



## ULTIMATE HEALTH PLANS

# 2021 FORMULARY

## List of Covered Drugs



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

This formulary was updated on 12/01/2021. For more recent information or other questions, please contact Ultimate Health Plans Member Services at 1-888-657-4170 or, for TTY users, 711, Monday through Sunday from 8 a.m. to 8 p.m. (during certain times of the year we may use alternative technologies to answer your call on weekends and Federal holidays), or visit [www.chooseultimate.com](http://www.chooseultimate.com).

H2962\_2021 Formulary\_2020R081120\_C

### Citrus

- 021 Advantage Care by Ultimate (HMO C-SNP)
- 023 Advantage Care COPD by Ultimate (HMO C-SNP)
- 022 Advantage Care CHF by Ultimate (HMO C-SNP)

### Hernando

- 019 - 001 Advantage Care by Ultimate (HMO C-SNP)
- 025 Advantage Care COPD by Ultimate (HMO C-SNP)
- 024 Advantage Care CHF by Ultimate (HMO C-SNP)

### Hillsborough

- 026 Advantage Care by Ultimate (HMO C-SNP)
- 027 Advantage Care COPD by Ultimate (HMO C-SNP)

### Indian River

- 033 Advantage Care by Ultimate (HMO C-SNP)
- 034 Advantage Care COPD by Ultimate (HMO C-SNP)

### Lake

- 029 Advantage Care by Ultimate (HMO C-SNP)
- 030 Advantage Care COPD by Ultimate (HMO C-SNP)

### Marion

- 029 Advantage Care by Ultimate (HMO C-SNP)
- 030 Advantage Care COPD by Ultimate (HMO C-SNP)

### Pasco

- 019 - 002 Advantage Care by Ultimate (HMO C-SNP)
- 025 Advantage Care COPD by Ultimate (HMO C-SNP)
- 024 Advantage Care CHF by Ultimate (HMO C-SNP)

### Pinellas

- 026 Advantage Care by Ultimate (HMO C-SNP)
- 027 Advantage Care COPD by Ultimate (HMO C-SNP)

### Sumter

- 029 Advantage Care by Ultimate (HMO C-SNP)
- 030 Advantage Care COPD by Ultimate (HMO C-SNP)

### St. Lucie

- 033 Advantage Care by Ultimate (HMO C-SNP)
- 034 Advantage Care COPD by Ultimate (HMO C-SNP)

**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 Ultimate Health Plans. When it refers to “plan” or “our plan,” it means Advantage Care by Ultimate, Advantage Care COPD by Ultimate, Advantage Care CHF by Ultimate, (HMO C-SNP).

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

## **What is the Advantage Care by Ultimate (HMO C-SNP), Advantage Care COPD by Ultimate (HMO C-SNP), Advantage Care CHF by Ultimate (HMO C-SNP) Formulary?**

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

### **Can the Formulary (drug list) change?**

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

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

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

- o If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Advantage Care by Ultimate (HMO C-SNP), Advantage Care COPD by Ultimate (HMO C-SNP), Advantage Care CHF by Ultimate (HMO C-SNP) Formulary?"

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

The enclosed formulary is current as of 12/01/2021. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. In the event of midyear non-maintenance formulary changes, we update our printed formularies at the next printing and we also publish a monthly summary of all drug list changes, which is available for download from our website or in printed format upon request.

## **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 99. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

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

## **Are there any restrictions on my coverage?**

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that will cover. For example,

our plan provides 30 per prescription for alprazolam ER 1 mg tablets. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization restriction or step therapy restriction or 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 us 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 Advantage Care by Ultimate, Advantage Care COPD by Ultimate, Advantage Care CHF by Ultimate formulary?” on page iii for information about how to request an exception.

## **What if my drug is not on the Formulary?**

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

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

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask Advantage Care by Ultimate 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 Advantage Care by Ultimate (HMO C-SNP), Advantage Care COPD by Ultimate (HMO C-SNP), Advantage Care CHF by Ultimate (HMO C-SNP) Formulary?**

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

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

Generally, we 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, or utilization restriction excep-

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

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

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

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

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 98 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

We will cover a Transition Supply for enrollees who have a level of care change, which is defined as when enrollees:

- Enter a Long-Term-Care (LTC) facility from a hospital or other setting
- Leave a Long-Term-Care (LTC) facility and return to the community
- Are discharged from a hospital to a home
- End a skilled nursing facility (SNF) stay covered under Medicare Part A (where all pharmacy charges are covered), and must revert to coverage under their Part D plan Formulary
- Revert from hospice status to standard Medicare Part A and Part B benefits; or
- Are discharged from a psychiatric hospital with a medication regimen that is highly individualized

## **For more information**

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

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

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

## Our Plan's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Advantage Care by Ultimate. If you have trouble finding your drug in the list, turn to the Index that begins on page 99.

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

The information in the Requirements/Limits column tells you if Advantage Care by Ultimate has any special requirements for coverage of your drug.

**B/D:** This prescription drug may be covered under our medical benefit. For more information, call Member Services at 1-888-657-4170, Monday through Sunday from 8 a.m. to 8 p.m. TTY users should call 711.

**E:** Excluded Drug. This prescription is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

**GC:** Coverage in the Gap. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

**HI:** Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Member Services at 1-888-657-4170, Monday through Sunday from 8 a.m. to 8 p.m. TTY users should call 711.

**MO:** Mail Order Drug. This prescription is available through our mail order service, as well as through our retail network pharmacies. Generally, the drugs provided through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. Our plan's mail-order service requires you to order a 90-day supply. Usually a mail-order pharmacy order will get to you in no more than 14 days. However, if your order is delayed, immediately contact us so we can make arrangements for you to pick up your prescription at your local pharmacy. You may contact us 24 hours a day, 7 days a week at 1-800-311-7517 (TTY users dial 711).

**PA:** Prior Authorization. We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

**QL:** Quantity Limit. For certain drugs we limit the amount of the drug that we will cover.

**ST:** Step Therapy. In some cases, we require 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

## The Formulary is Divided into 5 Tiers

Every drug on the plan's Drug List is in one of 5 cost-sharing tiers with a corresponding cost sharing amount depending on the plan as shown below. In general, the higher the cost-sharing tier, the higher your cost for the drug:

- Cost-Sharing Tier 1 includes **generic drugs**. This is the lowest tier.
- Cost-Sharing Tier 2 includes **preferred brand drugs**.
- Cost-Sharing Tier 3 includes **non-preferred drugs**.
- Cost-Sharing Tier 4 includes **specialty drugs**.
- Cost-Sharing Tier 5 includes **select care drugs**.

For 019-1 Advantage Care by Ultimate (HMO C-SNP), 019-2 Advantage Care by Ultimate (HMO C-SNP) 026 Advantage Care by Ultimate (HMO C-SNP), 029 Advantage Care by Ultimate (HMO C-SNP), 033 Advantage Care by Ultimate (HMO C-SNP), 025 Advantage Care COPD by Ultimate (HMO C-SNP), 027 Advantage Care COPD by Ultimate (HMO C-SNP), 030 Advantage Care COPD (HMO C-SNP) 034 Advantage Care COPD by Ultimate and 024 Advantage Care CHF by Ultimate (HMO C-SNP):

<b>COST SHARING TIER</b>	Copay or coinsurance for a <b>30-day supply at Retail Pharmacy</b>	Copay or coinsurance for a <b>60-day supply at Retail Pharmacy</b>	Copay or coinsurance for a <b>90-day supply at Retail Pharmacy</b>	Copay or coinsurance for a <b>90-day supply at Mail Order Pharmacy</b>
Tier 1	\$0	\$0	\$0	\$0
Tier 2	\$20	\$40	\$60	\$40
Tier 3	\$60	\$120	\$180	\$120
Tier 4	33% coinsurance	N/A	N/A	N/A
Tier 5	\$10	\$20	\$30	\$20

For 021 Advantage Care by Ultimate (HMO C-SNP), 022 Advantage Care CHF by Ultimate (HMO C-SNP) and 023 Advantage Care COPD by Ultimate (HMO C-SNP):

<b>COST SHARING TIER</b>	Copay or coinsurance for a <b>30-day supply at Retail Pharmacy</b>	Copay or coinsurance for a <b>60-day supply at Retail Pharmacy</b>	Copay or coinsurance for a <b>90-day supply at Retail Pharmacy</b>	Copay or coinsurance for a <b>90-day supply at Mail Order Pharmacy</b>
Tier 1	\$0	\$0	\$0	\$0
Tier 2	\$25	\$50	\$75	\$50
Tier 3	\$60	\$120	\$180	\$120
Tier 4	33% coinsurance	N/A	N/A	N/A
Tier 5	\$10	\$20	\$30	\$20

Please consult your Evidence of Coverage or Summary of Benefits for additional information on the applicable co-pays or co-insurance amounts in each formulary tier.

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>celecoxib oral capsule</i>	1	MO; GC; QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO; GC
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	1	MO; GC
<i>diclofenac sodium external gel 1 %</i>	1	MO; GC; QL (1000 GM per 30 days)
<i>diclofenac sodium external solution</i>	3	PA; MO
<i>diclofenac sodium oral tablet delayed release</i>	1	MO; GC
<i>diclofenac-misoprostol oral tablet delayed release</i>	3	MO
<i>diflunisal oral tablet</i>	1	MO; GC
<i>etodolac er oral tablet extended release 24 hour</i>	1	MO; GC
<i>etodolac oral capsule</i>	1	MO; GC
<i>etodolac oral tablet</i>	1	MO; GC
<i>fenoprofen calcium oral capsule 400 mg</i>	3	MO
<i>fenoprofen calcium oral tablet</i>	3	MO
<i>flurbiprofen oral tablet</i>	1	MO; GC
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	MO; GC
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO; GC
<i>indomethacin er oral capsule extended release</i>	1	MO; GC
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	MO; GC
<i>ketoprofen er oral capsule extended release 24 hour</i>	3	MO
<i>ketorolac tromethamine injection solution 30 mg/ml</i>	3	MO
<b>KETOROLAC TROMETHAMINE INTRAMUSCULAR SOLUTION</b>	3	MO
<i>ketorolac tromethamine oral tablet</i>	1	MO; GC; QL (20 EA per 30 days)
<i>meclofenamate sodium oral capsule</i>	3	MO
<i>mefenamic acid oral capsule</i>	3	MO
<i>meloxicam oral tablet</i>	1	MO; GC
<i>nabumetone oral tablet</i>	1	MO; GC
<i>naproxen oral suspension</i>	1	MO; GC
<i>naproxen oral tablet</i>	1	MO; GC
<i>naproxen oral tablet delayed release</i>	1	MO; GC
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO; GC
<i>oxaprozin oral tablet</i>	1	MO; GC

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

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Drug Name	Drug Tier	Requirements/Limits
piroxicam oral capsule	1	MO; GC
sulindac oral tablet	1	MO; GC
TOLMETIN SODIUM ORAL CAPSULE 400 MG	1	MO; GC
TOLMETIN SODIUM ORAL TABLET 600 MG	1	MO; GC
ZIPSOR ORAL CAPSULE	3	MO
<b>Opioid Analgesics, Long-acting</b>		
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr	3	
fentanyl transdermal patch 72 hour 87.5 mcg/hr	4	
hydromorphone hcl er oral tablet extended release 24 hour	3	
levorphanol tartrate oral tablet 2 mg	3	
methadone hcl intensol oral concentrate	1	GC
methadone hcl oral concentrate	1	GC
methadone hcl oral solution	1	GC
methadone hcl oral tablet	1	GC
METHADOSE ORAL CONCENTRATE 10 MG/ML	1	GC
METHADOSE SUGAR-FREE ORAL CONCENTRATE	1	GC
mitigo injection solution	1	GC
morphine sulfate er beads oral capsule extended release 24 hour	3	
morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg	3	
morphine sulfate er oral capsule extended release 24 hour 100 mg	4	
morphine sulfate er oral tablet extended release	1	GC
oxymorphone hcl er oral tablet extended release 12 hour	3	
tramadol hcl er oral tablet extended release 24 hour	1	GC
<b>Opioid Analgesics, Short-acting</b>		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 400 MCG, 600 MCG, 800 MCG	4	PA
acetaminophen-codeine #3 oral tablet	1	GC
acetaminophen-codeine oral solution	1	GC

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

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Drug Name	Drug Tier	Requirements/Limits
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	GC
ascomp-codeine oral capsule	1	GC
butalbital-apap-caff-cod oral capsule	1	GC
butalbital-asa-caff-codeine oral capsule	1	GC
butorphanol tartrate nasal solution	1	GC
codeine sulfate oral tablet 30 mg	1	GC
codeine sulfate oral tablet 60 mg	2	
duramorph injection solution	1	GC
endocet oral tablet	1	GC
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 600 mcg, 800 mcg	4	PA
fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg	3	PA
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	1	GC
hydrocodone-acetaminophen oral tablet	1	GC
hydrocodone-ibuprofen oral tablet	1	GC
hydromorphone hcl injection solution 2 mg/ml	1	GC
hydromorphone hcl oral liquid	1	GC
hydromorphone hcl oral tablet	1	GC
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml	1	GC
lorcet hd oral tablet 10-325 mg	1	GC
lorcet oral tablet 5-325 mg	1	GC
lorcet plus oral tablet 7.5-325 mg	1	GC
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	GC
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	1	GC
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 8 MG/ML	1	GC
MORPHINE SULFATE INTRAVENOUS SOLUTION 8 MG/ML	1	GC
morphine sulfate oral solution	1	GC
morphine sulfate oral tablet	1	GC
oxycodone hcl oral capsule	1	GC
oxycodone hcl oral concentrate 100 mg/5ml	3	
oxycodone hcl oral solution	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to page V.  
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Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl oral tablet	1	GC
oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg	3	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	GC
OXYCODONE-ASPIRIN ORAL TABLET 4.8355-325 MG	1	GC
OXYCODONE-IBUPROFEN ORAL TABLET 5-400 MG	1	GC
oxymorphone hcl oral tablet	1	GC
pentazocine-naloxone hcl oral tablet	3	
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	3	
prolate oral tablet	3	
tramadol hcl oral tablet	1	GC
tramadol-acetaminophen oral tablet	1	GC
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
glydo external prefilled syringe	1	PA; MO; GC
lidocaine external ointment 5 %	2	PA; MO; QL (120 GM per 30 days)
lidocaine external patch 5 %	2	PA; MO
lidocaine hcl external solution	1	PA; MO; GC
LIDOCAINE HCL URETHRAL/MUCOSAL EXTERNAL GEL	1	PA; MO; GC
lidocaine hcl urethral/mucosal external prefilled syringe	1	PA; MO; GC
lidocaine-prilocaine external cream	1	PA; MO; GC; QL (30 GM per 30 days)
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
acamprosate calcium oral tablet delayed release	1	MO; GC
disulfiram oral tablet	1	MO; GC
naltrexone hcl oral tablet	1	MO; GC
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	
<b>Opioid Dependence</b>		
buprenorphine hcl sublingual tablet sublingual	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to page V.  
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Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	1	GC; QL (60 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	1	GC; QL (360 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	1	GC; QL (180 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	1	GC; QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1	GC; QL (360 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1	GC; QL (90 EA per 30 days)
LUCEMYRA ORAL TABLET	4	QL (480 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 5.7-1.4 MG	3	QL (90 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG	3	QL (360 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	3	QL (30 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 2.9-0.71 MG	3	QL (180 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	QL (60 EA per 30 days)
<b>Opioid Reversal Agents</b>		
naloxone hcl injection solution	1	MO; GC
naloxone hcl injection solution cartridge	1	MO; GC
naloxone hcl injection solution prefilled syringe	1	MO; GC
NARCAN NASAL LIQUID	2	MO
<b>Smoking Cessation Agents</b>		
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1	MO; GC; QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	3	MO; QL (504 EA per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	MO; QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	3	MO; QL (504 EA per 365 days)
NICOTROL INHALATION INHALER	3	MO; QL (2688 EA per 365 days)
NICOTROL NS NASAL SOLUTION	2	MO; QL (360 ML per 365 days)
VARENICLINE TARTRATE ORAL TABLET	1	MO; GC; QL (504 EA per 365 days)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
amikacin sulfate injection solution 1 gm/4ml	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
amikacin sulfate injection solution 500 mg/2ml	1	HI; MO; GC
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%	1	HI; MO; GC
gentamicin sulfate external cream	1	MO; GC
gentamicin sulfate external ointment	1	MO; GC
gentamicin sulfate injection solution 40 mg/ml	1	HI; MO; GC
neomycin sulfate oral tablet	1	MO; GC
paromomycin sulfate oral capsule	1	MO; GC
streptomycin sulfate intramuscular solution reconstituted	3	MO
tobramycin inhalation nebulization solution 300 mg/4ml	4	B/D
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml	1	HI; MO; GC
<b>Antibacterials, Other</b>		
aztreonam injection solution reconstituted 1 gm	3	HI; MO
CLEOCIN VAGINAL SUPPOSITORY	3	MO
clindacin-p external swab	1	MO; GC
clindamycin hcl oral capsule	1	MO; GC
clindamycin palmitate hcl oral solution reconstituted	1	MO; GC
clindamycin phosphate external swab	1	MO; GC
clindamycin phosphate in d5w intravenous solution	1	HI; MO; GC
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	1	HI; MO; GC
clindamycin phosphate vaginal cream	1	MO; GC
colistimethate sodium (cba) injection solution reconstituted	3	HI; MO
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	4	HI
daptomycin intravenous solution reconstituted 500 mg	4	
fosfomycin tromethamine oral packet	2	MO
IMPAVIDO ORAL CAPSULE	4	
linezolid intravenous solution	4	HI
linezolid oral suspension reconstituted	4	QL (1800 ML per 30 days)
linezolid oral tablet	1	MO; GC; QL (56 EA per 28 days)
methenamine hippurate oral tablet	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%</i>	1	HI; MO; GC
<i>metronidazole oral capsule</i>	1	MO; GC
<i>metronidazole oral tablet</i>	1	MO; GC
<i>metronidazole vaginal gel</i>	1	MO; GC
MONUROL ORAL PACKET	2	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	1	MO; GC; QL (360 EA per 365 days)
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	1	MO; GC; QL (1440 EA per 365 days)
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	1	MO; GC; QL (720 EA per 365 days)
<i>nitrofurantoin monohydrate macrocrystals oral capsule</i>	1	MO; GC; QL (180 EA per 365 days)
<i>nitrofurantoin oral suspension</i>	3	MO
<i>polymyxin b sulfate injection solution reconstituted</i>	1	MO; GC
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	4	HI; QL (6 EA per 30 days)
SIVEXTRO ORAL TABLET	4	QL (6 EA per 30 days)
<i>tigecycline intravenous solution reconstituted</i>	4	
<i>tinidazole oral tablet</i>	1	MO; GC
<i>trimethoprim oral tablet</i>	1	MO; GC
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	1	HI; MO; GC
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	1	HI; MO; GC
<i>vancomycin hcl oral capsule 125 mg</i>	3	MO
<i>vancomycin hcl oral capsule 250 mg</i>	4	
VANDAZOLE VAGINAL GEL	1	MO; GC
<b>Beta-lactam, Cephalosporins</b>		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	4	HI
<i>cefaclor er oral tablet extended release 12 hour</i>	1	MO; GC
<i>cefaclor oral capsule</i>	1	MO; GC
<i>cefaclor oral suspension reconstituted</i>	2	MO
<i>cefadroxil oral capsule</i>	1	MO; GC
<i>cefadroxil oral suspension reconstituted</i>	1	MO; GC
<i>cefadroxil oral tablet</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	1	HI; MO; GC
cefdinir oral capsule	1	MO; GC
cefdinir oral suspension reconstituted	1	MO; GC
cefepime hcl injection solution reconstituted	1	HI; MO; GC
cefixime oral capsule	2	MO
cefixime oral suspension reconstituted	3	MO
cefotetan disodium injection solution reconstituted	1	HI; MO; GC
cefoxitin sodium intravenous solution reconstituted	1	HI; MO; GC
cefpodoxime proxetil oral suspension reconstituted	1	MO; GC
cefpodoxime proxetil oral tablet	1	MO; GC
cefprozil oral suspension reconstituted	1	MO; GC
cefprozil oral tablet	1	MO; GC
ceftazidime injection solution reconstituted	1	HI; MO; GC
ceftazidime intravenous solution reconstituted	1	HI; MO; GC
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	HI; MO; GC
ceftriaxone sodium intravenous solution reconstituted 10 gm	1	HI; MO; GC
cefuroxime axetil oral tablet	1	MO; GC
cefuroxime sodium injection solution reconstituted	1	HI; MO; GC
cefuroxime sodium intravenous solution reconstituted	1	HI; MO; GC
cephalexin oral capsule	1	MO; GC
cephalexin oral suspension reconstituted	1	MO; GC
cephalexin oral tablet	1	MO; GC
SUPRAX ORAL CAPSULE	2	MO
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	2	MO
suprax oral tablet chewable	2	MO
tazicef injection solution reconstituted	1	HI; MO; GC
tazicef intravenous solution reconstituted 2 gm, 6 gm	1	HI; MO; GC
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	4	HI
<b>Beta-lactam, Penicillins</b>		

