-injector</i>	1	EPIPEN JR	QL(4 EA per 30 days)
<i>levalbuterol hcl 1.25 mg/0.5ml Inhalation Nebulization Solution</i>	1	XOPENEX	PA BvD
<i>levalbuterol hcl 0.31 mg/3ml Inhalation Nebulization Solution, 0.63 mg/3ml Inhalation Nebulization Solution, 1.25 mg/3ml Inhalation Nebulization Solution</i>	1	XOPENEX	PA BvD
<i>levalbuterol tartrate</i>	1	XOPENEX HFA	
<i>metaproterenol sulfate</i>	1	ALUPENT	
PERFOROMIST	1		PA
PROAIR RESPICLICK	1		
SEREVENT DISKUS	1		
STRIVERDI RESPIMAT	1		
<i>terbutaline sulfate 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	1	BRETHINE	
<i>terbutaline sulfate 1 mg/ml Injection Solution</i>	1	BRETHINE	
Cystic Fibrosis Agents			
BETHKIS	1		NDS, PA, QL(224 ML per 56 days), LA, NM
KALYDECO	1		NDS, PA, QL(60 EA per 30 days), NM
ORKAMBI 100-125 mg Oral Packet, 150-188 mg Oral Packet	1		NDS, PA, QL(60 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ORKAMBI 100-125 mg Oral Tablet, 200-125 mg Oral Tablet	1		NDS, PA, QL(120 EA per 30 days), LA, NM
PULMOZYME	1		NDS, PA, NM
SYMDEKO	1		NDS, PA, QL(60 EA per 30 days), NM
TOBI PODHALER	1		NDS, PA, QL(224 EA per 56 days), NM
<i>tobramycin 300 mg/5ml Inhalation Nebulization Solution</i>	1	TOBI	NDS, PA, QL(280 ML per 56 days), NM
TRIKAFTA	1		NDS, PA, QL(90 EA per 30 days), NM
Phosphodiesterase Inhibitors, Airways Disease			
<i>aminophylline</i>	1		
DALIRESP	1		PA, QL(30 EA per 30 days)
ELIXOPHYLLIN	1		
<i>theophylline</i>	1		
<i>theophylline er 100 mg Oral Tablet Extended Release 12 Hour, 200 mg Oral Tablet Extended Release 12 Hour, 300 mg Oral Tablet Extended Release 12 Hour, 450 mg Oral Tablet Extended Release 12 Hour</i>	1	THEO-DUR	
<i>theophylline er 400 mg Oral Tablet Extended Release 24 Hour, 600 mg Oral Tablet Extended Release 24 Hour</i>	1	UNIPHYL	
<i>theophylline in d5w</i>	1		
Pulmonary Antihypertensives			
ADEMPAS	1		NDS, PA, QL(90 EA per 30 days), LA, NM
ALYQ	1		PA, QL(60 EA per 30 days)
<i>ambrisentan</i>	1		NDS, PA, QL(30 EA per 30 days), NM
<i>bosentan</i>	1		NDS, PA, QL(60 EA per 30 days), NM
<i>epoprostenol sodium</i>	1		PA, LA
OPSUMIT	1		NDS, PA, QL(30 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>sildenafil citrate 10 mg/ml Oral Suspension Reconstituted</i>	1		NDS, PA, NM
<i>sildenafil citrate 20 mg Oral Tablet</i>	1	REVATIO	PA
<i>sildenafil citrate 10 mg/12.5ml Intravenous Solution</i>	1	REVATIO	PA
<i>tadalafil</i>	1		PA, QL(30 EA per 30 days)
<i>tadalafil (pah)</i>	1		PA, QL(60 EA per 30 days)
TRACLEER	1		NDS, PA, QL(112 EA per 28 days), NM
TYVASO STARTER	1		NDS, PA, QL(81.2 ML per 28 days), LA, NM
UPTRAVI 1000 mcg Oral Tablet, 1200 mcg Oral Tablet, 1400 mcg Oral Tablet, 1600 mcg Oral Tablet, 400 mcg Oral Tablet, 600 mcg Oral Tablet, 800 mcg Oral Tablet	1		NDS, PA, QL(60 EA per 30 days), LA, NM
UPTRAVI 200 mcg Oral Tablet	1		NDS, PA, QL(140 EA per 28 days), LA, NM
UPTRAVI 200 & 800 mcg Oral Tablet Therapy Pack	1		NDS, PA, QL(200 EA per 180 days), LA, NM
VENTAVIS	1		NDS, PA, LA, NM
Respiratory Tract Agents, Other			
<i>acetylcysteine 200 mg/ml Intravenous Solution</i>	1		PA BvD
<i>acetylcysteine 10 % Inhalation Solution, 20 % Inhalation Solution</i>	1	MUCOMYST	PA BvD
ADVAIR HFA	1		
ANORO ELLIPTA	1		
<i>apraclonidine hcl</i>	1	IOPIDINE	
BREO ELLIPTA	1		
<i>budesonide-formoterol fumarate</i>	1		ST
COMBIVENT RESPIMAT	1		
<i>cromolyn sodium 20 mg/2ml Inhalation Nebulization Solution</i>	1	INTAL	PA BvD
DULERA	1		ST
ESBRIET 801 mg Oral Tablet	1		NDS, PA, QL(90 EA per 30 days), LA, NM
ESBRIET 267 mg Oral Capsule, 267 mg Oral Tablet	1		NDS, PA, QL(270 EA per 30 days), LA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>fluticasone-salmeterol 100-50 mcg/dose Inhalation Aerosol Powder Breath Activated, 250-50 mcg/dose Inhalation Aerosol Powder Breath Activated, 500-50 mcg/dose Inhalation Aerosol Powder Breath Activated</i>	1		QL(60 EA per 30 days)
