

UCare Medicare Plans **2019 Formulary** *(List of Covered Drugs)*

UCare Medicare Plans (HMO-POS)

UCare Total	UCare Essentials Rx
UCare Classic	UCare Standard
UCare Complete	UCare Prime

UCare Medicare with M Health Fairview and North Memorial (HMO-POS)

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

This formulary was updated on 11/19/2019.

For more recent information or other questions, please contact:

UCare Medicare Plans Customer Services at 1-877-523-1515.

UCare Medicare with M Health Fairview & North Memorial
Customer Services at 1-888-618-2595.

For TTY users, 1-800-688-2534.

All lines answered 24 hours a day, seven days a week, or visit **ucare.org**.

Notice of Nondiscrimination

UCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. UCare does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

We provide aids and services at no charge to people with disabilities to communicate effectively with us, such as TTY line, or written information in other formats, such as large print.

If you need these services, contact us at **612-676-3200 (voice)** or toll free at **1-800-203-7225 (voice)**, **612-676-6810 (TTY)**, or **1-800-688-2534 (TTY)**.

We provide language services at no charge to people whose primary language is not English, such as qualified interpreters or information written in other languages.

If you need these services, contact us at the **number on the back of your membership card** or **612-676-3200** or toll free at **1-800-203-7225 (voice)**; **612-676-6810** or toll free at **1-800-688-2534 (TTY)**.

If you believe that UCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file an oral or written grievance.

Oral grievance

If you are a current UCare member, please call the number on the back of your membership card. Otherwise please call **612-676-3200** or toll free at **1-800-203-7225 (voice)**; **612-676-6810** or toll free at **1-800-688-2534 (TTY)**. You can also use these numbers if you need assistance filing a grievance.

Written grievance

Mailing Address

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Email: cag@ucare.org

Fax: 612-884-2021

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 612-676-3200/1-800-203-7225 (телетайп: 612-676-6810/1-800-688-2534).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም ኣርዳታ ድርጅቶቻችን በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

ဟံသုဂ်ဟံသု: -နမူကတိ ကညိ ကျိအယိ, နမနူ ကျိအတိမစာလေ တလက်ဘုဂ်လက်စူ နိတမံဘဂ်သုနုဂ်လိ။ ဝိ: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាអង់គ្លេស, រសវាជំនួយវេជ្ជករភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បរិវេណ។ ចូរ ទូរស័ព្ទ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 612-676-3200/1-800-203-7225 (رقم هاتف الصم والبكم: 612-676-6810/1-800-688-2534).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 612-676-3200/1-800-203-7225 (ATS : 612-676-6810/1-800-688-2534).

주의: 한국어를 사용하지는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

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 UCare Minnesota. When it refers to “plan” or “our plan,” it means UCare Medicare Plans.

This document includes a list of the drugs (formulary) for our plan which is current as of December 2019. 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, 2020, and from time to time during the year.

UCare Minnesota is an HMO-POS plan with a Medicare contract. Enrollment in UCare Medicare Plans depends on contract renewal.

UCare Health Inc., is an HMO-POS plan with a Medicare contract. Enrollment in UCare Health depends on contract renewal.

What is the UCare Medicare Plans Formulary?

A formulary is a list of covered drugs selected by UCare Medicare Plans 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. UCare Medicare Plans will generally cover the drugs listed in our formulary as

long as the drug is medically necessary, the prescription is filled at a UCare Medicare Plans network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available or when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

- **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 the steps you may take to request an exception, and you can also find information in the section

below entitled "How do I request an exception to the UCare Medicare Plan's 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, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30 day supply of the drug.

The enclosed formulary is current as of December 2019. To get updated information about the drugs covered by UCare Medicare Plans, please contact us. Our contact information appears on the front and back cover pages. Updates to the UCare Medicare Plans Formulary are available on our website, **ucare.org**. Upon your request, UCare will mail you an updated printed edition.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 101. 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?

UCare Medicare Plans cover 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:** UCare Medicare Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from UCare Medicare Plans before you fill your prescriptions. If you don't get approval, UCare Medicare Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, UCare Medicare Plans limits the amount of the drug that UCare Medicare Plans will cover. For example, UCare Medicare Plans provides 30 tablets per prescription for *escitalopram* 20 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, UCare Medicare Plans 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, UCare Medicare Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, UCare Medicare Plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. 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 UCare Medicare Plans 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 UCare Medicare Plans formulary?" on page vii 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 Customer Services and ask if your drug is covered. If you learn that UCare Medicare Plans does not cover your drug, you have two options:

- You can ask Customer Services for a list of similar drugs that are covered by UCare Medicare Plans. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by UCare Medicare Plans.
- You can ask UCare Medicare Plans 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 UCare Medicare Plans Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier (Tier 5). If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, UCare Medicare Plans 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, UCare Medicare Plans will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier or utilization restriction exception. **When you request a formulary, tier 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 (unless you have a prescription for fewer days) while you pursue a formulary exception.

Transition of Care

If you are a current UCare Medicare Plans member transitioning to a different level of care, you may be prescribed medications not on our formulary. While you are talking with your doctor to determine your course of action, you are eligible to receive a 31-day transition supply of the drug since you are

transitioning to a different level of care. If you are a current UCare Medicare Plans member, admitted or discharged from a long-term care facility, you will be allowed refill-too-soon overrides to ensure that you have access to an adequate supply of your medications.

For more information

For more detailed information about your UCare Medicare Plans prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about UCare Medicare Plans, 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>.

UCare Medicare Plans Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by UCare Medicare Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 101.

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

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

Explanation of Requirements/Limits	
PA	Prior Authorization
BvsD	Drugs requiring PA to determine coverage under Part B or Part D
ST	Step Therapy
LA	Limited Distribution drugs (This prescription may be available only at certain pharmacies. For more information consult your Provider & Pharmacy Directories or call UCare Medicare Plans Customer Services at 1-877-523-1515, UCare Medicare Plans with M Health Fairview & North Memorial Customer Services at 1-888-618-2595, or, for TTY users, 1-800-688-2534, 24 hours a day, seven days a week.).
QLL	Quantity Level Limits
Part B Covered	Drugs covered under Part B benefit at applicable cost share

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UCare Medicare Plans Formulary (List of Covered Drugs)

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	QLL (4500 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	QLL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QLL (180 EA per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	2	PA; QLL (4 EA per 28 days)
<i>butorphanol tartrate nasal spray, non-aerosol 10 mg/ml</i>	2	QLL (10 ML per 28 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	2	
<i>diclofenac sodium topical drops 1.5 %</i>	2	QLL (300 ML per 28 days)
<i>diclofenac sodium topical gel 3 %</i>	5	PA; QLL (100 GM per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	2	
<i>diflunisal oral tablet 500 mg</i>	2	
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML	2	QLL (4000 ML per 30 days)
DURAMORPH (PF) INJECTION SOLUTION 1 MG/ML	2	QLL (2000 ML per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	2	QLL (360 EA per 30 days)
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	2	
<i>fenoprofen oral tablet 600 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

Effective: December 1, 2019

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; QLL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	PA; QLL (10 EA per 30 days)
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	2	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	QLL (5550 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	2	QLL (390 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QLL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	QLL (50 EA per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	QLL (240 ML per 30 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	2	QLL (1200 ML per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	2	QLL (2400 ML per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	2	QLL (180 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 8 mg</i>	2	PA; QLL (60 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 16 mg, 32 mg</i>	5	PA; QLL (60 EA per 30 days)
IBU ORAL TABLET 600 MG, 800 MG	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	2	QLL (28 EA per 30 days)
<i>ketoprofen oral capsule 25 mg</i>	2	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	2	
<i>levorphanol tartrate oral tablet 2 mg</i>	2	QLL (120 EA per 30 days)
LORCET (HYDROCODONE) ORAL TABLET 5-325 MG	2	QLL (360 EA per 30 days)
LORCET HD ORAL TABLET 10-325 MG	2	QLL (360 EA per 30 days)
LORCET PLUS ORAL TABLET 7.5-325 MG	2	QLL (360 EA per 30 days)
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	2	
<i>mefenamic acid oral capsule 250 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