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Drug Name	Drug Tier	Requirements/Limits
amoxicillin oral capsule	1	MO; GC
amoxicillin oral suspension reconstituted	1	MO; GC
amoxicillin oral tablet	1	MO; GC
amoxicillin oral tablet chewable	1	MO; GC
amoxicillin-potassium clavulanate er oral tablet extended release 12 hour	2	MO
amoxicillin-potassium clavulanate oral suspension reconstituted	1	MO; GC
amoxicillin-potassium clavulanate oral tablet	1	MO; GC
amoxicillin-potassium clavulanate oral tablet chewable	1	MO; GC
ampicillin oral capsule	1	MO; GC
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	1	HI; MO; GC
ampicillin sodium intravenous solution reconstituted 10 gm	1	HI; MO; GC
ampicillin-sulbactam sodium injection solution reconstituted	1	HI; MO; GC
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	1	HI; MO; GC
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	MO
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	3	MO
BICILLIN C-R INTRAMUSCULAR SUSPENSION	3	MO
BICILLIN L-A INTRAMUSCULAR SUSPENSION	3	MO
dicloxacillin sodium oral capsule	1	MO; GC
nafcillin sodium injection solution reconstituted 1 gm	3	HI; MO
nafcillin sodium injection solution reconstituted 2 gm	1	HI; MO; GC
nafcillin sodium intravenous solution reconstituted 10 gm	4	HI
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	3	HI; MO
oxacillin sodium injection solution reconstituted 2 gm	3	HI; MO
oxacillin sodium intravenous solution reconstituted	4	HI

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Drug Name	Drug Tier	Requirements/Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML	2	HI; MO
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	1	HI; MO; GC
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	1	MO; GC
<i>penicillin g sodium injection solution reconstituted</i>	4	HI
<i>penicillin v potassium oral solution reconstituted</i>	1	MO; GC
<i>penicillin v potassium oral tablet</i>	1	MO; GC
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 5000000 UNIT	1	MO; GC
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3- 0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	HI; MO; GC
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	3	HI; MO
<b>Carbapenems</b>		
<i>ertapenem sodium injection solution reconstituted</i>	2	MO
<i>imipenem-cilastatin intravenous solution reconstituted</i>	3	HI; MO
<i>meropenem intravenous solution reconstituted 500 mg</i>	1	HI; MO; GC
<b>Macrolides</b>		
<i>azithromycin intravenous solution reconstituted</i>	1	HI; MO; GC
AZITHROMYCIN ORAL PACKET	1	MO; GC
<i>azithromycin oral suspension reconstituted</i>	1	MO; GC
<i>azithromycin oral tablet</i>	1	MO; GC
<i>clarithromycin er oral tablet extended release 24 hour</i>	1	MO; GC
<i>clarithromycin oral suspension reconstituted</i>	1	MO; GC
<i>clarithromycin oral tablet</i>	1	MO; GC
DIFICID ORAL SUSPENSION RECONSTITUTED	4	
DIFICID ORAL TABLET	4	
e.e.s. 400 oral tablet	1	MO; GC
<i>erythrocin lactobionate intravenous solution reconstituted</i>	3	HI; MO
<i>erythrocin stearate oral tablet</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
erythromycin base oral capsule delayed release particles	1	MO; GC
erythromycin base oral tablet	1	MO; GC
erythromycin base oral tablet delayed release	1	MO; GC
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	MO; GC
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	2	MO
erythromycin ethylsuccinate oral tablet	1	MO; GC
<b>Quinolones</b>		
CIPRO ORAL SUSPENSION RECONSTITUTED	2	MO
ciprofloxacin hcl oral tablet	1	MO; GC
ciprofloxacin in d5w intravenous solution 200 mg/100ml	1	HI; MO; GC
ciprofloxacin in d5w intravenous solution 400 mg/200ml	1	MO; GC
levofloxacin in d5w intravenous solution 250 mg/50ml	1	MO; GC
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	1	HI; MO; GC
levofloxacin intravenous solution	3	HI; MO
levofloxacin oral solution	3	MO
levofloxacin oral tablet	1	MO; GC
moxifloxacin hcl in nacl intravenous solution	3	HI; MO
moxifloxacin hcl oral tablet	1	MO; GC
ofloxacin oral tablet	1	MO; GC
<b>Sulfonamides</b>		
sulfacetamide sodium (acne) external lotion	3	MO
sulfadiazine oral tablet	3	MO
sulfamethoxazole-trimethoprim oral suspension	1	MO; GC
sulfamethoxazole-trimethoprim oral tablet	1	MO; GC
sulfatrim pediatric oral suspension	1	MO; GC
<b>Tetracyclines</b>		
avidoxy oral tablet	1	MO; GC
demeclacycline hcl oral tablet	1	MO; GC
DORYX MPC ORAL TABLET DELAYED RELEASE	3	MO
doxy 100 intravenous solution reconstituted	1	HI; MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate intravenous solution reconstituted</i>	1	HI; MO; GC
<i>doxycycline hyclate oral capsule</i>	1	MO; GC
<i>doxycycline hyclate oral tablet 100 mg</i>	1	MO; GC
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 75 mg</i>	1	MO; GC
<i>doxycycline hyclate oral tablet delayed release 200 mg, 50 mg</i>	3	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	MO; GC
<i>doxycycline monohydrate oral capsule 150 mg</i>	3	MO
<i>doxycycline monohydrate oral suspension reconstituted</i>	1	MO; GC
<i>doxycycline monohydrate oral tablet</i>	1	MO; GC
<i>minocycline hcl oral capsule</i>	1	MO; GC
<i>minocycline hcl oral tablet</i>	1	MO; GC
<i>monodoxe nl oral capsule</i>	1	MO; GC
<i>morgidox oral capsule 100 mg</i>	1	MO; GC
<i>okebo oral capsule 75 mg</i>	1	MO; GC
<i>tetracycline hcl oral capsule</i>	3	MO
VIBRAMYCIN ORAL SYRUP	3	MO
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
<i>BRIVIACT ORAL SOLUTION</i>	4	
<i>BRIVIACT ORAL TABLET</i>	4	
<i>EPIDIOLEX ORAL SOLUTION</i>	4	PA
<i>felbamate oral suspension</i>	4	
<i>felbamate oral tablet</i>	3	MO
<i>FINTEPLA ORAL SOLUTION</i>	4	PA
<i>FYCOMPA ORAL SUSPENSION</i>	4	
<i>FYCOMPA ORAL TABLET</i>	4	
<i>lamotrigine er oral tablet extended release 24 hour</i>	2	MO
<i>lamotrigine oral kit</i>	3	MO
<i>lamotrigine oral tablet</i>	1	MO; GC
<i>lamotrigine oral tablet chewable</i>	1	MO; GC
<i>lamotrigine oral tablet dispersible</i>	3	MO
<i>lamotrigine starter kit-blue oral kit</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
lamotrigine starter kit-green oral kit	3	MO
lamotrigine starter kit-orange oral kit	3	MO
levetiracetam er oral tablet extended release 24 hour	1	MO; GC
levetiracetam oral solution	1	MO; GC
levetiracetam oral tablet	1	MO; GC
NAYZILAM NASAL SOLUTION	4	QL (10 EA per 30 days)
roweepra oral tablet	1	MO; GC
roweepra xr oral tablet extended release 24 hour 500 mg, 750 mg	1	MO; GC
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	3	MO
subvenite oral tablet	1	MO; GC
subvenite starter kit-blue oral kit	3	MO
subvenite starter kit-green oral kit	3	MO
subvenite starter kit-orange oral kit	3	MO
topiramate er oral capsule er 24 hour sprinkle	3	MO
topiramate oral capsule sprinkle	1	MO; GC
topiramate oral tablet	1	MO; GC
valproic acid oral capsule	1	MO; GC
valproic acid oral solution	1	MO; GC
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	3	PA; MO
XCOPRI ORAL TABLET 200 MG	4	PA
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG, 50 & 200 MG	4	PA
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	3	PA; MO
<b>Calcium Channel Modifying Agents</b>		
CELONTIN ORAL CAPSULE	3	MO
ethosuximide oral capsule	1	MO; GC
ethosuximide oral solution	1	MO; GC
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
clobazam oral suspension	4	
clobazam oral tablet	3	MO
clonazepam oral tablet	1	MO; GC
clonazepam oral tablet dispersible	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
DIACOMIT ORAL CAPSULE	4	PA
DIACOMIT ORAL PACKET	4	PA
DIASTAT ACUDIAL RECTAL GEL	3	MO
DIASTAT PEDIATRIC RECTAL GEL	3	MO
<i>diazepam rectal gel</i>	3	MO
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	MO; GC
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	MO; GC
<i>divalproex sodium oral tablet delayed release</i>	1	MO; GC
<i>gabapentin oral capsule</i>	1	MO; GC
<i>gabapentin oral solution 250 mg/5ml</i>	1	MO; GC
<i>gabapentin oral tablet</i>	1	MO; GC
<i>phenobarbital oral elixir</i>	1	MO; GC
<i>phenobarbital oral tablet</i>	1	MO; GC
<i>primidone oral tablet</i>	1	MO; GC
SYMPAZAN ORAL FILM 10 MG	4	QL (120 EA per 30 days)
SYMPAZAN ORAL FILM 20 MG	4	QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	QL (240 EA per 30 days)
<i>tiagabine hcl oral tablet</i>	3	MO
VALTOCO NASAL LIQUID	3	MO; QL (10 EA per 30 days)
VALTOCO NASAL LIQUID THERAPY PACK	3	MO; QL (10 EA per 30 days)
<i>vigabatrin oral packet</i>	4	QL (180 EA per 30 days)
<i>vigabatrin oral tablet</i>	4	QL (180 EA per 30 days)
<i>vigadronate oral packet</i>	4	QL (180 EA per 30 days)
<b>Sodium Channel Agents</b>		
APTIOM ORAL TABLET	4	
BANZEL ORAL SUSPENSION	4	
BANZEL ORAL TABLET	4	
<i>carbamazepine er oral capsule extended release 12 hour</i>	1	MO; GC
<i>carbamazepine er oral tablet extended release 12 hour</i>	1	MO; GC
<i>carbamazepine oral suspension</i>	1	MO; GC
<i>carbamazepine oral tablet</i>	1	MO; GC
<i>carbamazepine oral tablet chewable</i>	1	MO; GC
<i>dilantin oral capsule 30 mg</i>	3	MO
<i>epitol oral tablet</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
oxcarbazepine oral suspension	3	MO
oxcarbazepine oral tablet	1	MO; GC
PEGANONE ORAL TABLET 250 MG	3	MO
phenytek oral capsule	1	MO; GC
phenytoin oral suspension 125 mg/5ml	1	MO; GC
phenytoin oral tablet chewable	1	MO; GC
phenytoin sodium extended oral capsule	1	MO; GC
rufinamide oral suspension	4	
rufinamide oral tablet	4	
VIMPAT ORAL SOLUTION	3	MO
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	4	
VIMPAT ORAL TABLET 50 MG	3	MO
zonisamide oral capsule	1	MO; GC
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
ergoloid mesylates oral tablet	2	MO
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	ST; MO; QL (56 EA per 365 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; MO; QL (30 EA per 30 days)
<b>Cholinesterase Inhibitors</b>		
donepezil hcl oral tablet	1	MO; GC
donepezil hcl oral tablet dispersible	1	MO; GC
galantamine hydrobromide er oral capsule extended release 24 hour	1	MO; GC
galantamine hydrobromide oral solution	3	MO
galantamine hydrobromide oral tablet	1	MO; GC
rivastigmine tartrate oral capsule	1	MO; GC
rivastigmine transdermal patch 24 hour	2	MO
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
memantine hcl er oral capsule extended release 24 hour	2	MO; QL (30 EA per 30 days)
memantine hcl oral solution 2 mg/ml	1	MO; GC
memantine hcl oral tablet 10 mg, 5 mg	1	MO; GC
MEMANTINE HCL ORAL TABLET 28 X 5 MG & 21 X 10 MG	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 &28 MG	2	MO; QL (56 EA per 365 days)
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	4	QL (30 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour	1	MO; GC; QL (90 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	1	MO; GC; QL (90 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	1	MO; GC; QL (30 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	2	MO; QL (30 EA per 30 days)
bupropion hcl oral tablet	1	MO; GC
chlordiazepoxide-amitriptyline oral tablet	1	MO; GC
MAPROTILINE HCL ORAL TABLET 25 MG, 50 MG, 75 MG	1	MO; GC
mirtazapine oral tablet	1	MO; GC
mirtazapine oral tablet dispersible	1	MO; GC
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	3	MO; QL (30 EA per 30 days)
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	3	MO; QL (90 EA per 30 days)
perphenazine-amitriptyline oral tablet 2-10 mg	3	MO
perphenazine-amitriptyline oral tablet 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	MO; GC
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR	4	QL (30 EA per 30 days)
MARPLAN ORAL TABLET	3	MO
phenelzine sulfate oral tablet	1	MO; GC
tranylcypromine sulfate oral tablet	3	MO
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</b>		
citalopram hydrobromide oral solution	1	MO; GC
citalopram hydrobromide oral tablet	1	MO; GC
DESVENLAFAKINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	3	MO; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	1	MO; GC; QL (30 EA per 30 days)
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	1	MO; GC; QL (120 EA per 30 days)
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	1	MO; GC; QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG	3	MO; QL (180 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG	3	MO; QL (120 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG	3	MO; QL (90 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	3	MO; QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	1	MO; GC; QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 30 mg	1	MO; GC; QL (90 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 40 mg	2	MO; QL (90 EA per 30 days)
escitalopram oxalate oral solution	1	MO; GC
escitalopram oxalate oral tablet	1	MO; GC
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	MO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	MO; QL (56 EA per 365 days)
fluoxetine hcl oral capsule	1	MO; GC
fluoxetine hcl oral capsule delayed release	1	MO; GC; QL (4 EA per 28 days)
fluoxetine hcl oral solution	1	MO; GC
fluoxetine hcl oral tablet 10 mg, 20 mg	1	MO; GC
fluvoxamine maleate er oral capsule extended release 24 hour	1	MO; GC; QL (60 EA per 30 days)
fluvoxamine maleate oral tablet	1	MO; GC
nefazodone hcl oral tablet 100 mg, 200 mg, 250 mg, 50 mg	1	MO; GC
nefazodone hcl oral tablet 150 mg	3	MO
paroxetine hcl er oral tablet extended release 24 hour	1	MO; GC
paroxetine hcl oral suspension	1	MO; GC
paroxetine hcl oral tablet	1	MO; GC
PAXIL ORAL SUSPENSION	3	MO