<i>fluticasone-salmeterol 113-14 mcg/act Inhalation Aerosol Powder Breath Activated, 232-14 mcg/act Inhalation Aerosol Powder Breath Activated, 55-14 mcg/act Inhalation Aerosol Powder Breath Activated</i>	1	AIRDUO	QL(1 EA per 30 days)
<i>ipratropium bromide 0.03 % Nasal Solution, 0.06 % Nasal Solution</i>	1	ATROVENT	
<i>ipratropium-albuterol</i>	1	DUONEB	PA BvD
OFEV	1		NDS, PA, QL(60 EA per 30 days), LA, NM
STIOLTO RESPIMAT	1		
TRELEGY ELLIPTA	1		QL(60 EA per 30 days)
WIXELA INHUB	1		QL(60 EA per 30 days)
SKELETAL MUSCLE RELAXANTS			
Skeletal Muscle Relaxants			
<i>chlorzoxazone</i>	1	PARAFON	
<i>cyclobenzaprine hcl</i>	1	FLEXERIL	
<i>metaxalone</i>	1	SKELAXIN	
<i>methocarbamol 500 mg Oral Tablet, 750 mg Oral Tablet</i>	1	ROBAXIN	
<i>methocarbamol 1000 mg/10ml Injection Solution</i>	1	ROBAXIN	
<i>orphenadrine citrate</i>	1	NORFLEX	
<i>orphenadrine citrate er</i>	1	NORFLEX	
SLEEP DISORDER AGENTS			
Gaba Receptor Modulators			
<i>estazolam</i>	1	PROSOM	NDS, QL(30 EA per 30 days), NM
<i>eszopiclone</i>	1	LUNESTA	AL, PA-HRM, QL(30 EA per 30 days)
<i>temazepam</i>	1	RESTORIL	NDS, QL(30 EA per 30 days), NM
<i>zaleplon</i>	1	SONATA	AL, PA-HRM, QL(30 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>zolpidem tartrate</i>	1	AMBIEN	AL, PA-HRM, QL(30 EA per 30 days)
<i>zolpidem tartrate er</i>	1	AMBIEN CR	AL, PA-HRM, QL(30 EA per 30 days)
Sleep Disorders, Other			
<i>armodafinil</i>	1	NUVIGIL	PA
<i>doxepin hcl 3 mg Oral Tablet, 6 mg Oral Tablet</i>	1		QL(30 EA per 30 days)
HETLIOZ	1		NDS, PA, QL(30 EA per 30 days), LA, NM
<i>modafinil</i>	1	PROVIGIL	PA
<i>ramelteon</i>	1		QL(30 EA per 30 days)
SUNOSI	1		PA, QL(30 EA per 30 days)
XYREM	1		NDS, PA, QL(540 ML per 30 days), LA, NM

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<i>abacavir sulfate-lamivudine</i>	59	<i>ala-cort</i>	31
<i>abacavir-lamivudine-zidovudine</i>	59	<i>albendazole</i>	50
ABELCET.....	29	<i>albuterol sulfate</i>	113, 114
ABILIFY MAINTENA.....	52	<i>albuterol sulfate er</i>	114
ABILIFY MYCITE.....	52	<i>albuterol sulfate hfa</i>	114
<i>abiraterone acetate</i>	36	<i>alclometasone dipropionate</i>	31
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<i>acamprosate calcium</i>	9	ALDACTAZIDE.....	74
<i>acarbose</i>	63	ALDURAZYME.....	90
<i>acebutolol hcl</i>	72	ALECENSA.....	42
<i>acetaminophen-codeine</i>	3	<i>alendronate sodium</i>	108, 109
<i>acetaminophen-codeine #3</i>	3	<i>alfuzosin hcl er</i>	92
<i>acetazolamide</i>	76	ALIMTA.....	37, 38
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<i>acetazolamide sodium</i>	76	ALIQOPA.....	42
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<i>aztreonam</i>	14	BIKTARVY	60
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<i>butalbital-aspirin-caffeine</i>	3
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<i>clocortolone pivalate</i>	32	<i>cyclophosphamide</i>	36
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<i>dapsone</i>	35	<i>dextrose-nacl</i>	85
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<i>decitabine</i>	38	<i>dicyclomine hcl</i>	88
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<i>desloratadine</i>	112	<i>dimenhydrinate</i>	28
<i>desmopressin ace spray refrig</i>	100	DIPENTUM	108
<i>desmopressin acetate</i>	100	<i>diphenhydramine hcl</i>	112
<i>desogestrel-ethinyl estradiol</i>	95	<i>diphenoxylate-atropine</i>	88
<i>desonide</i>	32	<i>diphtheria-tetanus toxoids dt</i>	107
<i>desoximetasone</i>	32	<i>dipyridamole</i>	70
<i>desvenlafaxine er</i>	25	<i>disopyramide phosphate</i>	71
<i>desvenlafaxine fumarate er</i>	25	<i>disulfiram</i>	9