Effective: December 1, 2019

Drug Name	Drug Tier	Requirements/Limits
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QLL (30 EA per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; QLL (600 ML per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; QLL (1200 ML per 30 days)
<i>methadone oral tablet 10 mg</i>	2	PA; QLL (120 EA per 30 days)
<i>methadone oral tablet 5 mg</i>	2	PA; QLL (240 EA per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	QLL (900 ML per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	2	PA; QLL (60 EA per 30 days)
<i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg</i>	2	PA; QLL (90 EA per 30 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	2	QLL (900 ML per 30 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	2	QLL (180 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	2	PA; QLL (120 EA per 30 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral suspension 125 mg/5 ml</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>oxaprozin oral tablet 600 mg</i>	2	
<i>oxycodone oral capsule 5 mg</i>	2	QLL (360 EA per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	2	QLL (180 ML per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	2	QLL (1200 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	QLL (180 EA per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	QLL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QLL (360 EA per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	QLL (360 EA per 30 days)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
<i>tolmetin oral capsule 400 mg</i>	2	
<i>tolmetin oral tablet 600 mg</i>	2	
<i>tramadol oral tablet 50 mg</i>	2	QLL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QLL (240 EA per 30 days)
VICODIN ES ORAL TABLET 7.5-300 MG	2	QLL (390 EA per 30 days)
VICODIN HP ORAL TABLET 10-300 MG	2	QLL (390 EA per 30 days)
ANESTHETICS		
<i>lidocaine hcl mucous membrane jelly 2 %</i>	2	QLL (60 ML per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	PA; QLL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	4	QLL (36 GM per 30 days)
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	QLL (30 GM per 30 days)
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	4	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	QLL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	QLL (360 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	2	QLL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	QLL (360 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	QLL (90 EA per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	3	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	3	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
<i>naloxone injection solution 0.4 mg/ml</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	
<i>naltrexone oral tablet 50 mg</i>	2	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	3	
NICOTROL INHALATION CARTRIDGE 10 MG	4	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	4	
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	QLL (60 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	QLL (360 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	QLL (90 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	5	
ANTIBACTERIALS		
<i>acetic acid otic (ear) solution 2 %</i>	2	
ALCOHOL PADS TOPICAL PADS, MEDICATED	3	
<i>amikacin injection solution 500 mg/2 ml</i>	2	
<i>amoxicillin oral capsule 250 mg</i>	1	
<i>amoxicillin oral capsule 500 mg</i>	2	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet,chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	2	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5	PA; LA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	
<i>azithromycin intravenous recon soln 500 mg</i>	2	
<i>azithromycin oral packet 1 gram</i>	2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	2	
<i>aztreonam injection recon soln 1 gram</i>	2	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	5	B vs D; QLL (224 ML per 28 days)
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	3	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	LA; QLL (84 ML per 28 days)
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil oral tablet 1 gram</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	2	
<i>cefixime oral capsule 400 mg</i>	2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	
<i>cefotaxime injection recon soln 1 gram, 500 mg</i>	2	
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	2	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	2	
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	2	
<i>ceftriaxone injection recon soln 10 gram</i>	4	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	2	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	2	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	2	
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	2	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	2	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml</i>	2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	
<i>clindamycin phosphate topical gel 1 %</i>	2	
<i>clindamycin phosphate topical lotion 1 %</i>	2	
<i>clindamycin phosphate topical solution 1 %</i>	2	
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	4	
<i>daptomycin intravenous recon soln 350 mg</i>	3	
<i>daptomycin intravenous recon soln 500 mg</i>	5	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
DOXY-100 INTRAVENOUS RECON SOLN 100 MG	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
E.E.S. 400 ORAL TABLET 400 MG	2	
<i>ertapenem injection recon soln 1 gram</i>	2	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG	2	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	2	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	2	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	2	
<i>erythromycin with ethanol topical solution 2 %</i>	2	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)	2	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	2	
<i>gentamicin injection solution 40 mg/ml</i>	2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	2	
<i>gentamicin topical cream 0.1 %</i>	2	
<i>gentamicin topical ointment 0.1 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	2	
INVANZ INJECTION RECON SOLN 1 GRAM	4	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	5	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	5	
<i>linezolid oral tablet 600 mg</i>	5	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	2	
<i>methenamine hippurate oral tablet 1 gram</i>	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	2	
<i>metronidazole oral capsule 375 mg</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	
<i>metronidazole topical cream 0.75 %</i>	2	
<i>metronidazole topical gel 0.75 %, 1 %</i>	2	
<i>metronidazole topical lotion 0.75 %</i>	2	
<i>metronidazole vaginal gel 0.75 %</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	
MONDOXYNE NL ORAL CAPSULE 100 MG, 75 MG	2	
MORGIDOX ORAL CAPSULE 50 MG	2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>moxifloxacin oral tablet 400 mg</i>	2	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	2	
<i>mupirocin calcium topical cream 2 %</i>	2	
<i>mupirocin topical ointment 2 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	
<i>nafcillin injection recon soln 10 gram</i>	5	
<i>neomycin oral tablet 500 mg</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	2	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	2	
<i>ofloxacin oral tablet 400 mg</i>	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	
<i>oxacillin injection recon soln 1 gram, 2 gram</i>	2	
<i>oxacillin injection recon soln 10 gram</i>	5	
<i>paramomycin oral capsule 250 mg</i>	4	
<i>penicillin g potassium injection recon soln 20 million unit</i>	2	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	2	
<i>penicillin g sodium injection recon soln 5 million unit</i>	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 40.5 gram</i>	2	
<i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram</i>	4	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	2	
<i>silver sulfadiazine topical cream 1 %</i>	2	
SSD TOPICAL CREAM 1 %	2	
<i>streptomycin intramuscular recon soln 1 gram</i>	3	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	
<i>sulfadiazine oral tablet 500 mg</i>	4	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	3	
SULFAMYLON TOPICAL PACKET 50 GRAM	5	
SUPRAX ORAL CAPSULE 400 MG	4	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	4	
TAZICEF INJECTION RECON SOLN 1 GRAM, 2 GRAM, 6 GRAM	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	
<i>tetracycline oral capsule 250 mg</i>	2	
<i>tetracycline oral capsule 500 mg</i>	4	
<i>tigecycline intravenous recon soln 50 mg</i>	5	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	5	B vs D; QLL (280 ML per 28 days)
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	2	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	2	
<i>trimethoprim oral tablet 100 mg</i>	2	
TYGACIL INTRAVENOUS RECON SOLN 50 MG	5	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	2	
<i>vancomycin oral capsule 125 mg</i>	2	
<i>vancomycin oral capsule 250 mg</i>	5	
VANDAZOLE VAGINAL GEL 0.75 %	2	
XIFAXAN ORAL TABLET 200 MG	5	QLL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	QLL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	4	
APTIOM ORAL TABLET 400 MG, 600 MG, 800 MG	5	
BANZEL ORAL SUSPENSION 40 MG/ML	5	
BANZEL ORAL TABLET 200 MG, 400 MG	5	
BRIVIACT ORAL SOLUTION 10 MG/ML	5	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
CELONTIN ORAL CAPSULE 300 MG	3	
<i>clobazam oral suspension 2.5 mg/ml</i>	2	PA; QLL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	PA; QLL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	PA
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	PA
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	PA
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	4	
DIASTAT RECTAL KIT 2.5 MG	4	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	2	PA
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	PA
DILANTIN ORAL CAPSULE 30 MG	3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
EPITOL ORAL TABLET 200 MG	2	
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5 ml</i>	2	
<i>felbamate oral suspension 600 mg/5 ml</i>	5	
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	
<i>gabapentin oral capsule 100 mg</i>	1	QLL (1080 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	QLL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	QLL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	2	QLL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	QLL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	QLL (120 EA per 30 days)
GABITRIL ORAL TABLET 12 MG, 16 MG	3	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	4	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	2	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	
<i>lorazepam oral concentrate 2 mg/ml</i>	2	PA
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	PA
ONFI ORAL SUSPENSION 2.5 MG/ML	5	PA
ONFI ORAL TABLET 10 MG, 20 MG	5	PA
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	4	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
PEGANONE ORAL TABLET 250 MG	4	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	4	PA
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	4	PA
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG	2	
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	2	
SABRIL ORAL TABLET 500 MG	5	LA
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	4	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; QLL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; QLL (60 EA per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	PA
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
<i>vigabatrin oral powder in packet 500 mg</i>	5	LA
<i>vigabatrin oral tablet 500 mg</i>	5	LA
VIGADRONE ORAL POWDER IN PACKET 500 MG	5	LA
VIMPAT ORAL SOLUTION 10 MG/ML	3	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	PA
ANTIDEMENTIA AGENTS		
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>donepezil oral tablet 23 mg</i>	4	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	1	
<i>ergoloid oral tablet 1 mg</i>	4	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	
<i>galantamine oral solution 4 mg/ml</i>	4	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	2	PA
<i>memantine oral solution 2 mg/ml</i>	2	PA
<i>memantine oral tablet 10 mg, 5 mg</i>	2	PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	3	PA
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	PA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>	2	
ANTIDEPRESSANTS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	PA
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	4	
<i>aripiprazole oral solution 1 mg/ml</i>	5	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	QLL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	5	QLL (60 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	QLL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	QLL (30 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i>	4	QLL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	2	QLL (60 EA per 30 days)
<i>citalopram oral solution 10 mg/5 ml</i>	2	
<i>citalopram oral tablet 10 mg, 40 mg</i>	1	QLL (30 EA per 30 days)
<i>citalopram oral tablet 20 mg</i>	1	QLL (60 EA per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	4	PA
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	2	QLL (30 EA per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	PA
<i>doxepin oral concentrate 10 mg/ml</i>	4	PA
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QLL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	QLL (90 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg</i>	1	QLL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>	1	QLL (30 EA per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	QLL (28 EA per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	QLL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	QLL (30 EA per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule 40 mg</i>	1	QLL (60 EA per 30 days)
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	2	QLL (4 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluoxetine oral tablet 10 mg</i>	2	QLL (30 EA per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	4	QLL (60 EA per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	2	QLL (90 EA per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	QLL (30 EA per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	QLL (60 EA per 30 days)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	4	PA
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	4	PA
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	2	
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	2	
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QLL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 20 mg, 30 mg</i>	1	QLL (60 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	4	QLL (60 EA per 30 days)
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	2	QLL (30 EA per 30 days)
PAXIL ORAL SUSPENSION 10 MG/5 ML	4	
<i>phenelzine oral tablet 15 mg</i>	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	
PRUDOXIN TOPICAL CREAM 5 %	2	QLL (45 GM per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	QLL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QLL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	QLL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	QLL (60 EA per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	2	
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	QLL (60 EA per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	QLL (30 EA per 30 days)
<i>tranylcypromine oral tablet 10 mg</i>	4	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	4	PA
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QLL (30 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	QLL (30 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	QLL (90 EA per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	QLL (90 EA per 30 days)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	QLL (30 EA per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	QLL (30 EA per 180 days)
ANTIEMETICS		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	2	B vs D
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	2	B vs D
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
COMPRO RECTAL SUPPOSITORY 25 MG	2	
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	2	
<i>dronabinol oral capsule 10 mg</i>	5	B vs D
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	4	B vs D
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	3	B vs D
<i>granisetron hcl oral tablet 1 mg</i>	2	B vs D