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Drug Name	Drug Tier	Requirements/Limits
PEXEVA ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 EA per 30 days)
PEXEVA ORAL TABLET 30 MG	3	MO; QL (60 EA per 30 days)
<i>sertraline hcl oral concentrate</i>	1	MO; GC
<i>sertraline hcl oral tablet</i>	1	MO; GC
<i>trazodone hcl oral tablet</i>	1	MO; GC
TRINTELLIX ORAL TABLET	3	MO; QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	1	MO; GC
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	2	MO
<i>venlafaxine hcl oral tablet</i>	1	MO; GC
VIIBRYD ORAL TABLET	3	MO; QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT	3	MO; QL (60 EA per 365 days)
<b>Tricyclics</b>		
<i>amitriptyline hcl oral tablet</i>	1	MO; GC
<i>amoxapine oral tablet</i>	1	MO; GC
<i>clomipramine hcl oral capsule</i>	3	MO
<i>desipramine hcl oral tablet</i>	1	MO; GC
<i>doxepin hcl oral capsule</i>	1	MO; GC
<i>doxepin hcl oral concentrate</i>	1	MO; GC
<i>imipramine hcl oral tablet</i>	1	MO; GC
<i>imipramine pamoate oral capsule</i>	1	MO; GC
<i>nortriptyline hcl oral capsule</i>	1	MO; GC
<i>nortriptyline hcl oral solution</i>	1	MO; GC
<i>protriptyline hcl oral tablet</i>	1	MO; GC
<i>trimipramine maleate oral capsule</i>	3	MO
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>compro rectal suppository</i>	1	MO; GC
<i>meclizine hcl oral tablet</i>	1	MO; GC
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i>	1	MO; GC
<i>prochlorperazine maleate oral tablet</i>	1	MO; GC
<i>prochlorperazine rectal suppository</i>	1	MO; GC
<i>promethazine hcl oral syrup</i>	1	MO; GC
<i>promethazine hcl oral tablet</i>	1	MO; GC
<i>promethazine hcl rectal suppository</i>	1	MO; GC
<i>promethegan rectal suppository</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
scopolamine transdermal patch 72 hour	1	MO; GC; QL (10 EA per 30 days)
trimethobenzamide hcl oral capsule	1	B/D; MO; GC
<b>Emetogenic Therapy Adjuncts</b>		
aprepitant oral capsule 125 mg	1	B/D; MO; GC; QL (2 EA per 30 days)
aprepitant oral capsule 40 mg	1	B/D; MO; GC; QL (1 EA per 30 days)
aprepitant oral capsule 80 & 125 mg	1	B/D; MO; GC; QL (6 EA per 30 days)
aprepitant oral capsule 80 mg	1	B/D; MO; GC; QL (8 EA per 30 days)
dronabinol oral capsule	3	B/D; MO; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D; MO; QL (6 EA per 30 days)
gransetron hcl oral tablet	1	B/D; MO; GC; QL (30 EA per 30 days)
ondansetron hcl oral solution	1	B/D; MO; GC; QL (450 ML per 30 days)
ondansetron hcl oral tablet 24 mg	1	B/D; MO; GC; QL (14 EA per 28 days)
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D; MO; GC
ondansetron odt oral tablet dispersible	1	B/D; MO; GC
SANCUSO TRANSDERMAL PATCH	4	QL (2 EA per 30 days)
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET INTRAVENOUS SUSPENSION	3	B/D; HI; MO
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	4	B/D; HI
amphotericin b intravenous solution reconstituted	3	B/D; HI; MO
caspofungin acetate intravenous solution reconstituted	4	HI
clotrimazole external cream	1	MO; GC
clotrimazole external solution	1	MO; GC
clotrimazole mouth/throat troche	1	MO; GC
CRESEMBA ORAL CAPSULE	4	
econazole nitrate external cream	1	MO; GC
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	HI
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	3	HI; MO

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Drug Name	Drug Tier	Requirements/Limits
EXELDERM EXTERNAL CREAM	3	MO
EXELDERM EXTERNAL SOLUTION	3	MO
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	HI; MO; GC
<i>fluconazole oral suspension reconstituted</i>	1	MO; GC
<i>fluconazole oral tablet</i>	1	MO; GC
<i>flucytosine oral capsule</i>	4	
<i>griseofulvin microsize oral suspension</i>	1	MO; GC
<i>griseofulvin microsize oral tablet</i>	3	MO
<i>griseofulvin ultramicrosize oral tablet</i>	3	MO
<i>itraconazole oral capsule</i>	3	PA; MO
<i>itraconazole oral solution</i>	4	PA
<i>ketoconazole external cream</i>	1	MO; GC
<i>ketoconazole external foam</i>	3	MO
<i>ketoconazole external shampoo</i>	1	MO; GC
<i>ketoconazole oral tablet</i>	1	MO; GC
<i>ketodan external foam</i>	3	MO
<i>micafungin sodium intravenous solution reconstituted</i>	4	
<i>miconazole 3 vaginal suppository</i>	1	MO; GC
<i>naftifine hcl external cream</i>	3	MO
<i>naftifine hcl external gel</i>	2	MO
NAFTIN EXTERNAL GEL 2 %	3	MO
NOXAFIL ORAL SUSPENSION	4	
<i>nyamyc external powder</i>	1	MO; GC
<i>nystatin external cream</i>	1	MO; GC
<i>nystatin external ointment</i>	1	MO; GC
<i>nystatin external powder</i>	1	MO; GC
<i>nystatin mouth/throat suspension</i>	1	MO; GC
<i>nystatin oral tablet</i>	1	MO; GC
<i>nystop external powder</i>	1	MO; GC
<i>oxiconazole nitrate external cream</i>	1	MO; GC
OXISTAT EXTERNAL LOTION	3	MO
<i>posaconazole oral tablet delayed release</i>	4	
SULCONAZOLE NITRATE EXTERNAL CREAM	3	MO
SULCONAZOLE NITRATE EXTERNAL SOLUTION	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>terbinafine hcl oral tablet</i>	1	MO; GC; QL (84 EA per 180 days)
<i>terconazole vaginal cream</i>	1	MO; GC
<i>terconazole vaginal suppository</i>	1	MO; GC
<i>voriconazole intravenous solution reconstituted</i>	4	HI
<i>voriconazole oral suspension reconstituted</i>	4	
<i>voriconazole oral tablet 200 mg</i>	4	
<i>voriconazole oral tablet 50 mg</i>	3	MO
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
<i>allopurinol oral tablet</i>	1	MO; GC
<i>colchicine oral tablet</i>	2	MO
<i>colchicine-probenecid oral tablet</i>	1	MO; GC
<i>febuxostat oral tablet</i>	2	MO
<i>probenecid oral tablet</i>	1	MO; GC
<b>Antimigraine Agents</b>		
<b>Ergot Alkaloids</b>		
<i>cafergot oral tablet</i>	1	MO; GC
<i>dihydroergotamine mesylate nasal solution</i>	4	QL (8 ML per 30 days)
<i>ergotamine-caffeine oral tablet</i>	1	MO; GC
<i>migergot rectal suppository</i>	3	MO
<b>Prophylactic</b>		
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; MO; QL (4.5 ML per 90 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; MO; QL (4.5 ML per 90 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-Injector	3	PA; MO
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; MO
<i>timolol maleate oral tablet</i>	1	MO; GC
UBRELVY ORAL TABLET	3	ST; MO; QL (16 EA per 30 days)
<b>Serotonin (5-HT) Receptor Agonist</b>		
<i>almotriptan malate oral tablet</i>	3	MO; QL (12 EA per 30 days)
<i>frovatriptan succinate oral tablet</i>	3	MO; QL (12 EA per 30 days)
<i>naratriptan hcl oral tablet</i>	1	MO; GC; QL (9 EA per 30 days)
REYVOW ORAL TABLET 100 MG	3	MO; QL (8 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
REYVOW ORAL TABLET 50 MG	3	MO; QL (4 EA per 30 days)
<i>rizatriptan benzoate oral tablet</i>	1	MO; GC; QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	1	MO; GC; QL (18 EA per 30 days)
<i>sumatriptan nasal solution</i>	3	MO; QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	1	MO; GC; QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	3	MO; QL (8 ML per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	3	MO; QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	3	MO; QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	3	MO; QL (5 ML per 30 days)
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.5ML	3	MO; QL (5 ML per 30 days)
<i>zolmitriptan oral tablet</i>	1	MO; GC; QL (12 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg</i>	1	MO; GC; QL (12 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 5 mg</i>	1	MO; GC; QL (9 EA per 30 days)
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
GUANIDINE HCL ORAL TABLET 125 MG	3	MO
<i>pyridostigmine bromide er oral tablet extended release</i>	3	MO
<i>pyridostigmine bromide oral solution</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO; GC
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone oral tablet</i>	1	MO; GC
PRETOMANID ORAL TABLET	3	PA; MO; QL (26 EA per 26 days)
<i>rifabutin oral capsule</i>	1	MO; GC
<b>Antituberculars</b>		
<i>ethambutol hcl oral tablet</i>	1	MO; GC
<i>isoniazid oral syrup</i>	3	MO
<i>isoniazid oral tablet</i>	1	MO; GC
<i>paser oral packet</i>	3	MO
PRIFTIN ORAL TABLET	3	MO
<i>pyrazinamide oral tablet</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
rifampin intravenous solution reconstituted	3	HI; MO
rifampin oral capsule	1	MO; GC
RIFATER ORAL TABLET 50-120-300 MG	3	MO
SIRTURO ORAL TABLET	4	
TRECATOR ORAL TABLET	3	MO
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
cyclophosphamide oral capsule	2	B/D; MO
cyclophosphamide oral tablet 25 mg	2	B/D; MO
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	2	B/D; MO
GLEOSTINE ORAL CAPSULE	3	MO
LEUKERAN ORAL TABLET	4	
MATULANE ORAL CAPSULE	4	
VALCHLOR EXTERNAL GEL	4	
<b>Antiandrogens</b>		
abiraterone acetate oral tablet	4	
bicalutamide oral tablet	1	MO; GC
ERLEADA ORAL TABLET	4	QL (120 EA per 30 days)
flutamide oral capsule	1	MO; GC
nilutamide oral tablet	4	
NUBEQA ORAL TABLET	4	QL (120 EA per 30 days)
XTANDI ORAL CAPSULE	4	
XTANDI ORAL TABLET	4	
YONSA ORAL TABLET	4	QL (120 EA per 30 days)
ZYTIGA ORAL TABLET 500 MG	4	
<b>Antiangiogenic Agents</b>		
FOTIVDA ORAL CAPSULE	4	PA
POMALYST ORAL CAPSULE	4	
QINLOCK ORAL TABLET	4	PA
REVLIMID ORAL CAPSULE	4	
TABRECTA ORAL TABLET	4	PA; QL (120 EA per 30 days)
THALOMID ORAL CAPSULE	4	
<b>Antiestrogens/Modifiers</b>		
EMCYT ORAL CAPSULE	4	
SOLTAMOX ORAL SOLUTION	4	
tamoxifen citrate oral tablet	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>toremifene citrate oral tablet</i>	4	QL (30 EA per 30 days)
<b>Antimetabolites</b>		
DROXIA ORAL CAPSULE	3	MO
hydroxyurea oral capsule	1	MO; GC
mercaptopurine oral tablet	1	MO; GC
PURIXAN ORAL SUSPENSION	4	
SIKLOS ORAL TABLET 100 MG	3	MO
SIKLOS ORAL TABLET 1000 MG	4	
TABLOID ORAL TABLET	3	MO
<b>Antineoplastics, Other</b>		
ASPARLAS INTRAVENOUS SOLUTION	4	
GAVRETO ORAL CAPSULE	4	PA
IBRANCE ORAL TABLET	4	
IDHIFA ORAL TABLET 100 MG	4	QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50 MG	4	QL (60 EA per 30 days)
INREBIC ORAL CAPSULE	4	QL (120 EA per 30 days)
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG	4	QL (49 EA per 28 days)
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG	4	QL (70 EA per 28 days)
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG	4	QL (91 EA per 28 days)
LONSURF ORAL TABLET 15-6.14 MG	4	QL (100 EA per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	4	QL (80 EA per 28 days)
LUMAKRAS ORAL TABLET	4	PA
NINLARO ORAL CAPSULE	4	
ONUREG ORAL TABLET	4	PA
PEMAZYRE ORAL TABLET	4	PA; QL (30 EA per 30 days)
RETEVMO ORAL CAPSULE	4	PA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	4	
TAZVERIK ORAL TABLET	4	QL (240 EA per 30 days)
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED	3	MO
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	4	PA
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	4	PA

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Drug Name	Drug Tier	Requirements/Limits
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	4	PA
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	4	PA
TUKYSA ORAL TABLET	4	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	4	QL (20 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	4	QL (8 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	4	QL (16 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	4	QL (12 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	4	QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	4	QL (32 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	4	QL (32 EA per 28 days)
ZOLINZA ORAL CAPSULE	4	
<b>Aromatase Inhibitors, 3rd Generation</b>		
anastrozole oral tablet	1	MO; GC
exemestane oral tablet	3	MO
letrozole oral tablet	1	MO; GC
<b>Molecular Target Inhibitors</b>		
AFINITOR DISPERZ ORAL TABLET SOLUBLE	4	
AFINITOR ORAL TABLET 10 MG	4	QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE	4	QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG	4	QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90 MG	4	QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK	4	QL (30 EA per 30 days)
AYVAKIT ORAL TABLET	4	
BALVERSA ORAL TABLET 3 MG	4	QL (84 EA per 28 days)
BALVERSA ORAL TABLET 4 MG	4	QL (56 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
BALVERSA ORAL TABLET 5 MG	4	QL (28 EA per 28 days)
BOSULIF ORAL TABLET	4	
BRAFTOVI ORAL CAPSULE	4	QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE	4	QL (120 EA per 30 days)
CABOMETYX ORAL TABLET	4	
CALQUENCE ORAL CAPSULE	4	QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	4	QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	
COMETRIQ ORAL KIT	4	
COPIKTRA ORAL CAPSULE	4	QL (56 EA per 28 days)
COTELLIC ORAL TABLET	4	QL (90 EA per 30 days)
DAURISMO ORAL TABLET 100 MG	4	QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
ERIVEDGE ORAL CAPSULE	4	
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	4	QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	4	QL (90 EA per 30 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	QL (30 EA per 30 days)
<i>everolimus oral tablet soluble</i>	4	
FARYDAK ORAL CAPSULE	4	QL (6 EA per 21 days)
GILOTRIF ORAL TABLET	4	QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE	4	
ICLUSIG ORAL TABLET 10 MG	4	QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG	4	QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 30 MG, 45 MG	4	
<i>imatinib mesylate oral tablet</i>	4	
IMBRUVICA ORAL CAPSULE 140 MG	4	
IMBRUVICA ORAL CAPSULE 70 MG	4	QL (240 EA per 30 days)
IMBRUVICA ORAL TABLET 140 MG	4	QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 280 MG	4	QL (60 EA per 30 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	4	QL (30 EA per 30 days)
INLYTA ORAL TABLET	4	
INQOVI ORAL TABLET	4	PA
IRESSA ORAL TABLET	4	
JAKAFI ORAL TABLET	4	QL (60 EA per 30 days)
KISQALI ORAL TABLET THERAPY PACK 200 MG	4	QL (63 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
KOSELUGO ORAL CAPSULE	4	PA
<i>lapatinib ditosylate oral tablet</i>	4	
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	4	
LORBRENA ORAL TABLET 100 MG	4	QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG	4	QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150 MG	4	QL (120 EA per 30 days)
MEKINIST ORAL TABLET	4	
MEKTOVI ORAL TABLET	4	QL (180 EA per 30 days)
NERLYNX ORAL TABLET	4	QL (180 EA per 30 days)
NEXAVAR ORAL TABLET	4	
ODOMZO ORAL CAPSULE	4	
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG	4	QL (56 EA per 28 days)
PIQRAY ORAL TABLET THERAPY PACK 200 MG	4	QL (28 EA per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	4	QL (180 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	4	QL (90 EA per 30 days)
RUBRACA ORAL TABLET	4	QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE	4	QL (224 EA per 28 days)
SPRYCEL ORAL TABLET	4	
STIVARGA ORAL TABLET	4	
<i>sunitinib malate oral capsule</i>	4	
SUTENT ORAL CAPSULE	4	
TAFINLAR ORAL CAPSULE	4	
TAGRISSO ORAL TABLET	4	QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	4	QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	4	QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	
TASIGNA ORAL CAPSULE 50 MG	4	QL (360 EA per 30 days)
TEPMETKO ORAL TABLET	4	PA
TIBSOVO ORAL TABLET	4	QL (60 EA per 30 days)
TURALIO ORAL CAPSULE	4	QL (120 EA per 30 days)
TYKERB ORAL TABLET	4	
UKONIQ ORAL TABLET	4	PA