<i>desvenlafaxine succinate er</i>	25	<i>divalproex sodium</i>	21
<i>dexamethasone</i>	32	<i>divalproex sodium er</i>	21
<i>dexamethasone intensol</i>	32	<i>dobutamine hcl</i>	75
<i>dexamethasone sod phosphate pf</i>	92	<i>dobutamine in d5w</i>	75
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¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

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<i>doxorubicin hcl</i>	39	<i>enalapril maleate</i>	71
<i>doxorubicin hcl liposomal</i>	39	<i>enalaprilat</i>	71
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<i>fosinopril sodium</i>	71	GLUCAGEN HYPOKIT	67
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<i>fosphenytoin sodium</i>	23	<i>glyburide</i>	64
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<i>meclofenamate sodium</i>	5	<i>metoclopramide hcl</i>	28
<i>medroxyprogesterone acetate</i>	99	<i>metolazone</i>	77
<i>mefenamic acid</i>	5	<i>metoprolol succinate er</i>	72
<i>mefloquine hcl</i>	50	<i>metoprolol tartrate</i>	72
<i>megestrol acetate</i>	99	<i>metoprolol-hydrochlorothiazide</i>	72
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<i>misoprostol</i>	90	<i>naproxen sodium</i>	5
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<i>trifluoperazine hcl</i>	52	UDENYCA.....	69
<i>trifluridine</i>	58	UNITHROID	101
<i>trihexyphenidyl hcl</i>	51	UNITUXIN	50
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TRILYTE	90	<i>valproate sodium</i>	21
<i>trimethoprim</i>	12	<i>valproic acid</i>	21
TRI-MILI.....	98	<i>valrubicin</i>	40
<i>trimipramine maleate</i>	27	<i>valsartan</i>	71
TRINTELLIX.....	26	<i>valsartan-hydrochlorothiazide</i>	76
TRI-PREVIFEM.....	98	VALSTAR.....	40
TRIPTODUR.....	102	VALTOCO 10 MG DOSE	21
TRI-SPRINTEC.....	98	VALTOCO 15 MG DOSE	21
TRIUMEQ	58	VALTOCO 20 MG DOSE	21
TRIVORA (28).....	98	VALTOCO 5 MG DOSE	21
TRI-VYLIBRA.....	99	<i>vancomycin hcl</i>	12
TRI-VYLIBRA LO	99	<i>vancomycin hcl in nacl</i>	12
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¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

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<i>venlafaxine hcl</i>	26	XATMEP.....	103
<i>venlafaxine hcl er</i>	26, 27	XCOPRI.....	20
VENTAVIS.....	116	XCOPRI (250 MG DAILY DOSE).....	20
<i>verapamil hcl</i>	74	XCOPRI (350 MG DAILY DOSE).....	20
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VICTOZA.....	66	XENLETA.....	12
VIDEX.....	60	XERMELO.....	89
VIENVA.....	99	XGEVA.....	110
<i>vigabatrin</i>	22	XIFAXAN.....	89
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<i>vincristine sulfate</i>	41	XPOVIO (40 MG ONCE WEEKLY).....	48
<i>vinorelbine tartrate</i>	41	XPOVIO (40 MG TWICE WEEKLY).....	48
<i>viorele</i>	99	XPOVIO (60 MG ONCE WEEKLY).....	41
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ZANOSAR.....	36
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ZELBORAF	49
ZENATANE.....	85
ZENPEP.....	91
ZERBAXA	14
<i>zidovudine</i>	60
<i>zileuton er</i>	113
ZINPLAVA.....	12
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<i>ziprasidone mesylate</i>	56
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<i>zoledronic acid</i>	110
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<i>zolpidem tartrate</i>	118
<i>zolpidem tartrate er</i>	118
<i>zonisamide</i>	21
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ZUMANDIMINE.....	99
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ZYDELIG.....	41
ZYKADIA.....	49
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This formulary was updated on August 26, 2020. 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. – Mar.) or 8 a.m. to 8 p.m. (Mon. – Fri., April – Sept.) or 8 a.m. to 2 p.m. (Sat, April- Sept.) or visit www.GeisingerGold.com