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	4	PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	4	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>metoclopramide hcl oral tablet, disintegrating 10 mg, 5 mg</i>	2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	B vs D
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	2	B vs D
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	B vs D
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	2	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	4	PA
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	4	PA
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	2	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	4	
VARUBI ORAL TABLET 90 MG	3	B vs D
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	5	B vs D
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	5	B vs D
<i>amphotericin b injection recon soln 50 mg</i>	4	B vs D
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	5	B vs D
<i>casprofungin intravenous recon soln 50 mg</i>	5	B vs D
<i>ciclopirox topical cream 0.77 %</i>	2	QLL (90 GM per 28 days)
<i>ciclopirox topical gel 0.77 %</i>	2	QLL (45 GM per 28 days)
<i>ciclopirox topical shampoo 1 %</i>	2	QLL (120 ML per 28 days)
<i>ciclopirox topical solution 8 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox topical suspension 0.77 %</i>	2	QLL (60 ML per 28 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
<i>clotrimazole topical cream 1 %</i>	2	QLL (45 GM per 28 days)
<i>clotrimazole topical solution 1 %</i>	2	QLL (30 ML per 28 days)
CRESEMBA ORAL CAPSULE 186 MG	5	
<i>econazole topical cream 1 %</i>	2	QLL (85 GM per 28 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i>	4	
<i>itraconazole oral solution 10 mg/ml</i>	4	
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2 %</i>	2	QLL (60 GM per 28 days)
<i>ketoconazole topical foam 2 %</i>	2	QLL (100 GM per 28 days)
<i>ketoconazole topical shampoo 2 %</i>	2	QLL (120 ML per 28 days)
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	2	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	5	
<i>naftifine topical cream 1 %, 2 %</i>	2	QLL (60 GM per 28 days)
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	3	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	5	
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	5	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	2	
<i>nystatin oral suspension 100,000 unit/ml</i>	2	
<i>nystatin oral tablet 500,000 unit</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin topical cream 100,000 unit/gram</i>	2	QLL (30 GM per 28 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	QLL (30 GM per 28 days)
<i>nystatin topical powder 100,000 unit/gram</i>	2	
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	2	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	5	
SPORANOX ORAL SOLUTION 10 MG/ML	3	
<i>terbinafine hcl oral tablet 250 mg</i>	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
<i>voriconazole intravenous recon soln 200 mg</i>	2	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	5	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	5	
ZOLINZA ORAL CAPSULE 100 MG	5	
ANTIGOUT AGENTS		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	4	
COLCRYS ORAL TABLET 0.6 MG	4	ST
<i>febuxostat oral tablet 40 mg, 80 mg</i>	2	
MITIGARE ORAL CAPSULE 0.6 MG	3	
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
ULORIC ORAL TABLET 40 MG, 80 MG	3	
ANTI-INFLAMMATORY AGENTS		
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical foam 0.12 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i>	2	
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	4	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	4	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	
<i>cortisone oral tablet 25 mg</i>	2	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	2	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	2	
<i>diflunisal oral tablet 500 mg</i>	2	
<i>etodolac oral capsule 200 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	2	
<i>fenoprofen oral tablet 600 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	2	
<i>hydrocortisone oral tablet 20 mg, 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	2	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	2	QLL (28 EA per 30 days)
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	2	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	2	
<i>mefenamic acid oral capsule 250 mg</i>	2	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QLL (30 EA per 30 days)
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	B vs D
MILLIPRED ORAL TABLET 5 MG	4	B vs D
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral suspension 125 mg/5 ml</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>oxaprozin oral tablet 600 mg</i>	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	2	
<i>prednisolone oral solution 15 mg/5 ml</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	2	B vs D
<i>prednisone oral solution 5 mg/5 ml</i>	2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	B vs D
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
<i>tolmetin oral capsule 400 mg</i>	2	
<i>tolmetin oral tablet 600 mg</i>	2	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	2	
ANTIMIGRAINE AGENTS		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	4	PA; QLL (2 ML per 30 days)
AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	4	PA; QLL (1.5 ML per 30 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	2	QLL (8 ML per 28 days)
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	2	
<i>eletriptan oral tablet 20 mg, 40 mg</i>	2	QLL (18 EA per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	4	PA; QLL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA; QLL (2 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	2	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QLL (18 EA per 28 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	2	QLL (36 EA per 28 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	2	QLL (36 EA per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	2	QLL (18 EA per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	2	QLL (36 EA per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QLL (18 EA per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	2	QLL (8 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	2	QLL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	2	QLL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	QLL (8 ML per 28 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	2	QLL (18 EA per 28 days)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	PA
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	QLL (18 EA per 28 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	2	QLL (18 EA per 28 days)
ANTIMYASTHENIC AGENTS		
<i>guanidine oral tablet 125 mg</i>	2	
MESTINON ORAL SYRUP 60 MG/5 ML	5	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	5	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	2	
ANTIMYCOBACTERIALS		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i>	4	
<i>rifampin intravenous recon soln 600 mg</i>	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

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Drug Name	Drug Tier	Requirements/Limits
SIRTURO ORAL TABLET 100 MG	5	LA
TRECTOR ORAL TABLET 250 MG	3	
ANTINEOPLASTICS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; QLL (120 EA per 30 days)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	5	PA; QLL (30 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA; QLL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QLL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QLL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA; QLL (30 EA per 30 days)
<i>anastrozole oral tablet 1 mg</i>	2	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA; LA
<i>bexarotene oral capsule 75 mg</i>	5	PA
<i>bicalutamide oral tablet 50 mg</i>	2	
BOSULIF ORAL TABLET 100 MG	5	PA; QLL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QLL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; LA; QLL (180 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; LA
CALQUENCE ORAL CAPSULE 100 MG	5	PA; LA; QLL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QLL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QLL (30 EA per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; LA
COTELLIC ORAL TABLET 20 MG	5	PA; LA; QLL (63 EA per 28 days)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	3	B vs D
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
EMCYT ORAL CAPSULE 140 MG	5	
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; QLL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; QLL (30 EA per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; QLL (60 EA per 30 days)
<i>exemestane oral tablet 25 mg</i>	4	
FARESTON ORAL TABLET 60 MG	5	
FARYDAK ORAL CAPSULE 10 MG	5	PA; QLL (12 EA per 21 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PA; QLL (6 EA per 21 days)
<i>flutamide oral capsule 125 mg</i>	2	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; QLL (30 EA per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	
<i>hydroxyurea oral capsule 500 mg</i>	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; QLL (21 EA per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; QLL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; QLL (30 EA per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; LA; QLL (30 EA per 30 days)
<i>imatinib oral tablet 100 mg</i>	5	PA; QLL (180 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; QLL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QLL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QLL (30 EA per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA; QLL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	5	PA; QLL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; QLL (120 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	5	PA; LA; QLL (120 EA per 30 days)
IRESSA ORAL TABLET 250 MG	5	PA; QLL (30 EA per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; QLL (60 EA per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	5	PA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA
<i>letrozole oral tablet 2.5 mg</i>	2	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
LEUKERAN ORAL TABLET 2 MG	3	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	5	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; QLL (120 EA per 30 days)
MATULANE ORAL CAPSULE 50 MG	5	
MEKINIST ORAL TABLET 0.5 MG	5	PA; QLL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; QLL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA; LA; QLL (180 EA per 30 days)
MESNEX ORAL TABLET 400 MG	5	
NERLYNX ORAL TABLET 40 MG	5	PA; LA
NEXAVAR ORAL TABLET 200 MG	5	PA; LA; QLL (120 EA per 30 days)
<i>nilutamide oral tablet 150 mg</i>	5	
NINLARO ORAL CAPSULE 2.3 MG	5	PA; QLL (6 EA per 28 days)
NINLARO ORAL CAPSULE 3 MG	5	PA; QLL (4 EA per 28 days)
NINLARO ORAL CAPSULE 4 MG	5	PA; QLL (3 EA per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA; LA
ODOMZO ORAL CAPSULE 200 MG	5	PA; LA; QLL (30 EA per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; QLL (60 EA per 30 days)
PANRETIN TOPICAL GEL 0.1 %	5	
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; LA
PURIXAN ORAL SUSPENSION 20 MG/ML	5	