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Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 10 MG, 50 MG	2	MO
VENCLEXTA ORAL TABLET 100 MG	4	
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	4	
VERZENIO ORAL TABLET 100 MG	4	QL (112 EA per 28 days)
VERZENIO ORAL TABLET 150 MG, 200 MG	4	QL (56 EA per 28 days)
VERZENIO ORAL TABLET 50 MG	4	QL (224 EA per 28 days)
VITRAKVI ORAL CAPSULE 100 MG	4	QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	4	QL (240 EA per 30 days)
VITRAKVI ORAL SOLUTION	4	QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET	4	
VOTRIENT ORAL TABLET	4	
WELIREG ORAL TABLET	4	PA
XALKORI ORAL CAPSULE	4	
XOSPATA ORAL TABLET	4	QL (90 EA per 30 days)
ZEJULA ORAL CAPSULE	4	QL (90 EA per 30 days)
ZELBORAF ORAL TABLET	4	
ZYDELIG ORAL TABLET	4	
ZYKADIA ORAL TABLET	4	
<b>Monoclonal Antibody/Antibody-Drug Conjugate</b>		
AVASTIN INTRAVENOUS SOLUTION	4	PA
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	4	PA
RUXIENCE INTRAVENOUS SOLUTION	4	B/D
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 420 MG	4	B/D
TRUXIMA INTRAVENOUS SOLUTION	4	
<b>Retinoids</b>		
<i>bexarotene oral capsule</i>	4	
PANRETIN EXTERNAL GEL	4	
TARGRETIN EXTERNAL GEL	4	PA
<i>tretinoin oral capsule</i>	4	
<b>Treatment Adjuncts</b>		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED	4	
<i>leucovorin calcium oral tablet</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
MESNEX ORAL TABLET	4	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole oral tablet</i>	4	
<i>ivermectin oral tablet</i>	1	MO; GC
<i>praziquantel oral tablet</i>	2	MO
<b>Antiprotozoals</b>		
ALINIA ORAL SUSPENSION RECONSTITUTED	4	
ALINIA ORAL TABLET	4	
<i>atovaquone oral suspension</i>	4	
<i>atovaquone-proguanil hcl oral tablet</i>	1	MO; GC
BENZNIDAZOLE ORAL TABLET	2	MO
<i>chloroquine phosphate oral tablet</i>	1	MO; GC
COARTEM ORAL TABLET	3	MO
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	MO; GC
<i>mefloquine hcl oral tablet</i>	1	MO; GC
<i>nitazoxanide oral tablet</i>	4	
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	B/D; MO; GC
<i>pentamidine isethionate injection solution reconstituted</i>	3	HI; MO
<i>primaquine phosphate oral tablet</i>	1	MO; GC
<i>pyrimethamine oral tablet</i>	4	PA
<i>quinine sulfate oral capsule</i>	1	PA; MO; GC
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate oral tablet</i>	1	MO; GC
<i>trihexyphenidyl hcl oral solution</i>	3	MO
<i>trihexyphenidyl hcl oral tablet</i>	1	MO; GC
<b>Antiparkinson Agents, Other</b>		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg</i>	2	MO
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	3	MO
<i>entacapone oral tablet</i>	1	MO; GC
NOURIANZ ORAL TABLET 20 MG	4	PA; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NOURIANZ ORAL TABLET 40 MG	4	PA; QL (30 EA per 30 days)
<i>tolcapone oral tablet</i>	4	
<b>Dopamine Agonists</b>		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; QL (60 ML per 30 days)
<i>bromocriptine mesylate oral capsule</i>	3	MO
<i>bromocriptine mesylate oral tablet</i>	2	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	ST; MO
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 4.5 mg</i>	3	MO
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 3.75 mg</i>	1	MO; GC
<i>pramipexole dihydrochloride oral tablet</i>	1	MO; GC
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	1	MO; GC
<i>ropinirole hcl oral tablet</i>	1	MO; GC
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa oral tablet</i>	3	MO
<i>carbidopa-levodopa er oral tablet extended release</i>	1	MO; GC
<i>carbidopa-levodopa oral tablet</i>	1	MO; GC
<i>carbidopa-levodopa oral tablet dispersible</i>	1	MO; GC
INBRIJA INHALATION CAPSULE	4	PA; QL (300 EA per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE	3	ST; MO
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
<i>rasagiline mesylate oral tablet</i>	1	MO; GC
<i>selegiline hcl oral capsule</i>	1	MO; GC
<i>selegiline hcl oral tablet</i>	1	MO; GC
ZELAPAR ORAL TABLET DISPERSIBLE	4	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<i>chlorpromazine hcl oral concentrate</i>	3	MO
<i>chlorpromazine hcl oral tablet</i>	3	MO
<i>fluphenazine decanoate injection solution</i>	1	MO; GC
<i>fluphenazine hcl injection solution</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
fluphenazine hcl oral concentrate	1	MO; GC
fluphenazine hcl oral elixir	1	MO; GC
fluphenazine hcl oral tablet	1	MO; GC
haloperidol decanoate intramuscular solution	1	MO; GC
haloperidol lactate injection solution	1	MO; GC
haloperidol lactate oral concentrate	1	MO; GC
haloperidol oral tablet	1	MO; GC
loxapine succinate oral capsule	1	MO; GC
molindone hcl oral tablet	3	MO
perphenazine oral tablet	1	MO; GC
pimozide oral tablet	3	MO
thioridazine hcl oral tablet	1	MO; GC
thiothixene oral capsule	1	MO; GC
trifluoperazine hcl oral tablet	1	MO; GC
<b>2nd Generation/Atypical</b>		
ABILITY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	4	
ABILITY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	
aripiprazole oral solution	1	MO; GC
aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	MO; GC; QL (30 EA per 30 days)
aripiprazole oral tablet 2 mg, 5 mg	1	MO; GC; QL (60 EA per 30 days)
aripiprazole oral tablet dispersible	4	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	4	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	4	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	4	
asenapine maleate sublingual tablet sublingual	1	MO; GC; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE	4	QL (30 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	3	MO; QL (60 EA per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	4	QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET	3	MO; QL (8 EA per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	4	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	4	QL (60 EA per 30 days)
NUPLAZID ORAL CAPSULE	4	QL (30 EA per 30 days)
NUPLAZID ORAL TABLET	4	QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted</i>	1	MO; GC
<i>olanzapine oral tablet</i>	1	MO; GC; QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible</i>	1	MO; GC; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	3	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	3	MO; QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	4	QL (1 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg, 300 mg, 400 mg, 50 mg</i>	1	MO; GC
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; GC; QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	1	MO; GC; QL (60 EA per 30 days)
REXULTI ORAL TABLET	4	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	3	MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	4	
<i>risperidone oral solution</i>	1	MO; GC; QL (240 ML per 30 days)
<i>risperidone oral tablet</i>	1	MO; GC; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible</i>	1	MO; GC; QL (60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	3	MO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR	4	QL (60 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 5.7 MG/24HR, 7.6 MG/24HR	4	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE	4	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	3	MO; QL (14 EA per 365 days)
<i>ziprasidone hcl oral capsule</i>	1	MO; GC; QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	2	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	MO
<b>Treatment-Resistant</b>		
<i>clozapine oral tablet 100 mg, 25 mg</i>	1	MO; GC; QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	1	MO; GC; QL (120 EA per 30 days)
<i>clozapine oral tablet 50 mg</i>	1	MO; GC; QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 25 mg</i>	3	MO; QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	3	MO; QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	3	MO; QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	4	QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION	4	QL (540 ML per 30 days)
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen oral tablet</i>	1	MO; GC
<i>dantrolene sodium oral capsule</i>	1	MO; GC
<i>tizanidine hcl oral tablet</i>	1	MO; GC
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
<i>cidofovir intravenous solution</i>	4	
PREVYMIS ORAL TABLET	4	
<i>valganciclovir hcl oral solution reconstituted</i>	4	
<i>valganciclovir hcl oral tablet</i>	4	
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil oral tablet</i>	4	
BARACLUDE ORAL SOLUTION	3	MO; QL (600 ML per 30 days)
<i>entecavir oral tablet</i>	3	MO; QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION	3	MO
<i>lamivudine oral tablet 100 mg</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<b>Anti-hepatitis C (HCV) Agents</b>		
HARVONI ORAL PACKET 33.75-150 MG	4	PA; QL (168 EA per 365 days)
HARVONI ORAL PACKET 45-200 MG	4	PA; QL (336 EA per 365 days)
HARVONI ORAL TABLET 45-200 MG	4	PA; QL (168 EA per 365 days)
<i>ledipasvir-sofosbuvir oral tablet</i>	4	PA; QL (168 EA per 365 days)
MAVYRET ORAL TABLET	4	PA
<i>ribavirin oral capsule</i>	1	MO; GC
<i>ribavirin oral tablet</i>	3	MO
<i>sofosbuvir-velpatasvir oral tablet</i>	4	PA; QL (84 EA per 365 days)
SOVALDI ORAL PACKET 150 MG	4	PA; QL (168 EA per 365 days)
SOVALDI ORAL PACKET 200 MG	4	PA; QL (336 EA per 365 days)
SOVALDI ORAL TABLET 400 MG	4	PA; QL (336 EA per 365 days)
<b>Antiherpetic Agents</b>		
<i>acyclovir oral capsule</i>	1	MO; GC
<i>acyclovir oral suspension</i>	3	MO
<i>acyclovir oral tablet</i>	1	MO; GC
<i>acyclovir sodium intravenous solution</i>	3	B/D; HI; MO
<i>famciclovir oral tablet</i>	1	MO; GC
<i>valacyclovir hcl oral tablet</i>	1	MO; GC; QL (120 EA per 30 days)
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
BIKTARVY ORAL TABLET	4	QL (30 EA per 30 days)
DOVATO ORAL TABLET	4	QL (30 EA per 30 days)
GENVOYA ORAL TABLET	4	QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET	4	
ISENTRESS ORAL PACKET	4	
ISENTRESS ORAL TABLET	4	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	4	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	2	MO
JULUCA ORAL TABLET	4	QL (30 EA per 30 days)
STRIBILD ORAL TABLET	4	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	4	
TIVICAY PD ORAL TABLET SOLUBLE	3	MO
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
ATRIPLA ORAL TABLET	4	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
COMPLERA ORAL TABLET	4	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET	4	QL (30 EA per 30 days)
EDURANT ORAL TABLET	4	
<i>efavirenz oral capsule 200 mg</i>	4	
<i>efavirenz oral capsule 50 mg</i>	1	MO; GC; QL (360 EA per 30 days)
<i>efavirenz oral tablet</i>	4	
<i>efavirenz-emtricitab-tenofovir oral tablet</i>	4	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	4	QL (30 EA per 30 days)
<i>etravirine oral tablet</i>	4	
INTELENCE ORAL TABLET 100 MG, 200 MG	4	
INTELENCE ORAL TABLET 25 MG	3	MO
<i>nevirapine er oral tablet extended release 24 hour</i>	3	MO
<i>nevirapine oral suspension</i>	3	MO
<i>nevirapine oral tablet</i>	1	MO; GC
PIFELTRO ORAL TABLET	4	QL (30 EA per 30 days)
RESCRIPTOR ORAL TABLET 200 MG	3	MO
SYMFI LO ORAL TABLET	4	QL (30 EA per 30 days)
SYMFI ORAL TABLET	4	QL (30 EA per 30 days)
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir sulfate oral solution</i>	3	MO
<i>abacavir sulfate oral tablet</i>	3	MO
<i>abacavir sulfate-lamivudine oral tablet</i>	3	MO; QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet</i>	4	QL (60 EA per 30 days)
CIMDUO ORAL TABLET	4	QL (30 EA per 30 days)
DESCOVY ORAL TABLET	4	QL (30 EA per 30 days)
DIDANOSINE ORAL CAPSULE DELAYED RELEASE 200 MG, 250 MG, 400 MG	1	MO; GC
<i>emtricitabine oral capsule</i>	3	MO
<i>emtricitabine-tenofovir df oral tablet</i>	4	QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE	3	MO
EMTRIVA ORAL SOLUTION	3	MO
<i>lamivudine oral solution</i>	1	MO; GC
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	MO; GC
<i>lamivudine-zidovudine oral tablet</i>	1	MO; GC; QL (60 EA per 30 days)
ODEFSEY ORAL TABLET	4	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
stavudine oral capsule	1	MO; GC
TEMIXYS ORAL TABLET	4	QL (30 EA per 30 days)
tenofovir disoproxil fumarate oral tablet	3	MO; QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET	4	QL (30 EA per 30 days)
TRUVADA ORAL TABLET	4	QL (30 EA per 30 days)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	3	MO; QL (90 EA per 30 days)
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	3	MO
VIREAD ORAL POWDER	4	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	
zidovudine oral capsule	1	MO; GC
zidovudine oral syrup	1	MO; GC
zidovudine oral tablet	1	MO; GC
<b>Anti-HIV Agents, Other</b>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	QL (60 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	4	
SELZENTRY ORAL SOLUTION	4	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	4	
SELZENTRY ORAL TABLET 25 MG	2	MO
TYBOST ORAL TABLET	2	MO
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>		
APTVUS ORAL CAPSULE	4	
APTVUS ORAL SOLUTION 100 MG/ML	4	
atazanavir sulfate oral capsule 150 mg, 200 mg	2	MO; QL (60 EA per 30 days)
atazanavir sulfate oral capsule 300 mg	2	MO; QL (30 EA per 30 days)
CRIXIVAN ORAL CAPSULE	2	MO
EVOTAZ ORAL TABLET	4	QL (30 EA per 30 days)
fosamprenavir calcium oral tablet	4	
INVIRASE ORAL TABLET	4	
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	4	
LEXIVA ORAL SUSPENSION	3	MO
lopinavir-ritonavir oral solution	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	3	MO
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	
NORVIR ORAL PACKET	3	MO
NORVIR ORAL SOLUTION	3	MO
PREZCOBIX ORAL TABLET	4	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	4	
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	4	
PREZISTA ORAL TABLET 75 MG	3	MO
REYATAZ ORAL PACKET	4	
<i>ritonavir oral tablet</i>	3	MO; QL (360 EA per 30 days)
SYMTUZA ORAL TABLET	4	QL (30 EA per 30 days)
VIRACEPT ORAL TABLET	4	
<b>Anti-influenza Agents</b>		
<i>amantadine hcl oral capsule</i>	1	MO; GC
<i>amantadine hcl oral solution</i>	1	MO; GC
<i>amantadine hcl oral tablet</i>	1	MO; GC
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg</i>	1	MO; GC
<i>oseltamivir phosphate oral capsule 75 mg</i>	1	MO; GC; QL (110 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	1	MO; GC; QL (900 ML per 180 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	MO; QL (240 EA per 365 days)
<i>rimantadine hcl oral tablet</i>	1	MO; GC
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	MO
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	MO
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>buspirone hcl oral tablet</i>	1	MO; GC
<i>hydroxyzine pamoate oral capsule</i>	1	MO; GC
<b>Benzodiazepines</b>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>alprazolam er oral tablet extended release 24 hour 2 mg</i>	1	MO; GC; QL (150 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
alprazolam er oral tablet extended release 24 hour 3 mg	1	MO; GC; QL (90 EA per 30 days)
alprazolam intensol oral concentrate	1	MO; GC
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	MO; GC; QL (120 EA per 30 days)
alprazolam oral tablet 2 mg	1	MO; GC; QL (150 EA per 30 days)
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg	1	MO; GC; QL (120 EA per 30 days)
alprazolam oral tablet dispersible 2 mg	1	MO; GC; QL (150 EA per 30 days)
chlordiazepoxide hcl oral capsule 10 mg	1	MO; GC; QL (900 EA per 30 days)
chlordiazepoxide hcl oral capsule 25 mg	1	MO; GC; QL (360 EA per 30 days)
chlordiazepoxide hcl oral capsule 5 mg	1	MO; GC; QL (120 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg	1	MO; GC; QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	1	MO; GC; QL (720 EA per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	1	MO; GC; QL (360 EA per 30 days)
diazepam oral concentrate	1	MO; GC
diazepam oral solution	1	MO; GC
diazepam oral tablet	1	MO; GC
lorazepam intensol oral concentrate	1	MO; GC
lorazepam oral tablet 0.5 mg, 1 mg	1	MO; GC; QL (90 EA per 30 days)
lorazepam oral tablet 2 mg	1	MO; GC; QL (150 EA per 30 days)
oxazepam oral capsule	1	MO; GC; QL (120 EA per 30 days)
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	MO
lithium carbonate er oral tablet extended release	1	MO; GC
lithium carbonate oral capsule	1	MO; GC
lithium carbonate oral tablet	1	MO; GC
LITHIUM ORAL SOLUTION 8 MEQ/5ML	2	MO
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
acarbose oral tablet	1	MO; GC
CYCLOSET ORAL TABLET	5	MO; GC
glimepiride oral tablet 1 mg	1	MO; GC; QL (240 EA per 30 days)
glimepiride oral tablet 2 mg	1	MO; GC; QL (120 EA per 30 days)
glimepiride oral tablet 4 mg	1	MO; GC; QL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg	1	MO; GC; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
glipizide er oral tablet extended release 24 hour 2.5 mg	1	MO; GC; QL (240 EA per 30 days)
glipizide er oral tablet extended release 24 hour 5 mg	1	MO; GC; QL (120 EA per 30 days)
glipizide oral tablet 10 mg	1	MO; GC; QL (120 EA per 30 days)
glipizide oral tablet 5 mg	1	MO; GC; QL (240 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg	1	MO; GC; QL (240 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	1	MO; GC; QL (120 EA per 30 days)
glyburide micronized oral tablet 1.5 mg	1	MO; GC; QL (240 EA per 30 days)
glyburide micronized oral tablet 3 mg	1	MO; GC; QL (120 EA per 30 days)
glyburide micronized oral tablet 6 mg	1	MO; GC; QL (60 EA per 30 days)
glyburide oral tablet 1.25 mg	1	MO; GC; QL (480 EA per 30 days)
glyburide oral tablet 2.5 mg	1	MO; GC; QL (240 EA per 30 days)
glyburide oral tablet 5 mg	1	MO; GC; QL (120 EA per 30 days)
glyburide-metformin oral tablet 1.25-250 mg	1	MO; GC; QL (240 EA per 30 days)
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; GC; QL (120 EA per 30 days)
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG	5	ST; MO; GC; QL (60 EA per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	5	ST; MO; GC; QL (120 EA per 30 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	ST; MO; GC; QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG	5	ST; MO; GC; QL (90 EA per 30 days)
INVOKANA ORAL TABLET 300 MG	5	ST; MO; GC; QL (30 EA per 30 days)
JANUMET ORAL TABLET	5	ST; MO; GC; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	5	ST; MO; GC; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	5	ST; MO; GC; QL (60 EA per 30 days)
JANUVIA ORAL TABLET	5	ST; MO; GC
JARDIANCE ORAL TABLET 10 MG	5	ST; MO; GC; QL (60 EA per 30 days)
JARDIANCE ORAL TABLET 25 MG	5	ST; MO; GC; QL (30 EA per 30 days)
JENTADUETO ORAL TABLET	5	ST; MO; GC; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	5	ST; MO; GC; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	5	ST; MO; GC; QL (30 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	MO; GC; QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>metformin hcl oral solution</i>	5	MO; GC; QL (765 ML per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	MO; GC; QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	MO; GC; QL (90 EA per 30 days)
<i>miglitol oral tablet</i>	5	MO; GC
<i>nateglinide oral tablet</i>	1	MO; GC
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	5	MO; GC; QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	5	MO; GC; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>pioglitazone hcl oral tablet 30 mg</i>	1	MO; GC; QL (45 EA per 30 days)
<i>pioglitazone hcl oral tablet 45 mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>pioglitazone hcl-glimepiride oral tablet</i>	1	MO; GC; QL (45 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet</i>	1	MO; GC; QL (90 EA per 30 days)
<i>repaglinide oral tablet</i>	1	MO; GC
SYMLINPEN 120	4	PA
SYMLINPEN 60	4	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 5-1000 MG	5	ST; MO; GC; QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-500 MG, 5-500 MG	5	ST; MO; GC; QL (120 EA per 30 days)
TOLBUTAMIDE ORAL TABLET 500 MG	1	MO; GC; QL (180 EA per 30 days)
TRADJENTA ORAL TABLET	5	ST; MO; GC
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	ST; MO; GC; QL (2 ML per 28 days)
VICTOZA	5	ST; MO; GC; QL (9 ML per 30 days)
<b>Glycemic Agents</b>		
BAQSIMI ONE PACK NASAL POWDER	3	MO
BAQSIMI TWO PACK NASAL POWDER	3	MO

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Drug Name	Drug Tier	Requirements/Limits
diazoxide oral suspension	4	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	5	MO; GC
GLUCAGON EMERGENCY KIT INJECTION KIT	5	MO; GC
<b>Insulins</b>		
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	MO; GC
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	MO; GC
HUMALOG MIX 50/50 KWIKPEN	5	MO; GC
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION	5	MO; GC
HUMALOG MIX 75/25 KWIKPEN	5	MO; GC
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION	5	MO; GC
HUMALOG SUBCUTANEOUS SOLUTION	5	MO; GC
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	5	MO; GC
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	MO; GC
HUMULIN 70/30 KWIKPEN	5	MO; GC
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	5	MO; GC
HUMULIN N KWIKPEN	5	MO; GC
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION	5	MO; GC
HUMULIN R U-500 KWIKPEN	5	MO; GC
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION	5	MO; GC
HUMULIN R VIAL INJECTION SOLUTION	5	MO; GC
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	5	MO; GC
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	MO; GC
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	5	MO; GC
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION	5	MO; GC
INSULIN ASPART SUBCUTANEOUS SOLUTION	5	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	MO; GC
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN- INJECTOR	5	MO; GC
LANTUS U-100 SOLOSTAR	5	MO; GC
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION	5	MO; GC
LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	MO; GC
LEVEMIR U-100 VIAL SUBCUTANEOUS SOLUTION	5	MO; GC
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN- INJECTOR	5	MO; GC
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	5	MO; GC
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION	1	MO; GC
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	5	MO; GC
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN- INJECTOR	5	MO; GC
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	5	MO; GC
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION	1	MO; GC
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION	5	MO; GC
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	5	MO; GC
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR	5	MO; GC
NOVOLIN R RELION INJECTION SOLUTION	1	MO; GC
NOVOLIN R VIAL INJECTION SOLUTION	5	MO; GC
NOVOLOG U-100 FLEXPEN	5	MO; GC
NOVOLOG MIX 70/30 FLEXPEN	5	MO; GC
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION	5	MO; GC
NOVOLOG U-100 PENFILL	5	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG U-100 VIAL SUBCUTANEOUS SOLUTION	5	MO; GC
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	MO; GC
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	MO; GC
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	MO; GC
TRESIBA SUBCUTANEOUS SOLUTION	5	MO; GC
<b>Blood Products and Modifiers</b>		
<b>Anticoagulants</b>		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	5	MO; GC; QL (90 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	5	MO; GC; QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	5	MO; GC; QL (90 EA per 30 days)
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	2	MO; QL (35 ML per 90 days)
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	2	MO; QL (28 ML per 90 days)
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	2	MO; QL (10.5 ML per 90 days)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	2	MO; QL (14 ML per 90 days)
<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	2	MO; QL (21 ML per 90 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	4	QL (28 ML per 90 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	3	MO; QL (17.5 ML per 90 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	4	QL (14 ML per 90 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	4	QL (21 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	4	
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	3	MO
<i>heparin sodium (porcine) injection solution</i>	1	MO; GC
<i>jantoven oral tablet</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
PRADAXA ORAL CAPSULE	5	MO; GC; QL (60 EA per 30 days)
SAVAYSA ORAL TABLET	5	MO; GC; QL (30 EA per 30 days)
<i>warfarin sodium oral tablet</i>	1	MO; GC
XARELTO ORAL TABLET 10 MG, 20 MG	5	MO; GC; QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	5	MO; GC; QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	5	MO; GC; QL (102 EA per 365 days)
<b>Blood Products and Modifiers, Other</b>		
ADAKVEO INTRAVENOUS SOLUTION	4	PA
<i>anagrelide hcl oral capsule</i>	1	MO; GC
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	3	PA; MO
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	3	PA; MO
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1.2 ML per 30 days)
GRANIX SUBCUTANEOUS SOLUTION	4	PA
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED	4	PA
MULPLETA ORAL TABLET	2	PA; MO; QL (7 EA per 7 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
NEUPOGEN INJECTION SOLUTION	4	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	4	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	4	
OXBRYTA ORAL TABLET	4	PA; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PROCIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; MO
PROCIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	4	PA
PROMACTA ORAL PACKET 12.5 MG	4	PA; QL (180 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	4	PA; QL (90 EA per 30 days)
PROMACTA ORAL TABLET	4	PA
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
RETACRIT INJECTION SOLUTION	3	PA; MO
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1.2 ML per 30 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	4	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	
<b>Hemostasis Agents</b>		
<i>tranexamic acid oral tablet</i>	1	MO; GC
<b>Platelet Modifying Agents</b>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	2	MO
BRILINTA ORAL TABLET	2	MO
CABLIVI INJECTION KIT	4	PA
<i>cilostazol oral tablet</i>	1	MO; GC
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	MO; GC
<i>dipyridamole oral tablet</i>	1	MO; GC
<i>prasugrel hcl oral tablet</i>	2	MO
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine hcl oral tablet</i>	1	MO; GC
<i>clonidine transdermal patch weekly</i>	1	MO; GC
<i>droxidopa oral capsule</i>	4	PA
<i>guanfacine hcl oral tablet</i>	3	MO
<i>methyldopa oral tablet</i>	1	MO; GC
<i>midodrine hcl oral tablet</i>	1	MO; GC
NORTHERA ORAL CAPSULE	4	PA
<b>alpha-Adrenergic Blocking Agents</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>phenoxybenzamine hcl oral capsule</i>	4	
<i>prazosin hcl oral capsule</i>	1	MO; GC
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil oral tablet</i>	1	MO; GC
<i>EPROSARTAN MESYLATE ORAL TABLET 600 MG</i>	1	MO; GC
<i>irbesartan oral tablet</i>	1	MO; GC
<i>losartan potassium oral tablet</i>	1	MO; GC
<i>olmesartan medoxomil oral tablet</i>	1	MO; GC
<i>telmisartan oral tablet</i>	1	MO; GC
<i>valsartan oral tablet</i>	1	MO; GC
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hcl oral tablet</i>	1	MO; GC
<i>captopril oral tablet</i>	1	MO; GC
<i>enalapril maleate oral tablet</i>	1	MO; GC
<i>fosinopril sodium oral tablet</i>	1	MO; GC
<i>lisinopril oral tablet</i>	1	MO; GC
<i>moexipril hcl oral tablet</i>	1	MO; GC
<i>perindopril erbumine oral tablet</i>	1	MO; GC
<i>quinapril hcl oral tablet</i>	1	MO; GC
<i>ramipril oral capsule</i>	1	MO; GC
<i>trandolapril oral tablet</i>	1	MO; GC
<b>Antiarrhythmics</b>		
<i>amiodarone hcl oral tablet</i>	1	MO; GC
<i>digitek oral tablet 125 mcg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>digitek oral tablet 250 mcg</i>	1	MO; GC
<i>digox oral tablet 125 mcg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>digox oral tablet 250 mcg</i>	1	MO; GC
<i>digoxin oral solution</i>	2	MO
<i>digoxin oral tablet 125 mcg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>digoxin oral tablet 250 mcg</i>	1	MO; GC
<i>disopyramide phosphate oral capsule</i>	1	MO; GC
<i>dofetilide oral capsule</i>	2	MO
<i>flecainide acetate oral tablet</i>	1	MO; GC
<i>LANOXIN ORAL TABLET 62.5 MCG</i>	3	MO
<i>mexiletine hcl oral capsule</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
MULTAQ ORAL TABLET	2	MO
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	MO
pacerone oral tablet	1	MO; GC
propafenone hcl er oral capsule extended release 12 hour	3	MO
propafenone hcl oral tablet	1	MO; GC
quinidine gluconate er oral tablet extended release	3	MO
quinidine sulfate oral tablet	1	MO; GC
sorine oral tablet	1	MO; GC
sotalol hcl (af) oral tablet	1	MO; GC
sotalol hcl oral tablet	1	MO; GC
<b>beta-Adrenergic Blocking Agents</b>		
acebutolol hcl oral capsule	1	MO; GC
atenolol oral tablet	1	MO; GC
betaxolol hcl oral tablet	1	MO; GC
bisoprolol fumarate oral tablet	1	MO; GC
BYSTOLIC ORAL TABLET	2	MO
carvedilol oral tablet	1	MO; GC
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	MO
labetalol hcl oral tablet	1	MO; GC
metoprolol succinate er oral tablet extended release 24 hour	1	MO; GC
metoprolol tartrate intravenous solution	1	MO; GC
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	MO; GC
nadolol oral tablet	1	MO; GC
nebivolol hcl oral tablet	1	MO; GC
pindolol oral tablet	1	MO; GC
propranolol hcl er oral capsule extended release 24 hour	1	MO; GC
propranolol hcl oral solution	1	MO; GC
propranolol hcl oral tablet	1	MO; GC
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
amlodipine besylate oral tablet	1	MO; GC
felodipine er oral tablet extended release 24 hour	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>isradipine oral capsule</i>	3	MO
<i>nicardipine hcl oral capsule</i>	3	MO
<i>nifedipine er oral tablet extended release 24 hour</i>	1	MO; GC
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	1	MO; GC
<i>nifedipine oral capsule</i>	2	MO
<i>nimodipine oral capsule</i>	3	MO
<i>nisoldipine er oral tablet extended release 24 hour</i>	3	MO
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3	MO
<i>cartia xt oral capsule extended release 24 hour</i>	1	MO; GC
DILTIAZEM HCL ER BEADS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 300 MG	1	MO; GC
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 240 mg, 360 mg, 420 mg</i>	1	MO; GC
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	MO; GC
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	1	MO; GC
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	1	MO; GC
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	1	MO; GC
<i>diltiazem hcl oral tablet</i>	1	MO; GC
<i>dilt-xr oral capsule extended release 24 hour</i>	1	MO; GC
<i>matzim la oral tablet extended release 24 hour</i>	1	MO; GC
<i>taztia xt oral capsule extended release 24 hour</i>	1	MO; GC
<i>tiadylt er oral capsule extended release 24 hour</i>	1	MO; GC
VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 360 MG	1	MO; GC
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	MO; GC
<i>verapamil hcl er oral tablet extended release</i>	1	MO; GC
<i>verapamil hcl oral tablet</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<b>Cardiovascular Agents, Other</b>		
acetazolamide oral tablet 250 mg	1	MO; GC
ALDACTAZIDE ORAL TABLET 50-50 MG	3	MO
aliskiren fumarate oral tablet	3	MO; QL (30 EA per 30 days)
amiloride-hydrochlorothiazide oral tablet	1	MO; GC
amlodipine besylate-benazepril hcl oral capsule	1	MO; GC
amlodipine besylate-valsartan oral tablet	1	MO; GC
amlodipine-atorvastatin oral tablet	1	MO; GC
amlodipine-olmesartan oral tablet	1	MO; GC
amlodipine-valsartan-hctz oral tablet	1	MO; GC
atenolol-chlorthalidone oral tablet	1	MO; GC
benazepril-hydrochlorothiazide oral tablet	1	MO; GC
BIDIL ORAL TABLET	2	MO
bisoprolol-hydrochlorothiazide oral tablet	1	MO; GC
candesartan cilexetil-hctz oral tablet	1	MO; GC
CAPTOPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 25-15 MG, 25-25 MG, 50-15 MG, 50-25 MG	1	MO; GC
CORLANOR ORAL SOLUTION	3	MO; QL (450 ML per 30 days)
CORLANOR ORAL TABLET	3	PA; MO; QL (60 EA per 30 days)
DEMSER ORAL CAPSULE	4	
enalapril-hydrochlorothiazide oral tablet	1	MO; GC
ENTRESTO ORAL TABLET	3	PA; MO; QL (60 EA per 30 days)
fosinopril sodium-hctz oral tablet	1	MO; GC
irbesartan-hydrochlorothiazide oral tablet	1	MO; GC
lisinopril-hydrochlorothiazide oral tablet	1	MO; GC
losartan potassium-hctz oral tablet	1	MO; GC
METHYLDOPA-HYDROCHLOROTHIAZIDE ORAL TABLET 250-15 MG, 250-25 MG	1	MO; GC
metoprolol-hydrochlorothiazide oral tablet	1	MO; GC
metyrosine oral capsule	4	
olmesartan medoxomil-hctz oral tablet	1	MO; GC
olmesartan-amlodipine-hctz oral tablet	1	MO; GC
pentoxifylline er oral tablet extended release	1	MO; GC
PROPRANOLOL-HCTZ ORAL TABLET 40-25 MG, 80-25 MG	1	MO; GC
quinapril-hydrochlorothiazide oral tablet	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
ranolazine er oral tablet extended release 12 hour	2	MO
spironolactone-hctz oral tablet	1	MO; GC
telmisartan-amldipine oral tablet	1	MO; GC
telmisartan-hctz oral tablet	1	MO; GC
trandolapril-verapamil hcl er oral tablet extended release	1	MO; GC
triamterene-hctz oral capsule	1	MO; GC
triamterene-hctz oral tablet	1	MO; GC
valsartan-hydrochlorothiazide oral tablet	1	MO; GC
VYNDAMAX ORAL CAPSULE	4	PA; QL (30 EA per 30 days)
<b>Diuretics, Loop</b>		
bumetanide injection solution	1	MO; GC
bumetanide oral tablet	1	MO; GC
ethacrynic acid oral tablet	3	MO
furosemide injection solution	1	MO; GC
furosemide oral solution	1	MO; GC
furosemide oral tablet	1	MO; GC
torsemide oral tablet	1	MO; GC
<b>Diuretics, Potassium-sparing</b>		
amiloride hcl oral tablet	1	MO; GC
eplerenone oral tablet	1	MO; GC
spironolactone oral tablet	1	MO; GC
triamterene oral capsule	1	MO; GC
<b>Diuretics, Thiazide</b>		
CHLOROTHIAZIDE ORAL TABLET 250 MG, 500 MG	1	MO; GC
chlorthalidone oral tablet	1	MO; GC
DIURIL ORAL SUSPENSION	3	MO
hydrochlorothiazide oral capsule	1	MO; GC
hydrochlorothiazide oral tablet	1	MO; GC
indapamide oral tablet	1	MO; GC
metolazone oral tablet	1	MO; GC
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
fenofibrate micronized oral capsule 130 mg, 200 mg, 43 mg, 67 mg	1	MO; GC
fenofibrate oral capsule 134 mg, 50 mg	1	MO; GC
fenofibrate oral capsule 150 mg	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate oral tablet</i>	1	MO; GC
<i>fenofibric acid oral capsule delayed release</i>	1	MO; GC
FENOFIBRIC ACID ORAL TABLET 105 MG	1	MO; GC
<i>gemfibrozil oral tablet</i>	1	MO; GC
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium oral tablet</i>	1	MO; GC
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	1	MO; GC
<i>fluvastatin sodium oral capsule</i>	1	MO; GC
LIVALO ORAL TABLET	3	ST; MO
<i>lovastatin oral tablet</i>	1	MO; GC
<i>pravastatin sodium oral tablet</i>	1	MO; GC
<i>rosuvastatin calcium oral tablet</i>	1	MO; GC
<i>simvastatin oral tablet</i>	1	MO; GC
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light oral packet</i>	1	MO; GC
<i>cholestyramine light oral powder</i>	1	MO; GC
<i>cholestyramine oral packet</i>	1	MO; GC
<i>colesevelam hcl oral packet</i>	2	MO
<i>colesevelam hcl oral tablet</i>	2	MO
<i>colestipol hcl oral packet</i>	1	MO; GC
<i>colestipol hcl oral tablet</i>	1	MO; GC
<i>ezetimibe oral tablet</i>	1	MO; GC
<i>ezetimibe-simvastatin oral tablet</i>	1	MO; GC
<i>icosapent ethyl oral capsule</i>	2	MO
JUXTAPID ORAL CAPSULE	4	PA; QL (30 EA per 30 days)
NIACIN (ANTIHYPERLIPIDEMIC) ORAL TABLET	1	MO; GC
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	1	MO; GC
<i>niacor oral tablet</i>	1	MO; GC
<i>omega-3-acid ethyl esters oral capsule</i>	2	MO
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; MO; QL (2 ML per 28 days)
<i>prevalite oral packet</i>	1	MO; GC
<i>prevalite oral powder</i>	1	MO; GC
<i>questran oral packet</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; MO; QL (7 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; MO; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; MO; QL (3 ML per 28 days)
VASCEPA ORAL CAPSULE	3	MO
<b>Vasodilators, Direct-acting Arterial</b>		
hydralazine hcl oral tablet	1	MO; GC
minoxidil oral tablet	3	MO
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	MO; GC
isosorbide dinitrate oral tablet 40 mg	4	
isosorbide mononitrate er oral tablet extended release 24 hour	1	MO; GC
isosorbide mononitrate oral tablet	1	MO; GC
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	MO; GC
nitro-bid transdermal ointment	1	MO; GC
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	MO
nitroglycerin sublingual tablet sublingual	1	MO; GC
nitroglycerin transdermal patch 24 hour	1	MO; GC
nitroglycerin translingual solution	3	MO
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
amphetamine-dextroamphetamine er oral capsule extended release 24 hour	1	PA; MO; GC; QL (30 EA per 30 days)
amphetamine-dextroamphetamine oral tablet	1	MO; GC; QL (90 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	1	PA; MO; GC; QL (180 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	1	PA; MO; GC; QL (120 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1	PA; MO; GC; QL (60 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	1	PA; MO; GC; QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 5 mg	1	PA; MO; GC; QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 30 mg	1	PA; MO; GC; QL (60 EA per 30 days)
zenzedi oral tablet 10 mg	1	PA; MO; GC; QL (180 EA per 30 days)
zenzedi oral tablet 15 mg, 2.5 mg, 20 mg, 7.5 mg	3	PA; MO; QL (90 EA per 30 days)
zenzedi oral tablet 30 mg	3	PA; MO; QL (60 EA per 30 days)
zenzedi oral tablet 5 mg	1	PA; MO; GC; QL (90 EA per 30 days)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg	2	MO; QL (60 EA per 30 days)
atomoxetine hcl oral capsule 80 mg	2	MO; QL (30 EA per 30 days)
clonidine hcl er oral tablet extended release 12 hour	3	MO
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 30 mg, 40 mg, 5 mg	3	PA; MO; QL (30 EA per 30 days)
dexmethylphenidate hcl er oral capsule extended release 24 hour 20 mg	3	PA; MO; QL (60 EA per 30 days)
dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 35 mg	1	PA; MO; GC; QL (30 EA per 30 days)
dexmethylphenidate hcl oral tablet	1	PA; MO; GC; QL (60 EA per 30 days)
guanfacine hcl er oral tablet extended release 24 hour	3	MO
metadate er oral tablet extended release 20 mg	3	PA; MO; QL (90 EA per 30 days)
methylphenidate hcl er (cd) oral capsule extended release	3	PA; MO; QL (30 EA per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg	3	PA; MO; QL (180 EA per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	3	PA; MO; QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 10 mg	3	PA; MO; QL (180 EA per 30 days)
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg	3	PA; MO; QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 20 mg	3	PA; MO; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	3	PA; MO; QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	3	PA; MO; QL (60 EA per 30 days)
methylphenidate hcl er oral tablet extended release 36 mg	3	PA; MO; QL (60 EA per 30 days)
methylphenidate hcl oral solution	3	PA; MO
methylphenidate hcl oral tablet	1	PA; MO; GC; QL (90 EA per 30 days)
methylphenidate hcl oral tablet chewable 10 mg	1	PA; MO; GC; QL (180 EA per 30 days)
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	1	PA; MO; GC; QL (90 EA per 30 days)
<b>Central Nervous System, Other</b>		
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	4	PA; QL (60 EA per 30 days)
butalbital-acetaminophen oral tablet 50-325 mg	1	MO; GC
butalbital-apap-caffeine oral capsule	1	MO; GC
butalbital-apap-caffeine oral tablet	1	MO; GC
butalbital-aspirin-caffeine oral capsule	1	MO; GC
esgc oral capsule	1	MO; GC
esgc oral tablet	1	MO; GC
FIRDAPSE ORAL TABLET	4	PA; QL (240 EA per 30 days)
NUEDEXTA ORAL CAPSULE	3	PA; MO
riluzole oral tablet	1	PA; MO; GC
RUZURGI ORAL TABLET	4	PA; QL (300 EA per 30 days)
tencon oral tablet	1	MO; GC
tetrabenazine oral tablet	4	PA
vanatol iq oral solution 50-325-40 mg/15ml	3	MO
vtol iq oral solution	3	MO
zebutal oral capsule	1	MO; GC
<b>Fibromyalgia Agents</b>		
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	1	MO; GC; QL (90 EA per 30 days)
pregabalin oral capsule 300 mg	1	MO; GC; QL (60 EA per 30 days)
pregabalin oral solution	1	MO; GC; QL (900 ML per 30 days)
SAVELLA ORAL TABLET	2	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	2	MO; QL (110 EA per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>Multiple Sclerosis Agents</b>		
AUBAGIO ORAL TABLET	4	PA; QL (30 EA per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; QL (4 EA per 28 days)
BETASERON SUBCUTANEOUS KIT	4	PA; QL (15 EA per 30 days)
<i>dalfampridine er oral tablet extended release 12 hour</i>	4	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release</i>	4	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral</i>	4	PA; QL (120 EA per 365 days)
EXTAVIA SUBCUTANEOUS KIT	4	PA; QL (15 EA per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	4	PA; QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	4	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	4	PA; QL (12 ML per 28 days)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	4	PA; QL (30 ML per 30 days)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	4	PA; QL (12 ML per 28 days)
MAVENCLAD ORAL TABLET THERAPY PACK	4	PA
MAYZENT ORAL TABLET 0.25 MG	4	PA; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 2 MG	4	PA; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	4	PA; QL (20 EA per 365 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (2 ML per 365 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (8.4 ML per 365 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (8.4 ML per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
TECFIDERA STARTER PACK	4	PA; QL (120 EA per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE	4	PA; QL (60 EA per 30 days)
TYSABRI INTRAVENOUS CONCENTRATE	4	PA
VUMERITY ORAL CAPSULE DELAYED RELEASE	4	PA; QL (120 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	4	PA; QL (14 EA per 365 days)
ZEPOSIA ORAL CAPSULE	4	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	4	PA; QL (74 EA per 365 days)
<b>Dental and Oral Agents</b>		
<b>Dental and Oral Agents</b>		
<i>cevimeline hcl oral capsule</i>	3	MO
<i>chlorhexidine gluconate mouth/throat solution</i>	1	MO; GC
<i>doxycycline hyclate oral tablet 20 mg</i>	1	MO; GC
<i>lidocaine viscous hcl mouth/throat solution</i>	1	MO; GC
<i>oralone mouth/throat paste</i>	1	MO; GC
<i>paroex mouth/throat solution</i>	1	MO; GC
<i>periogard mouth/throat solution</i>	1	MO; GC
<i>pilocarpine hcl oral tablet</i>	1	MO; GC
<i>triamcinolone acetonide mouth/throat paste</i>	1	MO; GC
<b>Dermatological Agents</b>		
<b>Acne and Rosacea Agents</b>		
<i>accutane oral capsule</i>	3	PA; MO
<i>acitretin oral capsule 10 mg, 25 mg</i>	3	MO
<i>acitretin oral capsule 17.5 mg</i>	4	
<i>adapalene external cream</i>	1	PA; MO; GC
<i>adapalene external gel</i>	1	PA; MO; GC
<i>adapalene external solution</i>	1	PA; MO; GC
<i>adapalene-benzoyl peroxide external gel</i>	2	PA; MO
<i>amnesteem oral capsule</i>	3	PA; MO
<i>AVITA EXTERNAL CREAM</i>	1	PA; MO; GC
<i>AVITA EXTERNAL GEL</i>	1	PA; MO; GC
<i>azelaic acid external gel</i>	2	MO
<i>benzoyl peroxide-erythromycin external gel</i>	1	MO; GC
<i>claravis oral capsule</i>	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phos-benzoyl peroxy external gel 1-5 %, 1.2-5 %</i>	3	MO
<i>clindamycin-tretinoin external gel</i>	3	PA; MO
<b>EPIDUO FORTE EXTERNAL GEL</b>	3	PA; MO
<b>FINACEA EXTERNAL FOAM</b>	2	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	3	PA; MO
<i>metronidazole external cream</i>	1	MO; GC
<i>metronidazole external gel</i>	1	MO; GC
<i>metronidazole external lotion</i>	1	MO; GC
<b>MIRVASO EXTERNAL GEL</b>	3	PA; MO
<i>myorisan oral capsule</i>	3	PA; MO
<i>neuac external gel</i>	3	MO
<b>NORITATE EXTERNAL CREAM</b>	4	
<i>rosadan external cream</i>	1	MO; GC
<i>rosadan external gel</i>	1	MO; GC
<i>tazarotene external cream</i>	2	MO; QL (100 GM per 30 days)
<b>TAZORAC EXTERNAL GEL</b>	3	PA; MO; QL (100 GM per 30 days)
<i>tretinoin external cream</i>	1	PA; MO; GC
<i>tretinoin external gel</i>	1	PA; MO; GC
<i>tretinoin microsphere external gel</i>	1	PA; MO; GC
<i>zenatane oral capsule</i>	3	PA; MO
<b>Dermatitis and Pruritus Agents</b>		
<i>ala-cort external cream 2.5 %</i>	1	MO; GC
<i>alclometasone dipropionate external cream</i>	1	MO; GC
<i>alclometasone dipropionate external ointment</i>	1	MO; GC
<i>amcinonide external cream</i>	3	MO
<i>amcinonide external lotion</i>	3	MO
<i>amcinonide external ointment</i>	3	MO
<i>ammonium lactate external cream</i>	1	MO; GC
<i>ammonium lactate external lotion</i>	1	MO; GC
<i>apexicon e external cream</i>	3	MO
<i>beser external lotion</i>	1	MO; GC
<i>betamethasone dipropionate aug external cream</i>	1	MO; GC
<i>betamethasone dipropionate aug external gel</i>	1	MO; GC
<i>betamethasone dipropionate aug external lotion</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate aug external ointment</i>	1	MO; GC
<i>betamethasone dipropionate external cream</i>	1	MO; GC
<i>betamethasone dipropionate external lotion</i>	1	MO; GC
<i>betamethasone dipropionate external ointment</i>	1	MO; GC
<i>betamethasone valerate external cream</i>	1	MO; GC
<i>betamethasone valerate external foam</i>	3	MO
<i>betamethasone valerate external lotion</i>	1	MO; GC
<i>betamethasone valerate external ointment</i>	1	MO; GC
<b>CAPEX EXTERNAL SHAMPOO</b>	3	MO
<i>clobetasol propionate e external cream</i>	1	MO; GC
<i>clobetasol propionate external cream</i>	1	MO; GC
<i>clobetasol propionate external gel</i>	1	MO; GC
<i>clobetasol propionate external ointment</i>	1	MO; GC
<i>clobetasol propionate external shampoo</i>	3	MO
<i>clobetasol propionate external solution</i>	1	MO; GC
<i>clodan external shampoo</i>	3	MO
<b>DESONATE EXTERNAL GEL</b>	2	MO
<i>desonide external cream</i>	1	MO; GC
<i>desonide external gel</i>	1	MO; GC
<i>desonide external lotion</i>	1	MO; GC
<i>desonide external ointment</i>	1	MO; GC
<i>desoximetasone external cream</i>	3	MO
<i>desoximetasone external gel</i>	3	MO
<i>desoximetasone external ointment</i>	3	MO
<i>desrx external gel</i>	1	MO; GC
<i>diflorasone diacetate external cream</i>	3	MO
<i>diflorasone diacetate external ointment</i>	3	MO
<i>doxepin hcl external cream</i>	4	QL (45 GM per 30 days)
<i>fluocinolone acetonide external cream</i>	1	MO; GC
<i>fluocinolone acetonide external ointment</i>	1	MO; GC
<i>fluocinolone acetonide external solution</i>	1	MO; GC
<i>fluocinolone acetonide scalp external oil</i>	1	MO; GC
<i>fluocinonide emulsified base external cream</i>	1	MO; GC
<i>fluocinonide external cream 0.1 %</i>	1	MO; GC
<i>fluocinonide external gel</i>	1	MO; GC
<i>fluocinonide external ointment</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide external solution</i>	1	MO; GC
<i>flurandrenolide external cream</i>	3	MO
<i>fluticasone propionate external cream</i>	1	MO; GC
<i>fluticasone propionate external lotion</i>	1	MO; GC
<i>fluticasone propionate external ointment</i>	1	MO; GC
<i>halobetasol propionate external cream</i>	1	MO; GC
<i>halobetasol propionate external ointment</i>	1	MO; GC
<i>hydrocortisone butyrate external cream</i>	1	MO; GC
<i>hydrocortisone butyrate external ointment</i>	1	MO; GC
<i>hydrocortisone butyrate external solution</i>	1	MO; GC
<i>hydrocortisone external cream 2.5 %</i>	1	MO; GC
<i>hydrocortisone external lotion 2.5 %</i>	1	MO; GC
<i>hydrocortisone external ointment 2.5 %</i>	1	MO; GC
<i>hydrocortisone valerate external cream</i>	1	MO; GC
<i>hydrocortisone valerate external ointment</i>	1	MO; GC
<i>mometasone furoate external cream</i>	1	MO; GC
<i>mometasone furoate external ointment</i>	1	MO; GC
<i>mometasone furoate external solution</i>	1	MO; GC
<i>nolix external cream</i>	1	MO; GC
PANDEL EXTERNAL CREAM	4	
<i>pimecrolimus external cream</i>	3	MO
PREDNICARBATE EXTERNAL CREAM 0.1 %	2	MO
<i>prednicarbate external ointment</i>	1	MO; GC
<i>psorcon external cream</i>	3	MO
<i>selenium sulfide external lotion</i>	1	MO; GC
<i>tacrolimus external ointment</i>	3	MO
<i>triamcinolone acetonide external aerosol solution</i>	3	MO
<i>triamcinolone acetonide external cream</i>	1	MO; GC
<i>triamcinolone acetonide external lotion</i>	1	MO; GC
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO; GC
<i>triderm external cream</i>	1	MO; GC
<b>Dermatological Agents, Other</b>		
<i>calcipotriene external cream</i>	3	MO
<i>calcipotriene external ointment</i>	3	MO
<i>calcipotriene external solution</i>	1	MO; GC
<i>calcipotriene-betameth diprop external ointment</i>	3	MO; QL (400 GM per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene-betameth diprop external suspension</i>	4	QL (400 GM per 30 days)
CALCITRIOL EXTERNAL OINTMENT	3	MO
<i>clotrimazole-betamethasone external cream</i>	1	MO; GC
<i>clotrimazole-betamethasone external lotion</i>	1	MO; GC
CONDYLOX EXTERNAL GEL	3	MO
CORTISPORIN EXTERNAL OINTMENT 1 %	3	MO
<i>diclofenac sodium external gel 3 %</i>	3	MO
ENSTILAR EXTERNAL FOAM	4	QL (120 GM per 30 days)
FLUOROPLEX EXTERNAL CREAM	3	MO
<i>fluorouracil external cream 0.5 %</i>	4	
<i>fluorouracil external cream 5 %</i>	1	MO; GC
<i>fluorouracil external solution</i>	1	MO; GC
IMIQUIMOD EXTERNAL CREAM 3.75 %	4	
<i>imiquimod external cream 5 %</i>	1	MO; GC
<i>imiquimod pump external cream</i>	4	
<i>methoxsalen rapid oral capsule</i>	4	
<i>nystatin-triamcinolone external cream</i>	1	MO; GC
<i>nystatin-triamcinolone external ointment</i>	1	MO; GC
OTEZLA ORAL TABLET	4	PA
PICATO EXTERNAL GEL 0.015 %, 0.05 %	4	
<i>podoftlox external solution</i>	1	MO; GC
REGRANEX EXTERNAL GEL	4	PA
SANTYL EXTERNAL OINTMENT	2	MO
<i>silver sulfadiazine external cream</i>	1	MO; GC
SSD EXTERNAL CREAM	1	MO; GC
VEREGEN EXTERNAL OINTMENT	4	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	4	
<b>Pediculicides/Scabicides</b>		
<i>ivermectin external cream</i>	3	MO
<i>ivermectin external lotion</i>	3	MO
<i>lindane external shampoo</i>	3	MO
<i>malathion external lotion</i>	3	MO
<i>permethrin external cream</i>	1	MO; GC
SKLICE EXTERNAL LOTION 0.5 %	3	MO
<b>Topical Anti-infectives</b>		