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Drug Name	Drug Tier	Requirements/Limits
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; LA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	5	PA; LA
RUBRACA ORAL TABLET 200 MG, 300 MG	5	PA; LA; QLL (120 EA per 30 days)
RUBRACA ORAL TABLET 250 MG	5	PA; LA; QLL (150 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	5	PA
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	4	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; QLL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA; QLL (90 EA per 30 days)
SPRYCEL ORAL TABLET 70 MG	5	PA; QLL (60 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA; QLL (84 EA per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA; QLL (30 EA per 30 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	B vs D
TABLOID ORAL TABLET 40 MG	3	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; QLL (120 EA per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA; LA; QLL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	5	PA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	
TARCEVA ORAL TABLET 100 MG, 150 MG	5	PA; QLL (30 EA per 30 days)
TARCEVA ORAL TABLET 25 MG	5	PA; QLL (60 EA per 30 days)
TARGRETIN TOPICAL GEL 1 %	5	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; QLL (112 EA per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; QLL (120 EA per 30 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA
TIBSOVO ORAL TABLET 250 MG	5	PA
<i>toremifene oral tablet 60 mg</i>	5	
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	5	
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	2	PA
TURALIO ORAL CAPSULE 200 MG	5	PA; LA
TYKERB ORAL TABLET 250 MG	5	PA; LA; QLL (180 EA per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	5	
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA; LA; QLL (42 EA per 180 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; LA; QLL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5	PA; LA
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; QLL (30 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG	5	PA; QLL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; QLL (60 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	5	PA; LA
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 160 MG/WEEK (20 MG X 8), 60 MG/WEEK (20 MG X 3), 80 MG/WEEK (20 MG X 4)	5	PA; LA
XTANDI ORAL CAPSULE 40 MG	5	PA; QLL (120 EA per 30 days)
YONSA ORAL TABLET 125 MG	5	PA; QLL (120 EA per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA; LA; QLL (90 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA; QLL (240 EA per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	5	
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; QLL (60 EA per 30 days)
ZYKADIA ORAL CAPSULE 150 MG	5	PA; QLL (150 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA; QLL (150 EA per 30 days)
ZYTIGA ORAL TABLET 250 MG	5	PA; QLL (120 EA per 30 days)
ZYTIGA ORAL TABLET 500 MG	5	PA; QLL (60 EA per 30 days)
ANTIPARASITICS		
<i>albendazole oral tablet 200 mg</i>	5	
ALBENZA ORAL TABLET 200 MG	5	QLL (120 EA per 30 days)
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	5	QLL (360 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ALINIA ORAL TABLET 500 MG	5	QLL (14 EA per 30 days)
<i>atovaquone oral suspension 750 mg/5 ml</i>	5	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	2	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	3	
BILTRICIDE ORAL TABLET 600 MG	5	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	3	QLL (24 EA per 30 days)
DARAPRIM ORAL TABLET 25 MG	5	PA
EMVERM ORAL TABLET,CHEWABLE 100 MG	5	
<i>hydroxychloroquine oral tablet 200 mg</i>	2	
<i>ivermectin oral tablet 3 mg</i>	2	
<i>lindane topical shampoo 1 %</i>	2	
<i>malathion topical lotion 0.5 %</i>	4	
<i>mefloquine oral tablet 250 mg</i>	2	
NEBUPENT INHALATION RECON SOLN 300 MG	3	B vs D; QLL (1 EA per 28 days)
PENTAM INJECTION RECON SOLN 300 MG	4	
<i>permethrin topical cream 5 %</i>	2	
<i>praziquantel oral tablet 600 mg</i>	2	
<i>primaquine oral tablet 26.3 mg</i>	3	
<i>quinine sulfate oral capsule 324 mg</i>	2	QLL (42 EA per 30 days)
ANTIPARKINSON AGENTS		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	5	LA
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	PA
<i>bromocriptine oral capsule 5 mg</i>	4	
<i>bromocriptine oral tablet 2.5 mg</i>	4	
<i>carbidopa oral tablet 25 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	4	
<i>entacapone oral tablet 200 mg</i>	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	4	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	2	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	4	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	4	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>tolcapone oral tablet 100 mg</i>	5	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	
ANTIPSYCHOTICS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	
<i>aripiprazole oral solution 1 mg/ml</i>	5	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	QLL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	5	QLL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	5	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	QLL (60 EA per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	QLL (60 EA per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	QLL (8 EA per 28 days)
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	4	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML	5	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	QLL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	5	QLL (60 EA per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	2	
NUPLAZID ORAL CAPSULE 34 MG	5	PA
NUPLAZID ORAL TABLET 10 MG	5	PA
<i>olanzapine intramuscular recon soln 10 mg</i>	2	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QLL (30 EA per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	2	QLL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	5	QLL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	5	QLL (60 EA per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTEND REL SYR KIT 120 MG, 90 MG	5	
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	QLL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QLL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	QLL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	QLL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	QLL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	3	
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	
<i>risperidone oral solution 1 mg/ml</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QLL (60 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	QLL (120 EA per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QLL (60 EA per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	4	QLL (60 EA per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	4	QLL (120 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	4	QLL (60 EA per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	4	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	QLL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	4	QLL (7 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	QLL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	
ANTISPASTICITY AGENTS		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	2	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	2	
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	2	
<i>abacavir oral tablet 300 mg</i>	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	5	
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	4	B vs D
<i>acyclovir topical cream 5 %</i>	2	PA; QLL (5 GM per 30 days)
<i>acyclovir topical ointment 5 %</i>	4	PA; QLL (30 GM per 30 days)
<i>adefovir oral tablet 10 mg</i>	5	
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
APTIVUS ORAL CAPSULE 250 MG	5	
APTIVUS ORAL SOLUTION 100 MG/ML	5	
<i>atazanavir oral capsule 150 mg, 200 mg</i>	2	
<i>atazanavir oral capsule 300 mg</i>	5	
ATRIPLA ORAL TABLET 600-200-300 MG	5	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	
BIKTARVY ORAL TABLET 50-200-25 MG	5	
<i>cimduo oral tablet 300-300 mg</i>	5	
COMPLERA ORAL TABLET 200-25-300 MG	5	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	
DELSTRIGO ORAL TABLET 100-300-300 MG	5	
DENAVIR TOPICAL CREAM 1 %	3	
DESCOVY ORAL TABLET 200-25 MG	5	
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg, 250 mg</i>	2	
<i>didanosine oral capsule, delayed release(dr/ec) 400 mg</i>	4	
DOVATO ORAL TABLET 50-300 MG	5	
EDURANT ORAL TABLET 25 MG	5	
<i>efavirenz oral capsule 200 mg</i>	5	
<i>efavirenz oral capsule 50 mg</i>	2	
<i>efavirenz oral tablet 600 mg</i>	5	
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