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Drug Name	Drug Tier	Requirements/Limits
acyclovir external cream	3	MO
acyclovir external ointment	3	MO
ciclodan external solution	1	PA; MO; GC
ciclopirox external gel	1	MO; GC
ciclopirox external shampoo	1	MO; GC
ciclopirox external solution	1	PA; MO; GC
ciclopirox olamine external cream	1	MO; GC
ciclopirox olamine external suspension	1	MO; GC
clindamycin phosphate external foam	3	MO
clindamycin phosphate external gel	3	MO
clindamycin phosphate external lotion	1	MO; GC
clindamycin phosphate external solution	1	MO; GC
CLINDESSE VAGINAL CREAM	3	MO
DENAVIR EXTERNAL CREAM	4	
ery external pad	1	MO; GC
erythromycin external gel	1	MO; GC
erythromycin external pad 2 %	1	MO; GC
erythromycin external solution	1	MO; GC
MENTAX EXTERNAL CREAM	3	MO
mupirocin calcium external cream	2	MO
mupirocin external ointment	1	MO; GC
SULFAMYLYON EXTERNAL CREAM	3	MO
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b>Electrolyte/Mineral Replacement</b>		
AMINO ACID INTRAVENOUS SOLUTION 10 %	3	B/D; MO
AMINOSYN II INTRAVENOUS SOLUTION	3	B/D; MO
AMINOSYN INTRAVENOUS SOLUTION 10 %	3	B/D; MO
AMINOSYN-PF INTRAVENOUS SOLUTION	3	B/D; MO
CARBAGLU ORAL TABLET	4	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	B/D; MO
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	B/D; MO
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	B/D; MO
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	B/D; MO

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	B/D; MO
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	B/D; MO
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	B/D; MO
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	B/D; MO
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	B/D; MO
<i>dextrose intravenous solution 10 %, 5 %</i>	1	MO; GC
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.225 %	2	MO
DEXTROSE-NACL INTRAVENOUS SOLUTION 5-0.2 %, 5-0.45 %, 5-0.9 %	1	MO; GC
DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 5-0.225 %	2	MO
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML	1	MO; GC
<i>fluoritab oral solution</i>	1	MO; GC
<i>fluoritab oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	1	MO; GC
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP	1	MO; GC
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %	3	B/D; MO
FREAMINE III INTRAVENOUS SOLUTION	3	B/D; MO
HEPATAMINE INTRAVENOUS SOLUTION 8 %	3	B/D; MO
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	3	MO
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	3	MO
ISOLYTE-S INTRAVENOUS SOLUTION	3	MO
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 10-5-0.45 MEQ/L-%-%, 20-5-0.2 MEQ/L-%-%, 20-5-0.45 MEQ/L-%-%, 20-5-0.9 MEQ/L-%-%, 30-5-0.45 MEQ/L-%-%, 40-5-0.45 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-%	1	MO; GC
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION	1	MO; GC
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	1	MO; GC
<i>klor-con m10 oral tablet extended release</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
klor-con m15 oral tablet extended release	1	MO; GC
klor-con m20 oral tablet extended release	1	MO; GC
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	MO; GC
klor-con sprinkle oral capsule extended release 10 meq, 8 meq	1	MO; GC
ludent oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	1	MO; GC
MAGNESIUM SULFATE INJECTION SOLUTION 50 %	1	MO; GC
magnesium sulfate injection solution 50 % (10ml syringe)	1	MO; GC
nafrinse drops oral solution	1	MO; GC
nafrinse oral tablet chewable	1	MO; GC
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %	3	B/D; MO
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	3	MO
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	2	MO
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	3	MO
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	3	MO
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	MO
plenamine intravenous solution	3	B/D; MO
potassium chloride crys er oral tablet extended release	1	MO; GC
potassium chloride er oral capsule extended release	1	MO; GC
potassium chloride er oral tablet extended release	1	MO; GC
POTASSIUM CHLORIDE IN DEXTROSE INTRAVENOUS SOLUTION 20-5 MEQ/L-%	1	MO; GC
POTASSIUM CHLORIDE IN DEXTROSE INTRAVENOUS SOLUTION 40-5 MEQ/L-%	2	MO
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%	1	MO; GC
POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.9 MEQ/L-%, 40-0.9 MEQ/L-%	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 20 MEQ/100ML, 40 MEQ/100ML	1	MO; GC
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	1	MO; GC
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	MO; GC
<i>potassium citrate er oral tablet extended release</i>	1	MO; GC
<i>premasol intravenous solution</i>	3	B/D; MO
PROCALAMINE INTRAVENOUS SOLUTION	3	B/D; MO
PROSOL INTRAVENOUS SOLUTION	3	B/D; MO
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %</i>	1	MO; GC
SODIUM CHLORIDE INTRAVENOUS SOLUTION 5 %	1	MO; GC
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	1	MO; GC
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	MO; GC
<i>sodium fluoride oral tablet chewable</i>	1	MO; GC
SYNTHAMIN 17 INTRAVENOUS SOLUTION 10 %	3	B/D; MO
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	2	MO
TRAVASOL INTRAVENOUS SOLUTION	3	B/D; MO
TROPHAMINE INTRAVENOUS SOLUTION	3	B/D; MO
<b>Electrolyte/Mineral/Metal Modifiers</b>		
<i>clovique oral capsule 250 mg</i>	4	
<i>deferasirox granules oral packet</i>	4	PA
<i>deferasirox oral tablet</i>	4	PA
<i>deferasirox oral tablet soluble</i>	4	PA
<i>deferiprone oral tablet</i>	4	PA
FERRIPROX ORAL SOLUTION	4	PA
FERRIPROX ORAL TABLET	4	PA
JADENU SPRINKLE ORAL PACKET	4	PA
<i>penicillamine oral capsule</i>	4	
SAMSCA ORAL TABLET 15 MG	4	
<i>sodium polystyrene sulfonate oral powder</i>	1	MO; GC
TOLVAPTAN ORAL TABLET 15 MG	4	
<i>tolvaptan oral tablet 30 mg</i>	4	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>trientine hcl oral capsule</i>	4	
<b>Phosphate Binders</b>		
<i>calcium acetate (phos binder) oral capsule</i>	1	MO; GC
<i>calcium acetate (phos binder) oral tablet</i>	1	MO; GC
<b>FOSRENOL ORAL PACKET</b>	4	
<i>lanthanum carbonate oral tablet chewable</i>	4	
<i>sevelamer carbonate oral packet 0.8 gm</i>	2	MO; QL (180 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	2	MO; QL (90 EA per 30 days)
<i>sevelamer carbonate oral tablet</i>	2	MO
<i>sevelamer hcl oral tablet 800 mg</i>	4	
<b>VELPHORO ORAL TABLET CHEWABLE</b>	4	
<b>Potassium Binders</b>		
<i>kionex oral suspension 15 gm/60ml</i>	1	MO; GC
<b>LOKELMA ORAL PACKET 10 GM</b>	3	MO; QL (34 EA per 30 days)
<b>LOKELMA ORAL PACKET 5 GM</b>	3	MO; QL (30 EA per 30 days)
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	1	MO; GC
<i>sps oral suspension</i>	1	MO; GC
<b>VELTASSA ORAL PACKET</b>	4	QL (30 EA per 30 days)
<b>Vitamins</b>		
<b>PRENATAL + DHA ORAL THERAPY PACK 27-1 &amp; 250 MG</b>	1	MO; GC
<i>prenatal oral tablet 27-1 mg</i>	1	MO; GC
<b>Gastrointestinal Agents</b>		
<b>Anti-Constipation Agents</b>		
<b>AMITIZA ORAL CAPSULE</b>	2	MO; QL (60 EA per 30 days)
<i>constulose oral solution</i>	1	MO; GC
<i>enulose oral solution</i>	1	MO; GC
<i>generlac oral solution</i>	1	MO; GC
<i>kristalose oral packet</i>	3	MO
<i>lactulose encephalopathy oral solution</i>	1	MO; GC
<i>lactulose oral packet</i>	3	MO
<i>lactulose oral solution 10 gm/15ml</i>	1	MO; GC
<b>LINZESS ORAL CAPSULE</b>	2	MO; QL (30 EA per 30 days)
<i>lubiprostone oral capsule</i>	1	MO; GC; QL (60 EA per 30 days)
<b>RELISTOR ORAL TABLET</b>	4	PA; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	4	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	4	PA; QL (12 ML per 30 days)
<b>Anti-Diarrheal Agents</b>		
<i>alosetron hcl oral tablet</i>	4	PA
<i>diphenoxylate-atropine oral liquid</i>	1	MO; GC
<i>diphenoxylate-atropine oral tablet</i>	1	MO; GC
<i>loperamide hcl oral capsule</i>	1	MO; GC
<b>Antispasmodics, Gastrointestinal</b>		
CUVPOSA ORAL SOLUTION	3	MO
<i>dicyclomine hcl oral capsule</i>	1	MO; GC
<i>dicyclomine hcl oral solution</i>	1	MO; GC
<i>dicyclomine hcl oral tablet</i>	1	MO; GC
<i>glycopyrrolate oral tablet</i>	1	MO; GC
<i>methscopolamine bromide oral tablet</i>	3	MO
PROPANTHELINE BROMIDE ORAL TABLET 15 MG	3	MO
<b>Gastrointestinal Agents, Other</b>		
<i>amoxicill-clarithro-lansopraz oral</i>	1	MO; GC
<i>chenodal oral tablet</i>	4	
GATTEX SUBCUTANEOUS KIT	4	PA
<i>gavilyte-c oral solution reconstituted</i>	1	MO; GC
<i>gavilyte-g oral solution reconstituted</i>	1	MO; GC
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	1	MO; GC
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	MO
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	MO; GC
<i>metoclopramide hcl oral tablet</i>	1	MO; GC
<i>metoclopramide hcl oral tablet dispersible</i>	3	MO
MOVIPREP ORAL SOLUTION RECONSTITUTED	2	MO
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
OCALIVA ORAL TABLET	4	PA; QL (30 EA per 30 days)
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	1	MO; GC
peg-3350/electrolytes oral solution reconstituted	1	MO; GC
peg-3350/electrolytes/ascorbat oral solution reconstituted	1	MO; GC
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted	1	MO; GC
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM	2	MO
PYLERA ORAL CAPSULE	4	
RECTIV RECTAL OINTMENT	3	MO
SUPREP BOWEL PREP KIT ORAL SOLUTION	2	MO
trilyte oral solution reconstituted 420 gm	1	MO; GC
ursodiol oral tablet	2	MO
XIFAXAN ORAL TABLET	4	PA
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
<b>Histamine2 (H2) Receptor Antagonists</b>		
cimetidine hcl oral solution 300 mg/5ml	1	MO; GC
cimetidine oral tablet	1	MO; GC
famotidine oral suspension reconstituted	1	MO; GC
famotidine oral tablet 20 mg, 40 mg	1	MO; GC
nizatidine oral capsule	1	MO; GC
nizatidine oral solution	3	MO
ranitidine hcl oral capsule 150 mg, 300 mg	1	MO; GC
ranitidine hcl oral syrup 75 mg/5ml	1	MO; GC
ranitidine hcl oral tablet 150 mg, 300 mg	1	MO; GC
<b>Protectants</b>		
misoprostol oral tablet	1	MO; GC
sucralfate oral suspension	1	MO; GC
sucralfate oral tablet	1	MO; GC
<b>Proton Pump Inhibitors</b>		
DEXILANT ORAL CAPSULE DELAYED RELEASE	3	MO; QL (30 EA per 30 days)
esomeprazole magnesium oral capsule delayed release	1	MO; GC; QL (30 EA per 30 days)
esomeprazole magnesium oral packet	2	MO; QL (30 EA per 30 days)
lansoprazole oral capsule delayed release	1	MO; GC; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NEXIUM ORAL PACKET 2.5 MG, 5 MG	2	MO; QL (30 EA per 30 days)
<i>omeprazole oral capsule delayed release</i>	1	MO; GC; QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release</i>	1	MO; GC; QL (60 EA per 30 days)
PRILOSEC ORAL PACKET	3	MO
<i>rabeprazole sodium oral tablet delayed release</i>	1	MO; GC; QL (30 EA per 30 days)
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	4	PA
CERDELGA ORAL CAPSULE	4	PA
CHOLBAM ORAL CAPSULE	4	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	2	MO
<i>cromolyn sodium oral concentrate</i>	3	MO
CYSTADANE ORAL POWDER	4	
CYSTAGON ORAL CAPSULE	3	MO
GALAFOLD ORAL CAPSULE	4	PA; QL (14 EA per 28 days)
GLASSIA INTRAVENOUS SOLUTION	4	PA
KEVEYIS ORAL TABLET	4	PA; QL (120 EA per 30 days)
KUVAN ORAL PACKET	4	PA
KUVAN ORAL TABLET	4	PA
<i>miglustat oral capsule</i>	4	PA
<i>nitisinone oral capsule</i>	4	
ORFADIN ORAL SUSPENSION	4	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	4	PA; QL (14 ML per 28 days)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML	4	PA; QL (4 ML per 28 days)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	4	PA; QL (56 ML per 28 days)
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	4	PA
RAVICTI ORAL LIQUID	4	PA
<i>sapropterin dihydrochloride oral packet</i>	4	PA
<i>sapropterin dihydrochloride oral tablet</i>	4	PA
<i>sodium phenylbutyrate oral powder</i>	4	
<i>sodium phenylbutyrate oral tablet</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
SUCRAID ORAL SOLUTION	4	
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
VYndaqel Oral Capsule	4	PA; QL (120 EA per 30 days)
VYONDYS 53 INTRAVENOUS SOLUTION RECONSTITUTED	4	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 40000-126000 UNIT	2	MO
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	3	MO
<i>flavoxate hcl oral tablet</i>	1	MO; GC
GELNIQUE TRANSDERMAL GEL	3	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	MO
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	1	MO; GC
<i>oxybutynin chloride oral syrup</i>	1	MO; GC
<i>oxybutynin chloride oral tablet</i>	1	MO; GC
<i>solifenacin succinate oral tablet</i>	2	MO
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	1	MO; GC
<i>tolterodine tartrate oral tablet</i>	1	MO; GC
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	MO
<i>trospium chloride er oral capsule extended release 24 hour</i>	1	MO; GC
<i>trospium chloride oral tablet</i>	1	MO; GC
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	1	MO; GC
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	MO
<i>doxazosin mesylate oral tablet</i>	1	MO; GC
<i>dutasteride oral capsule</i>	1	MO; GC
<i>dutasteride-tamsulosin hcl oral capsule</i>	3	MO
<i>finasteride oral tablet 5 mg</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>silodosin oral capsule</i>	2	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	3	PA; MO; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	1	MO; GC
<i>terazosin hcl oral capsule</i>	1	MO; GC
<b>Genitourinary Agents, Other</b>		
<i>bethanechol chloride oral tablet</i>	1	MO; GC
<b>ELMIRON ORAL CAPSULE</b>	3	MO
<i>penicillamine oral tablet</i>	4	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	3	E; MO; QL (30 EA per 30 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>ACTHAR INJECTION GEL</i>	4	PA
<i>CORTISONE ACETATE ORAL TABLET 25 MG</i>	1	MO; GC
<i>decadron oral tablet</i>	1	MO; GC
<i>DEXAMETHASONE INTENSOL ORAL CONCENTRATE</i>	1	MO; GC
<i>dexamethasone oral elixir</i>	1	MO; GC
<i>dexamethasone oral tablet</i>	1	MO; GC
<i>fludrocortisone acetate oral tablet</i>	1	MO; GC
<i>hydrocortisone oral tablet</i>	1	MO; GC
<i>MEDROL ORAL TABLET 2 MG</i>	3	MO
<i>methylprednisolone oral tablet</i>	1	MO; GC
<i>methylprednisolone oral tablet therapy pack</i>	1	MO; GC
<i>millipred oral tablet</i>	3	MO
<i>prednisolone oral solution</i>	1	MO; GC
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	3	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	MO; GC
<i>prednisone intensol oral concentrate</i>	1	MO; GC
<i>prednisone oral solution</i>	1	MO; GC
<i>prednisone oral tablet</i>	1	MO; GC
<i>prednisone oral tablet therapy pack</i>	1	MO; GC
<i>RAYOS ORAL TABLET DELAYED RELEASE</i>	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		