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Drug Name	Drug Tier	Requirements/Limits
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	5	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	3	
EVOTAZ ORAL TABLET 300-150 MG	5	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>fosamprenavir oral tablet 700 mg</i>	5	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	
GENVOYA ORAL TABLET 150-150-200-10 MG	5	
INTELENCE ORAL TABLET 100 MG, 200 MG	5	
INTELENCE ORAL TABLET 25 MG	3	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	B vs D
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	3	
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	5	B vs D
INVIRASE ORAL TABLET 500 MG	5	
ISENTRESS HD ORAL TABLET 600 MG	5	
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	
ISENTRESS ORAL TABLET 400 MG	5	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	
JULUCA ORAL TABLET 50-25 MG	5	
KALETRA ORAL TABLET 100-25 MG	4	
KALETRA ORAL TABLET 200-50 MG	5	
<i>lamivudine oral solution 10 mg/ml</i>	2	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	5	PA
LEXIVA ORAL SUSPENSION 50 MG/ML	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	4	
MAVYRET ORAL TABLET 100-40 MG	5	PA; QLL (84 EA per 28 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	
<i>nevirapine oral tablet 200 mg</i>	2	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	2	
NORVIR ORAL POWDER IN PACKET 100 MG	3	
NORVIR ORAL SOLUTION 80 MG/ML	3	
NORVIR ORAL TABLET 100 MG	3	
ODEFSEY ORAL TABLET 200-25-25 MG	5	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	2	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	2	
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	QLL (2 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	QLL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	QLL (2 ML per 28 days)
PIFELTRO ORAL TABLET 100 MG	5	
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	QLL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	
PREZISTA ORAL SUSPENSION 100 MG/ML	5	
PREZISTA ORAL TABLET 150 MG	4	
PREZISTA ORAL TABLET 600 MG, 800 MG	5	
PREZISTA ORAL TABLET 75 MG	3	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	
RESCRIPTOR ORAL TABLET 200 MG	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	
<i>ribavirin oral capsule 200 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>rimantadine oral tablet 100 mg</i>	2	
<i>ritonavir oral tablet 100 mg</i>	2	
SELZENTRY ORAL SOLUTION 20 MG/ML	4	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	
SYMFI LO ORAL TABLET 400-300-300 MG	5	
SYMFI ORAL TABLET 600-300-300 MG	5	
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	5	
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	5	
<i>valacyclovir oral tablet 1 gram</i>	2	QLL (120 EA per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	QLL (60 EA per 30 days)
<i>valganciclovir oral recon soln 50 mg/ml</i>	5	
<i>valganciclovir oral tablet 450 mg</i>	5	
VEMLIDY ORAL TABLET 25 MG	5	
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	4	
VIDEX EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 125 MG	4	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	
VIRAMUNE ORAL SUSPENSION 50 MG/5 ML	3	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; QLL (28 EA per 28 days)
XOFLUZA ORAL TABLET 20 MG, 40 MG	3	
<i>zidovudine oral capsule 100 mg</i>	2	
<i>zidovudine oral syrup 10 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine oral tablet 300 mg</i>	2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
ZOVIRAX TOPICAL CREAM 5 %	5	PA; QLL (5 GM per 30 days)
ANXIOLYTICS		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	PA
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	PA
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	PA
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	PA
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	4	
DIASTAT RECTAL KIT 2.5 MG	4	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	2	PA
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	PA
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	PA
<i>doxepin oral concentrate 10 mg/ml</i>	4	PA
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QLL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	QLL (90 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	QLL (30 EA per 30 days)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	4	PA
<i>lorazepam oral concentrate 2 mg/ml</i>	2	PA
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	PA
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	PA
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QLL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 20 mg, 30 mg</i>	1	QLL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	4	QLL (60 EA per 30 days)
PAXIL ORAL SUSPENSION 10 MG/5 ML	4	
<i>sertraline oral concentrate 20 mg/ml</i>	2	
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	QLL (60 EA per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	QLL (30 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	QLL (30 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	QLL (90 EA per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	QLL (90 EA per 30 days)
BIPOLAR AGENTS		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	2	
<i>carbamazepine oral tablet,chewable 100 mg</i>	2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	2	
<i>divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	2	
EPITOL ORAL TABLET 200 MG	2	
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	4	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet extended release 24hr 50 mg</i>	4	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	2	
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
<i>olanzapine intramuscular recon soln 10 mg</i>	2	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QLL (30 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	2	QLL (30 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	QLL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QLL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	QLL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	QLL (60 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	3	
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	
<i>risperidone oral solution 1 mg/ml</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QLL (60 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	QLL (120 EA per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QLL (60 EA per 30 days)
<i>risperidone oral tablet,disintegrating 3 mg</i>	4	QLL (60 EA per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	4	QLL (120 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	4	QLL (60 EA per 30 days)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	QLL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	QLL (7 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	QLL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	
BLOOD GLUCOSE REGULATORS		
<i>acarbose oral tablet 100 mg</i>	2	QLL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	QLL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	QLL (180 EA per 30 days)
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	3	
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	3	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	3	PA; QLL (4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	3	PA; QLL (4 EA per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; QLL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; QLL (1.2 ML per 30 days)
CYCLOSET ORAL TABLET 0.8 MG	4	QLL (180 EA per 30 days)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	3	
<i>glimepiride oral tablet 1 mg</i>	1	QLL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	QLL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QLL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QLL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QLL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QLL (60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QLL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	QLL (120 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QLL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QLL (120 EA per 30 days)
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	4	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	4	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	4	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	4	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	4	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	4	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	4	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	3	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	QLL (60 EA per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	3	QLL (120 EA per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	QLL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 50-500 MG	3	QLL (120 EA per 30 days)
INVOKANA ORAL TABLET 100 MG	3	QLL (90 EA per 30 days)
INVOKANA ORAL TABLET 300 MG	3	QLL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QLL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QLL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QLL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QLL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QLL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QLL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QLL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QLL (30 EA per 30 days)
KORLYM ORAL TABLET 300 MG	5	PA
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
<i>metformin oral tablet 1,000 mg</i>	1	QLL (75 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	1	QLL (150 EA per 30 days)
<i>metformin oral tablet 850 mg</i>	1	QLL (90 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QLL (120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QLL (75 EA per 30 days)
<i>miglitol oral tablet 100 mg</i>	2	QLL (90 EA per 30 days)
<i>miglitol oral tablet 25 mg</i>	2	QLL (360 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>migliitol oral tablet 50 mg</i>	2	QLL (180 EA per 30 days)
<i>nateglinide oral tablet 120 mg</i>	2	QLL (90 EA per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	QLL (180 EA per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	PA; QLL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	3	PA; QLL (3 ML per 28 days)
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	3	
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QLL (30 EA per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	2	QLL (30 EA per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	2	QLL (90 EA per 30 days)
PROGLYCEM ORAL SUSPENSION 50 MG/ML	4	
<i>repaglinide oral tablet 0.5 mg</i>	2	QLL (960 EA per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	QLL (480 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	QLL (240 EA per 30 days)
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	2	QLL (150 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RIOMET ORAL SOLUTION 500 MG/5 ML	3	QLL (765 ML per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	5	PA; QLL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	PA; QLL (6 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG	3	QLL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	3	QLL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	QLL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	QLL (30 EA per 30 days)
<i>tolbutamide oral tablet 500 mg</i>	2	QLL (180 EA per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	
TRADJENTA ORAL TABLET 5 MG	3	QLL (30 EA per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	PA; QLL (9 ML per 30 days)
BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	2	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
CABLIVI INJECTION KIT 11 MG	5	PA; LA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	4	
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	5	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5	PA; LA
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
ELIQUIS ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	2	
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 150 mg/ml</i>	4	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	
LEUKINE INJECTION RECON SOLN 250 MCG	5	
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	5	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	4	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	2	
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA

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Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; LA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA
<i>tranexamic acid oral tablet 650 mg</i>	2	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA
CARDIOVASCULAR AGENTS		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	2	
<i>amiloride oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	QLL (30 EA per 30 days)
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QLL (30 EA per 30 days)
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	2	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	2	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	4	QLL (4 EA per 28 days)
<i>colesevelam oral powder in packet 3.75 gram</i>	2	
<i>colesevelam oral tablet 625 mg</i>	2	
<i>colestipol oral packet 5 gram</i>	2	
<i>colestipol oral tablet 1 gram</i>	2	
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	PA
DEMSER ORAL CAPSULE 250 MG	5	PA
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	2	
DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	2	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	QLL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	QLL (60 EA per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QLL (60 EA per 30 days)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
<i>eprosartan oral tablet 600 mg</i>	2	
<i>ethacrynic acid oral tablet 25 mg</i>	5	
<i>ezetimibe oral tablet 10 mg</i>	2	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	QLL (30 EA per 30 days)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i>	2	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	2	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>fluvastatin oral capsule 20 mg</i>	2	QLL (30 EA per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	QLL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	2	QLL (30 EA per 30 days)
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide injection syringe 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	2	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	5	PA; LA
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	3	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>lovastatin oral tablet 10 mg</i>	1	QLL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QLL (60 EA per 30 days)
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	4	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	2	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	
<i>nimodipine oral capsule 30 mg</i>	2	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	2	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	5	PA
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	4	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	5	PA
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; QLL (2 ML per 28 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML	5	PA; QLL (4 ML per 28 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QLL (30 EA per 30 days)
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	3	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	2	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	3	

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Drug Name	Drug Tier	Requirements/Limits
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	5	PA; QLL (3.5 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	5	PA; QLL (3 ML per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	5	PA; QLL (3 ML per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QLL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	QLL (30 EA per 30 days)
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	2	
SOTALOL AF ORAL TABLET 120 MG	2	
<i>sotalol oral tablet 120 mg, 240 mg, 80 mg</i>	2	
<i>sotalol oral tablet 160 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	3	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
TAZTIA XT ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	2	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	
TEKTURNA ORAL TABLET 150 MG, 300 MG	3	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QLL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	QLL (60 EA per 30 days)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; LA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; LA
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	3	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	2	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
CENTRAL NERVOUS SYSTEM AGENTS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	5	PA; LA
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	2	
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	5	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; QLL (4 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; QLL (4 EA per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; QLL (15 EA per 28 days)
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	5	PA
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	2	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QLL (60 EA per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	2	QLL (90 EA per 30 days)
FIRDAPSE ORAL TABLET 10 MG	5	PA; LA
GILENYA ORAL CAPSULE 0.5 MG	5	PA
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QLL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QLL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; QLL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; QLL (12 ML per 28 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	PA; QLL (90 EA per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	PA; QLL (60 EA per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	3	PA; QLL (900 ML per 30 days)
MAYZENT ORAL TABLET 0.25 MG, 2 MG	5	PA
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	2	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	2	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	2	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	2	
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	2	
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; QLL (1 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; QLL (1 ML per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; QLL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; QLL (1 ML per 180 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	PA; QLL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	PA; QLL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	2	PA; QLL (900 ML per 30 days)
PROCENTRA ORAL SOLUTION 5 MG/5 ML	2	
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; QLL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; QLL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; QLL (4.2 ML per 180 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; QLL (4.2 ML per 180 days)
<i>riluzole oral tablet 50 mg</i>	2	
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)-240 MG (46), 240 MG	5	PA; LA
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; QLL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QLL (120 EA per 30 days)
VECAMYL ORAL TABLET 2.5 MG	5	
DENTAL AND ORAL AGENTS		
<i>cevimeline oral capsule 30 mg</i>	2	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
<i>triamcinolone acetonide dental paste 0.1 %</i>	2	
DERMATOLOGICAL AGENTS		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	5	
<i>ammonium lactate topical cream 12 %</i>	2	
<i>ammonium lactate topical lotion 12 %</i>	2	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	2	
<i>azelaic acid topical gel 15 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>calcipotriene scalp solution 0.005 %</i>	4	QLL (120 ML per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	4	QLL (120 GM per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	2	QLL (120 GM per 30 days)
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	2	QLL (400 GM per 30 days)
<i>calcitriol topical ointment 3 mcg/gram</i>	4	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
<i>clobetasol topical spray, non-aerosol 0.05 %</i>	2	QLL (125 ML per 28 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	QLL (45 GM per 28 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	2	QLL (60 ML per 28 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA
<i>dapsone topical gel 5 %</i>	2	
<i>diclofenac sodium topical gel 1 %</i>	2	QLL (1000 GM per 28 days)
<i>diclofenac sodium topical gel 3 %</i>	5	PA; QLL (100 GM per 28 days)
<i>doxepin topical cream 5 %</i>	5	QLL (45 GM per 30 days)
<i>doxycycline hyclate oral capsule 50 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	2	
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	5	PA
<i>fluocinonide topical cream 0.1 %</i>	2	QLL (120 GM per 30 days)
<i>fluorouracil topical cream 5 %</i>	4	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	2	
<i>imiquimod topical cream in packet 5 %</i>	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>mafenide acetate topical packet 50 gram</i>	2	
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	5	
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
NOLIX TOPICAL CREAM 0.05 %	2	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	QLL (60 GM per 28 days)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	QLL (60 GM per 28 days)
<i>oxiconazole topical cream 1 %</i>	2	
<i>podofilox topical solution 0.5 %</i>	2	
<i>prednicarbate topical cream 0.1 %</i>	2	
PRUDOXIN TOPICAL CREAM 5 %	2	QLL (45 GM per 30 days)
REGRANEX TOPICAL GEL 0.01 %	5	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	
<i>selenium sulfide topical lotion 2.5 %</i>	2	
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	5	PA; QLL (1 EA per 28 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	PA; QLL (100 GM per 30 days)
<i>tazarotene topical cream 0.1 %</i>	4	PA
TAZORAC TOPICAL CREAM 0.05 %	4	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	2	PA
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	2	PA
TRIANEX TOPICAL OINTMENT 0.05 %	2	
VALCHLOR TOPICAL GEL 0.016 %	5	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B vs D
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	3	B vs D
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	3	B vs D
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	5	LA
CHEMET ORAL CAPSULE 100 MG	3	PA
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	B vs D
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	B vs D
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B vs D
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B vs D
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B vs D
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	3	B vs D
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	5	PA
DEPEN TITRATABS ORAL TABLET 250 MG	5	
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	2	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	2	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	2	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	2	
DEXTROSE WITH SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION 5-0.2 %	2	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	5	PA; LA
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	5	PA
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	2	
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	3	B vs D
INTRALIPID INTRAVENOUS EMULSION 20 %	4	B vs D
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	3	

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Drug Name	Drug Tier	Requirements/Limits
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML	2	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	1	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	1	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	1	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	1	
KLOR-CON ORAL PACKET 20 MEQ	1	
KLOR-CON SPRINKLE ORAL CAPSULE, EXTENDED RELEASE 8 MEQ	1	
K-TAB ORAL TABLET EXTENDED RELEASE 8 MEQ	2	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet 330 mg</i>	2	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	2	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	2	
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	3	B vs D
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	
<i>penicillamine oral capsule 250 mg</i>	5	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	3	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	2	B vs D
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	2	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	2	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	
<i>potassium chloride oral packet 20 meq</i>	2	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	B vs D
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION 6 %	3	B vs D
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	2	
SAMSCA ORAL TABLET 15 MG, 30 MG	5	PA
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	2	
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sodium lactate intravenous solution 5 meq/ml</i>	2	
<i>sodium polystyrene sulfonate oral powder</i>	2	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	2	
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	B vs D
<i>trientine oral capsule 250 mg</i>	5	PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B vs D
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %	3	B vs D
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	
GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	5	
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	2	QLL (112 EA per 30 days)
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	5	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	5	
CHENODAL ORAL TABLET 250 MG	5	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA
CHOLBAM ORAL CAPSULE 50 MG	5	PA; QLL (120 EA per 30 days)
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	2	
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	2	
<i>dicyclomine oral capsule 10 mg</i>	2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	4	
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	2	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	2	QLL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	2	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	2	
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	2	
GAVILYTE-N ORAL RECON SOLN 420 GRAM	2	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>lactulose oral solution 10 gram/15 ml</i>	2	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	2	QLL (30 EA per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	
<i>loperamide oral capsule 2 mg</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>metoclopramide hcl oral tablet, disintegrating 10 mg, 5 mg</i>	2	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	PA; QLL (30 EA per 30 days)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>nizatidine oral solution 150 mg/10 ml</i>	2	
OICALIVA ORAL TABLET 10 MG, 5 MG	5	PA; LA; QLL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>	1	QLL (30 EA per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg</i>	1	QLL (60 EA per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QLL (30 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram, 240-22.72-6.72 -5.84 gram</i>	2	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	2	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	1	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	2	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	5	
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	5	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	2	
<i>sucralfate oral tablet 1 gram</i>	2	
TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN 420 GRAM	2	
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
VIBERZI ORAL TABLET 100 MG, 75 MG	5	
XERMELO ORAL TABLET 250 MG	5	PA; LA; QLL (90 EA per 30 days)
XIFAXAN ORAL TABLET 200 MG	5	QLL (9 EA per 30 days)
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
CERDELGA ORAL CAPSULE 84 MG	5	

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Drug Name	Drug Tier	Requirements/Limits
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 - 30,000 UNIT	3	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	5	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	LA
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	5	PA
KUVAN ORAL TABLET,SOLUBLE 100 MG	5	PA
<i>miglustat oral capsule 100 mg</i>	5	LA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	5	LA
ORFADIN ORAL SUSPENSION 4 MG/ML	5	LA
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	
<i>ruzurgi oral tablet 10 mg</i>	5	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	5	
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT	3	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	5	
GENITOURINARY AGENTS		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	2	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>calcium acetate oral capsule 667 mg</i>	2	
<i>calcium acetate oral tablet 667 mg</i>	2	
CUPRIMINE ORAL CAPSULE 250 MG	5	
DEPEN TITRATABS ORAL TABLET 250 MG	5	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	QLL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	QLL (60 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	2	
ELMIRON ORAL CAPSULE 100 MG	3	
<i>finasteride oral tablet 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>flavoxate oral tablet 100 mg</i>	2	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	
<i>phenoxybenzamine oral capsule 10 mg</i>	5	PA
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	5	
<i>sevelamer carbonate oral tablet 800 mg</i>	2	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	2	
<i>silodosin oral capsule 4 mg, 8 mg</i>	2	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	5	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QLL (30 EA per 30 days)
<i>tamsulosin oral capsule 0.4 mg</i>	1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QLL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	QLL (60 EA per 30 days)
THIOLA ORAL TABLET 100 MG	5	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	2	
<i>tropium oral capsule, extended release 24hr 60 mg</i>	2	
<i>tropium oral tablet 20 mg</i>	2	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
ALA-CORT TOPICAL CREAM 1 %, 2.5 %	2	
<i>alclometasone topical cream 0.05 %</i>	2	
<i>alclometasone topical ointment 0.05 %</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical foam 0.12 %</i>	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i>	2	
<i>clobetasol scalp solution 0.05 %</i>	2	QLL (100 ML per 28 days)
<i>clobetasol topical cream 0.05 %</i>	2	QLL (120 GM per 28 days)
<i>clobetasol topical foam 0.05 %</i>	2	QLL (100 GM per 28 days)
<i>clobetasol topical gel 0.05 %</i>	2	QLL (120 GM per 28 days)
<i>clobetasol topical lotion 0.05 %</i>	2	QLL (118 ML per 28 days)
<i>clobetasol topical ointment 0.05 %</i>	2	QLL (120 GM per 28 days)
<i>clobetasol topical shampoo 0.05 %</i>	2	QLL (236 ML per 28 days)
<i>clobetasol-emollient topical cream 0.05 %</i>	2	QLL (120 GM per 28 days)
<i>clobetasol-emollient topical foam 0.05 %</i>	2	QLL (100 GM per 28 days)
<i>desonide topical cream 0.05 %</i>	4	
<i>desonide topical lotion 0.05 %</i>	4	
<i>desonide topical ointment 0.05 %</i>	4	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	2	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablets, dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	2	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	2	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	2	
<i>fluocinolone topical ointment 0.025 %</i>	2	
<i>fluocinolone topical solution 0.01 %</i>	2	
<i>fluocinonide topical cream 0.1 %</i>	2	QLL (120 GM per 30 days)
<i>fluocinonide topical gel 0.05 %</i>	2	QLL (120 GM per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	2	QLL (120 GM per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	2	QLL (120 ML per 30 days)
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	2	QLL (120 GM per 30 days)
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	4	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	B vs D
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	2	
MILLIPRED ORAL TABLET 5 MG	4	B vs D
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>prednicarbate topical ointment 0.1 %</i>	2	
<i>prednisolone oral solution 15 mg/5 ml</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	2	B vs D

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Drug Name	Drug Tier	Requirements/Limits
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	2	B vs D
<i>prednisone oral solution 5 mg/5 ml</i>	2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	B vs D
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	
PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %	2	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	2	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
TRIDERM TOPICAL CREAM 0.1 %	2	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
DDAVP NASAL SOLUTION 0.1 MG/ML (REFRIGERATE)	4	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	2	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	LA
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	5	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5	PA
ORLISSA ORAL TABLET 150 MG, 200 MG	5	PA
STIMATE NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	5	
VYNDAQEL ORAL CAPSULE 20 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PROSTAGLANDINS)		
<i>misoprostol oral tablet 200 mcg</i>	2	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	2	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	
AMETHIA LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	2	
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	2	
ANADROL-50 ORAL TABLET 50 MG	5	PA
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	4	PA; QLL (150 GM per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	4	PA; QLL (37.5 GM per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	4	PA; QLL (150 GM per 30 days)
APRI ORAL TABLET 0.15-0.03 MG	2	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	2	
AUBRA ORAL TABLET 0.1-20 MG-MCG	2	
AVIANE ORAL TABLET 0.1-20 MG-MCG	2	
BALZIVA (28) ORAL TABLET 0.4-35 MG- MCG	2	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	2	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	2	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	2	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	5	
CAMILA ORAL TABLET 0.35 MG	2	
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	2	

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Drug Name	Drug Tier	Requirements/Limits
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	2	
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	2	
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	2	
CYRED EQ ORAL TABLET 0.15-0.03 MG	2	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	4	
DEBLITANE ORAL TABLET 0.35 MG	2	
DELYLA (28) ORAL TABLET 0.1-20 MG-MCG	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	2	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	2	PA; QLL (8 EA per 28 days)
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	
EMOQUETTE ORAL TABLET 0.15-0.03 MG	2	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	2	
ENSKYCE ORAL TABLET 0.15-0.03 MG	2	
ERRIN ORAL TABLET 0.35 MG	2	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	2	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	PA
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	4	PA; QLL (8 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	4	PA; QLL (4 EA per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	2	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	4	PA
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	2	
FAYOSIM ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	2	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	2	
GIANVI (28) ORAL TABLET 3-0.02 MG	2	
INCASSIA ORAL TABLET 0.35 MG	2	
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	2	
ISIBLOOM ORAL TABLET 0.15-0.03 MG	2	
JASMIEL (28) ORAL TABLET 3-0.02 MG	2	
JULEBER ORAL TABLET 0.15-0.03 MG	2	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	2	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	2	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	2	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	2	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	2	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	2	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	2	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	

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Drug Name	Drug Tier	Requirements/Limits
KELNOR 1-50 ORAL TABLET 1-50 MG-MCG	2	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	2	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	2	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	2	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	2	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	2	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	2	
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	2	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	
LESSINA ORAL TABLET 0.1-20 MG-MCG	2	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	2	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	2	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	
<i>levonorg-eth estradiol triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	2	
LORYNA (28) ORAL TABLET 3-0.02 MG	2	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	2	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	2	
LYZA ORAL TABLET 0.35 MG	2	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	2	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	2	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	4	PA
<i>megestrol oral tablet 20 mg, 40 mg</i>	4	PA
MELODETTA 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	2	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PA
<i>methyltestosterone oral capsule 10 mg</i>	5	
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	2	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	2	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	2	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	2	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	2	
MILI ORAL TABLET 0.25-35 MG-MCG	2	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
NIKKI (28) ORAL TABLET 3-0.02 MG	2	
NORA-BE ORAL TABLET 0.35 MG	2	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	2	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	2	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	PA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	2	
NORLYROC ORAL TABLET 0.35 MG	2	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	2	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	2	
OCELLA ORAL TABLET 3-0.03 MG	2	
OGESTREL (28) ORAL TABLET 0.5-50 MG-MCG	2	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	2	
OSPHENA ORAL TABLET 60 MG	3	
<i>oxandrolone oral tablet 10 mg</i>	5	PA
<i>oxandrolone oral tablet 2.5 mg</i>	4	PA
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	2	
PIRMELLA ORAL TABLET 1-35 MG-MCG	2	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	2	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	2	
<i>raloxifene oral tablet 60 mg</i>	2	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	2	
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	2	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	2	
SHAROBEL ORAL TABLET 0.35 MG	2	
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	2	

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Drug Name	Drug Tier	Requirements/Limits
SRONYX ORAL TABLET 0.1-20 MG-MCG	2	
SYEDA ORAL TABLET 3-0.03 MG	2	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	2	
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	2	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	2	PA; QLL (120 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	2	PA; QLL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	PA; QLL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	2	PA; QLL (300 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	2	PA; QLL (37.5 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	2	PA; QLL (150 GM per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	2	PA; QLL (180 ML per 30 days)
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	2	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	2	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	2	
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	2	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	2	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	2	

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Drug Name	Drug Tier	Requirements/Limits
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	2	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	2	
VIENVA ORAL TABLET 0.1-20 MG-MCG	2	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	2	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	2	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	2	
YUVAFEM VAGINAL TABLET 10 MCG	2	
ZARAH ORAL TABLET 3-0.03 MG	2	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	2	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
LYSODREN ORAL TABLET 500 MG	3	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>bromocriptine oral capsule 5 mg</i>	4	
<i>bromocriptine oral tablet 2.5 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>cabergoline oral tablet 0.5 mg</i>	2	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B vs D
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	B vs D
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	5	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	5	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	5	
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	5	
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	5	B vs D
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil oral tablet 50 mg</i>	2	
IMMUNOLOGICAL AGENTS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	B vs D

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Drug Name	Drug Tier	Requirements/Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5- 5-3-5 MCG)-5LF/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	5	PA
AFINITOR ORAL TABLET 2.5 MG	5	PA; QLL (30 EA per 30 days)
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA
<i>azathioprine oral tablet 50 mg</i>	2	B vs D
<i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i>	3	
BENLYSTA SUBCUTANEOUS AUTO- INJECTOR 200 MG/ML	5	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA
BEXSERO INTRAMUSCULAR SYRINGE 50- 50-50-25 MCG/0.5 ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	B vs D
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	B vs D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	B vs D
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	
DEPEN TITRATABS ORAL TABLET 250 MG	5	
<i>enbrel mini subcutaneous cartridge 50 mg/ml (1 ml)</i>	5	PA; QLL (8 ML per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; QLL (16 EA per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; QLL (8 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; QLL (8 ML per 28 days)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	B vs D
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	B vs D
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	5	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	B vs D
GENGRAF ORAL SOLUTION 100 MG/ML	2	B vs D
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	5	PA
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QLL (3 EA per 180 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PA; QLL (6 EA per 180 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; QLL (6 EA per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; QLL (4 EA per 180 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; QLL (4 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; QLL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QLL (4 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; QLL (2 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; QLL (2 EA per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; QLL (3 EA per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; QLL (3 EA per 180 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; QLL (3 EA per 180 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 40 MG/0.4 ML	5	PA; QLL (4 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	5	PA; QLL (2 EA per 28 days)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	5	PA
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	QLL (30 EA per 30 days)
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	
<i>mercaptapurine oral tablet 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	B vs D
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	B vs D
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	B vs D
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	B vs D
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	5	B vs D
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	B vs D
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	2	B vs D
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA
OTEZLA ORAL TABLET 30 MG	5	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
<i>pimecrolimus topical cream 1 %</i>	2	PA; QLL (100 GM per 30 days)
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	3	B vs D
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	
RAPAMUNE ORAL SOLUTION 1 MG/ML	5	B vs D
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	3	B vs D

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Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	B vs D
RIDAURA ORAL CAPSULE 3 MG	5	
<i>rinvoq er oral tablet extended release 24 hr 15 mg</i>	5	PA; QLL (30 EA per 30 days)
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	3	B vs D
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	
<i>sirolimus oral solution 1 mg/ml</i>	5	B vs D
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	4	B vs D
<i>sirolimus oral tablet 2 mg</i>	5	B vs D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	B vs D
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA; LA
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	
<i>tetanus,diphtheria tox ped(pf) intramuscular suspension 5-25 lf unit/0.5 ml</i>	3	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	3	
XATMEP ORAL SOLUTION 2.5 MG/ML	5	B vs D
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	5	PA
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	3	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5	B vs D
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	3	
INFLAMMATORY BOWEL DISEASE AGENTS		
<i>balsalazide oral capsule 750 mg</i>	2	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	5	
COLOCORT RECTAL ENEMA 100 MG/60 ML	2	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	2	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablets, dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	2	
DIPENTUM ORAL CAPSULE 250 MG	5	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	2	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	2	
<i>mesalamine rectal enema 4 gram/60 ml</i>	2	
<i>mesalamine rectal suppository 1,000 mg</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	B vs D

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Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	2	
MILLIPRED ORAL TABLET 5 MG	4	B vs D
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	2	
<i>prednisolone oral solution 15 mg/5 ml</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	2	B vs D
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	2	B vs D
<i>prednisone oral solution 5 mg/5 ml</i>	2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	B vs D
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	2	
METABOLIC BONE DISEASE AGENTS		
<i>alendronate oral solution 70 mg/75 ml</i>	2	QLL (1286 ML per 30 days)
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>	1	QLL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QLL (4 EA per 28 days)
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>calcitriol oral solution 1 mcg/ml</i>	4	
<i>cinacalcet oral tablet 30 mg</i>	2	
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	5	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	2	
<i>ibandronate oral tablet 150 mg</i>	2	QLL (1 EA per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; LA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	PA
<i>risedronate oral tablet 150 mg</i>	2	QLL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	2	QLL (30 EA per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	QLL (4 EA per 28 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	2	QLL (4 EA per 28 days)
SENSIPAR ORAL TABLET 30 MG	3	
SENSIPAR ORAL TABLET 60 MG, 90 MG	5	
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	PA; QLL (1.56 ML per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	B vs D
NON-FRF		
AIMOVIG AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	4	PA; QLL (2 ML per 30 days)
DEXCOM G4 RECEIVER	Part B Covered	
DEXCOM G4 RECEIVER PEDIATRIC	Part B Covered	
DEXCOM G4 RECEIVER-SHARE (PED)	Part B Covered	
DEXCOM G4 RECEIVER-SHARE KIT	Part B Covered	
DEXCOM G4 TRANSMITTER DEVICE	Part B Covered	
DEXCOM G5 RECEIVER	Part B Covered	
DEXCOM G5 TRANSMITTER DEVICE	Part B Covered	
DEXCOM G5-G4 SENSOR DEVICE	Part B Covered	
DEXCOM G6 RECEIVER	Part B Covered	
DEXCOM G6 SENSOR DEVICE	Part B Covered	
DEXCOM G6 TRANSMITTER DEVICE	Part B Covered	
DEXCOM RECEIVER	Part B Covered	
FREESTYLE LIBRE 10 DAY READER	Part B Covered	
FREESTYLE LIBRE 10 DAY SENSOR KIT	Part B Covered	

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Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LIBRE 14 DAY READER	Part B Covered	
FREESTYLE LIBRE 14 DAY SENSOR KIT	Part B Covered	
ONETOUCH ULTRA BLUE TEST STRIP STRIP	Part B Covered	
ONETOUCH ULTRA2 METER KIT	Part B Covered	
ONETOUCH ULTRAMINI KIT	Part B Covered	
ONETOUCH VERIO FLEX	Part B Covered	
ONETOUCH VERIO FLEX START KIT	Part B Covered	
ONETOUCH VERIO IQ METER	Part B Covered	
ONETOUCH VERIO IQ METER KIT	Part B Covered	
ONETOUCH VERIO STRIP	Part B Covered	
ONETOUCH VERIO SYSTEM	Part B Covered	
<i>tetanus-diphtheria toxoids-td intramuscular suspension 2-2 lf unit/0.5 ml</i>	3	
OPHTHALMIC AGENTS		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	2	
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	4	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	4	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	2	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	2	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	2	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	2	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	2	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	4	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	5	PA
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	2	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	2	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	4	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QLL (60 EA per 30 days)
OTIC AGENTS		
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	3	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>ofloxacin oral tablet 300 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY TRACT/ PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	B vs D
ADCIRCA ORAL TABLET 20 MG	5	PA; QLL (60 EA per 30 days)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; LA
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	QLL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QLL (12 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	2	B vs D
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	4	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	4	
ALYQ ORAL TABLET 20 MG	5	PA; QLL (60 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; LA
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QLL (60 EA per 30 days)
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	5	LA
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	3	QLL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	QLL (1 EA per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	QLL (2 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QLL (25.8 GM per 30 days)
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	2	QLL (60 ML per 30 days)
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i>	2	QLL (60 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	3	QLL (10.7 GM per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QLL (60 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	4	B vs D
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	LA; QLL (84 ML per 28 days)
<i>cetirizine oral solution 1 mg/ml</i>	2	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QLL (8 GM per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	4	B vs D
<i>cromolyn oral concentrate 100 mg/5 ml</i>	4	
DALIRESP ORAL TABLET 250 MCG, 500 MCG	4	PA
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	3	QLL (13 GM per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	2	QLL (4 EA per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	3	QLL (4 EA per 30 days)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	QLL (4 EA per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	3	QLL (4 EA per 30 days)
<i>esbriet oral capsule 267 mg</i>	5	PA; QLL (270 EA per 30 days)
ESBRIET ORAL CAPSULE 267 MG	5	PA; QLL (270 EA per 30 days)
<i>esbriet oral tablet 267 mg</i>	5	PA; QLL (270 EA per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; QLL (270 EA per 30 days)
<i>esbriet oral tablet 801 mg</i>	5	PA; QLL (90 EA per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; QLL (90 EA per 30 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	QLL (50 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	2	QLL (16 GM per 30 days)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	4	PA
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	QLL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	B vs D
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	2	QLL (30 ML per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	B vs D
KALYDECO ORAL GRANULES IN PACKET 25 MG	5	PA
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	5	PA; QLL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; QLL (60 EA per 30 days)
LETAIRIS ORAL TABLET 10 MG, 5 MG	5	PA; LA
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	2	B vs D
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	2	
<i>levocetirizine oral tablet 5 mg</i>	2	QLL (30 EA per 30 days)
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	4	ST; QLL (60 ML per 30 days)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	2	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	2	QLL (34 GM per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	2	
<i>montelukast oral tablet 10 mg</i>	2	
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	2	
<i>ofev oral capsule 100 mg, 150 mg</i>	5	PA; QLL (60 EA per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; QLL (60 EA per 30 days)
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	2	QLL (30.5 GM per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	5	PA; QLL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; QLL (112 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	3	B vs D
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	QLL (17 GM per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	QLL (2 EA per 30 days)
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	LA
<i>promethazine oral syrup 6.25 mg/5 ml</i>	4	PA
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	4	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	B vs D
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	QLL (10.6 GM per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	QLL (21.2 GM per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QLL (60 EA per 30 days)
<i>sildenafil (antihypertensive) oral suspension for reconstitution 10 mg/ml</i>	5	PA; QLL (224 ML per 30 days)
<i>sildenafil (antihypertensive) oral tablet 20 mg</i>	2	PA; QLL (90 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QLL (4 GM per 30 days)
SPIRIVA WITH HANDHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	QLL (90 EA per 90 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QLL (4 GM per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QLL (4 GM per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	QLL (10.2 GM per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; QLL (56 EA per 28 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil (antihypertensive) oral tablet 20 mg</i>	5	PA; QLL (60 EA per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 300 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA; LA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	QLL (60 EA per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	QLL (60 EA per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; LA; QLL (6 EA per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; LA; QLL (6 ML per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; LA; QLL (5 ML per 28 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	
SKELETAL MUSCLE RELAXANTS		
<i>chlorzoxazone oral tablet 500 mg</i>	4	PA
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	4	PA
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	2	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	2	
SLEEP DISORDER AGENTS		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	4	PA
<i>doxepin oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	4	PA
<i>doxepin oral concentrate 10 mg/ml</i>	4	PA
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	4	ST; QLL (30 EA per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	5	PA; QLL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	2	PA
<i>ramelteon oral tablet 8 mg</i>	2	ST; QLL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ROZEREM ORAL TABLET 8 MG	3	QLL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	2	PA
XYREM ORAL SOLUTION 500 MG/ML	5	PA; LA
<i>zaleplon oral capsule 10 mg</i>	4	ST; QLL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	ST; QLL (30 EA per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	4	ST; QLL (30 EA per 30 days)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i>	4	ST; QLL (30 EA per 30 days)

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