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Drug Name	Drug Tier	Requirements/Limits
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
desmopressin ace spray refrig nasal solution	1	MO; GC
DESMOPRESSIN ACETATE NASAL SOLUTION	4	
desmopressin acetate oral tablet	1	MO; GC
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	4	PA; QL (60 EA per 30 days)
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG	3	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	4	PA
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
HUMATROPE INJECTION SOLUTION RECONSTITUTED	4	PA
INCRELEX SUBCUTANEOUS SOLUTION	4	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA
SAIZEN INJECTION SOLUTION RECONSTITUTED	4	PA
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	4	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
STIMATE NASAL SOLUTION	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
KORLYM ORAL TABLET	4	PA; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Anabolic Steroids</b>		
ANADROL-50 ORAL TABLET 50 MG	4	PA
<i>oxandrolone oral tablet 10 mg</i>	4	PA; QL (60 EA per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA; MO; QL (240 EA per 30 days)
<b>Androgens</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA; MO
<i>danazol oral capsule</i>	1	MO; GC
<i>depo-testosterone intramuscular solution</i>	1	MO; GC
JATENZO ORAL CAPSULE 158 MG, 198 MG	3	PA; MO
JATENZO ORAL CAPSULE 237 MG	4	PA
<i>methitest oral tablet</i>	3	PA; MO
<i>methyltestosterone oral capsule</i>	4	PA
STRIANT BUCCAL 30 MG	3	PA; MO
<i>testosterone cypionate intramuscular solution</i>	1	MO; GC
<i>testosterone enanthate intramuscular solution</i>	1	MO; GC
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	2	PA; MO
<b>Estrogens</b>		
<i>afirmelle oral tablet</i>	1	MO; GC
<i>altavera oral tablet</i>	1	MO; GC
<i>alyacen 1/35 oral tablet</i>	1	MO; GC
<i>alyacen 7/7/7 oral tablet</i>	1	MO; GC
<i>amabelz oral tablet</i>	1	MO; GC
<i>amethia lo oral tablet 0.1-0.02 &amp; 0.01 mg</i>	1	MO; GC; QL (91 EA per 91 days)
<i>amethia oral tablet</i>	1	MO; GC; QL (91 EA per 91 days)
<i>amethyst oral tablet</i>	1	MO; GC
<i>apri oral tablet</i>	1	MO; GC
<i>aranelle oral tablet</i>	1	MO; GC
<i>ashlyna oral tablet</i>	1	MO; GC; QL (91 EA per 91 days)
<i>aubra eq oral tablet</i>	1	MO; GC
<i>aurovela 1.5/30 oral tablet</i>	1	MO; GC
<i>aurovela 1/20 oral tablet</i>	1	MO; GC
<i>aurovela 24 fe oral tablet</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
aurovela fe 1.5/30 oral tablet	1	MO; GC
aurovela fe 1/20 oral tablet	1	MO; GC
aviane oral tablet	1	MO; GC
ayuna oral tablet	1	MO; GC
azurette oral tablet	1	MO; GC
balziva oral tablet	1	MO; GC
bekyree oral tablet 0.15-0.02/0.01 mg (21/5)	1	MO; GC
blisovi 24 fe oral tablet	1	MO; GC
blisovi fe 1.5/30 oral tablet	1	MO; GC
blisovi fe 1/20 oral tablet	1	MO; GC
briellyn oral tablet	1	MO; GC
camrese lo oral tablet	1	MO; GC; QL (91 EA per 91 days)
camrese oral tablet	1	MO; GC; QL (91 EA per 91 days)
caziant oral tablet	1	MO; GC
chateal eq oral tablet	1	MO; GC
chateal oral tablet	1	MO; GC
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	3	MO
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	3	MO
cryselle-28 oral tablet	1	MO; GC
cyclafem 1/35 oral tablet	1	MO; GC
cyclafem 7/7/7 oral tablet	1	MO; GC
cyred eq oral tablet	1	MO; GC
dasetta 1/35 oral tablet	1	MO; GC
dasetta 7/7/7 oral tablet	1	MO; GC
daysee oral tablet	1	MO; GC; QL (91 EA per 91 days)
depo-estradiol intramuscular oil	3	MO
desogestrel-ethinyl estradiol oral tablet	1	MO; GC
dolishale oral tablet	1	MO; GC
dotti transdermal patch twice weekly	1	MO; GC
drospirenen-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	1	MO; GC
drospirenone-ethinyl estradiol oral tablet	1	MO; GC
ELESTRIN TRANSDERMAL GEL	3	MO
elinest oral tablet	1	MO; GC
eluryng vaginal ring	1	MO; GC
emoquette oral tablet	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
enpresse-28 oral tablet	1	MO; GC
enskyce oral tablet	1	MO; GC
estarrylla oral tablet	1	MO; GC
estradiol oral tablet	1	MO; GC
estradiol transdermal patch twice weekly	1	MO; GC
estradiol transdermal patch weekly	1	MO; GC
estradiol vaginal cream	2	MO
estradiol vaginal tablet	3	MO
estradiol valerate intramuscular oil	1	MO; GC
estradiol-norethindrone acet oral tablet	1	MO; GC
ESTRING VAGINAL RING	3	MO; QL (1 EA per 90 days)
ethynodiol diac-eth estradiol oral tablet	1	MO; GC
etonogestrel-ethinyl estradiol vaginal ring	1	MO; GC
falmina oral tablet	1	MO; GC
FEMRING VAGINAL RING	3	MO; QL (1 EA per 90 days)
femynor oral tablet	1	MO; GC
fyavolv oral tablet 0.5-2.5 mg-mcg	3	MO
fyavolv oral tablet 1-5 mg-mcg	1	MO; GC
gemma oral capsule	1	MO; GC
gianvi oral tablet 3-0.02 mg	1	MO; GC
hailey 1.5/30 oral tablet	1	MO; GC
hailey 24 fe oral tablet	1	MO; GC
iclevia oral tablet	1	MO; GC; QL (91 EA per 91 days)
introvale oral tablet	1	MO; GC; QL (91 EA per 91 days)
isibloom oral tablet	1	MO; GC
jaimiess oral tablet	1	MO; GC; QL (91 EA per 91 days)
jasmiel oral tablet	1	MO; GC
jinteli oral tablet	1	MO; GC
juleber oral tablet	1	MO; GC
junel 1.5/30 oral tablet	1	MO; GC
junel 1/20 oral tablet	1	MO; GC
junel fe 1.5/30 oral tablet	1	MO; GC
junel fe 1/20 oral tablet	1	MO; GC
junel fe 24 oral tablet	1	MO; GC
kaitlib fe oral tablet chewable	1	MO; GC
kalliga oral tablet	1	MO; GC
kariva oral tablet	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
kelnor 1/35 oral tablet	1	MO; GC
kelnor 1/50 oral tablet	1	MO; GC
kurvelo oral tablet	1	MO; GC
larin 1.5/30 oral tablet	1	MO; GC
larin 1/20 oral tablet	1	MO; GC
larin 24 fe oral tablet	1	MO; GC
larin fe 1.5/30 oral tablet	1	MO; GC
larin fe 1/20 oral tablet	1	MO; GC
larissia oral tablet	1	MO; GC
LAYOLIS FE ORAL TABLET CHEWABLE	1	MO; GC
leena oral tablet	1	MO; GC
lessina oral tablet	1	MO; GC
levonest oral tablet	1	MO; GC
levonorgest-eth estrad 91-day oral tablet	1	MO; GC; QL (91 EA per 91 days)
levonorgestrel-ethynodiol dihydrogen oral tablet	1	MO; GC
levonorg-eth estrad triphasic oral tablet	1	MO; GC
levora 0.15/30 (28) oral tablet	1	MO; GC
lillow oral tablet	1	MO; GC
LO LOESTRIN FE ORAL TABLET	3	MO
lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg	1	MO; GC
loryna oral tablet	1	MO; GC
low-ogestrel oral tablet	1	MO; GC
lo-zumandimine oral tablet	1	MO; GC
lutera oral tablet	1	MO; GC
lyllana transdermal patch twice weekly	1	MO; GC
marlissa oral tablet	1	MO; GC
melodetta 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	MO; GC
menest oral tablet	3	PA; MO
MERZEE ORAL CAPSULE	1	MO; GC
mibelas 24 fe oral tablet chewable	1	MO; GC
microgestin 1.5/30 oral tablet	1	MO; GC
microgestin 1/20 oral tablet	1	MO; GC
microgestin fe 1.5/30 oral tablet	1	MO; GC
microgestin fe 1/20 oral tablet	1	MO; GC
mili oral tablet	1	MO; GC
mimvey lo oral tablet 0.5-0.1 mg	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
mimvey oral tablet	1	MO; GC
mono-linyah oral tablet	1	MO; GC
myzilra oral tablet 50-30/75-40/ 125-30 mcg	1	MO; GC
necon 0.5/35 (28) oral tablet	1	MO; GC
nikki oral tablet	1	MO; GC
norethin ace-eth estrad-fe oral capsule	1	MO; GC
norethin ace-eth estrad-fe oral tablet	1	MO; GC
norethin ace-eth estrad-fe oral tablet chewable	1	MO; GC
norethindrone acet-ethinyl est oral tablet	1	MO; GC
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	3	MO
norethindrone-eth estradiol oral tablet 1-5 mg-mcg	1	MO; GC
norethin-eth estradiol-fe oral tablet chewable	1	MO; GC
norgestimate-eth estradiol oral tablet	1	MO; GC
norgestimate-ethinyl estradiol triphasic oral tablet	1	MO; GC
nortrel 0.5/35 (28) oral tablet	1	MO; GC
nortrel 1/35 (21) oral tablet	1	MO; GC
nortrel 1/35 (28) oral tablet	1	MO; GC
nortrel 7/7/7 oral tablet	1	MO; GC
nylia 7/7/7 oral tablet	1	MO; GC
nymyo oral tablet	1	MO; GC
ocella oral tablet	1	MO; GC
OGESTREL ORAL TABLET 0.5-50 MG-MCG	1	MO; GC
orsythia oral tablet	1	MO; GC
philith oral tablet	1	MO; GC
pimtrea oral tablet	1	MO; GC
pirmella 1/35 oral tablet	1	MO; GC
pirmella 7/7/7 oral tablet	1	MO; GC
portia-28 oral tablet	1	MO; GC
PREMARIN ORAL TABLET	2	MO
PREMARIN VAGINAL CREAM	2	MO
PREMPHASE ORAL TABLET	3	MO
PREMPRO ORAL TABLET	2	MO
previfem oral tablet	1	MO; GC
reclipsen oral tablet	1	MO; GC
setlakin oral tablet	1	MO; GC; QL (91 EA per 91 days)

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Drug Name	Drug Tier	Requirements/Limits
simliya oral tablet	1	MO; GC
simpesse oral tablet	1	MO; GC; QL (91 EA per 91 days)
sprintec 28 oral tablet	1	MO; GC
sronyx oral tablet	1	MO; GC
syeda oral tablet	1	MO; GC
tarina 24 fe oral tablet	1	MO; GC
tarina fe 1/20 eq oral tablet	1	MO; GC
tilia fe oral tablet	1	MO; GC
tri-estarrylla oral tablet	1	MO; GC
tri-legest fe oral tablet	1	MO; GC
tri-lo-estarrylla oral tablet	1	MO; GC
tri-lo-sprintec oral tablet	1	MO; GC
tri-mili oral tablet	1	MO; GC
tri-nymyo oral tablet	1	MO; GC
tri-previfem oral tablet	1	MO; GC
tri-sprintec oral tablet	1	MO; GC
trivora (28) oral tablet	1	MO; GC
tri-vylibra lo oral tablet	1	MO; GC
tri-vylibra oral tablet	1	MO; GC
velivet oral tablet	1	MO; GC
vestura oral tablet	1	MO; GC
vienna oral tablet	1	MO; GC
viorele oral tablet	1	MO; GC
volnea oral tablet	1	MO; GC
vyfemla oral tablet	1	MO; GC
vylibra oral tablet	1	MO; GC
wera oral tablet	1	MO; GC
wymzya fe oral tablet chewable	1	MO; GC
xulane transdermal patch weekly	3	MO
yuvafem vaginal tablet	3	MO
zafemy transdermal patch weekly	3	MO
zarah oral tablet	1	MO; GC
zovia 1/35e (28) oral tablet	1	MO; GC
zumandimine oral tablet	1	MO; GC
<b>Progestins</b>		
camila oral tablet	1	MO; GC
CRINONE VAGINAL GEL	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
deblitane oral tablet	1	MO; GC
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	MO; QL (10 ML per 28 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	MO; QL (0.65 ML per 90 days)
errin oral tablet	1	MO; GC
heather oral tablet	1	MO; GC
hydroxyprogesterone caproate intramuscular oil	4	PA
incassia oral tablet	1	MO; GC
jencycla oral tablet	1	MO; GC
lyleq oral tablet	1	MO; GC
lyza oral tablet	1	MO; GC
medroxyprogesterone acetate intramuscular suspension	1	MO; GC; QL (1 ML per 90 days)
medroxyprogesterone acetate oral tablet	1	MO; GC
megestrol acetate oral suspension 40 mg/ml	1	MO; GC
megestrol acetate oral suspension 625 mg/5ml	3	MO
megestrol acetate oral tablet	1	MO; GC
norethindrone acetate oral tablet	1	MO; GC
norethindrone oral tablet	1	MO; GC
norlyda oral tablet	1	MO; GC
progesterone oral capsule	1	MO; GC
sharobel oral tablet	1	MO; GC
tulana oral tablet	1	MO; GC
<b>Selective Estrogen Receptor Modifying Agents</b>		
DUAVEE ORAL TABLET	3	MO; QL (30 EA per 30 days)
raloxifene hcl oral tablet	1	MO; GC
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
LEVO-T ORAL TABLET	1	MO; GC
levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 75 mcg, 88 mcg	3	MO
levothyroxine sodium oral tablet	1	MO; GC
liothyronine sodium oral tablet	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	MO
SYNTHROID ORAL TABLET 300 MCG	3	MO
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	MO
UNITHROID ORAL TABLET	1	MO; GC
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN ORAL TABLET	4	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline oral tablet</i>	2	MO
ELIGARD SUBCUTANEOUS KIT 22.5 MG	2	MO; QL (1 EA per 84 days)
ELIGARD SUBCUTANEOUS KIT 30 MG	2	MO; QL (1 EA per 112 days)
ELIGARD SUBCUTANEOUS KIT 45 MG	2	MO; QL (1 EA per 168 days)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	2	MO; QL (1 EA per 28 days)
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	4	QL (4 EA per 365 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	MO; QL (1 EA per 28 days)
<i>leuprolide acetate injection kit</i>	4	
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG	4	PA; QL (1 EA per 84 days)
LUPANETA PACK COMBINATION KIT 3.75 & 5 MG	4	PA; QL (1 EA per 28 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	4	QL (1 EA per 28 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	4	QL (1 EA per 84 days)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT	4	QL (1 EA per 112 days)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT	4	QL (1 EA per 168 days)
<i>octreotide acetate injection solution</i>	3	PA; MO
ORGOVYX ORAL TABLET	4	PA
ORLISSA ORAL TABLET 150 MG	4	PA; QL (28 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ORILISSA ORAL TABLET 200 MG	4	PA; QL (56 EA per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION	4	PA; QL (60 ML per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	4	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
SYNAREL NASAL SOLUTION	4	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	4	QL (1 EA per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	4	QL (1 EA per 168 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG	4	QL (1 EA per 28 days)
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	PA
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole oral tablet</i>	1	MO; GC
<i>propylthiouracil oral tablet</i>	1	MO; GC
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>levothyroxine sodium oral capsule 50 mcg</i>	3	MO
<b>Immunological Agents</b>		
<b>Angioedema Agents</b>		
BERINERT INTRAVENOUS KIT	4	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA
<i>icatibant acetate subcutaneous solution</i>	4	PA
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	4	PA
<i>sajazir subcutaneous solution</i>	4	PA
TAKHYRO SUBCUTANEOUS SOLUTION	4	PA
<b>Immunoglobulins</b>		
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 5 GM/50ML	4	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	4	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA

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Drug Name	Drug Tier	Requirements/Limits
GAMMAKED INJECTION SOLUTION 1 GM/10ML	4	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML	4	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	4	PA
HYPERHEP B INTRAMUSCULAR SOLUTION	4	B/D
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	B/D
NABI-HB INTRAMUSCULAR SOLUTION	4	B/D
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/200ML, 2 GM/20ML	4	PA
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	4	PA
VARIZIG INTRAMUSCULAR SOLUTION	3	PA; MO
<b>Immunological Agents, Other</b>		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (3.6 ML per 28 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (3.6 ML per 28 days)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (2 ML per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
OTEZLA ORAL TABLET THERAPY PACK	4	PA

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Drug Name	Drug Tier	Requirements/Limits
RIDAURA ORAL CAPSULE	4	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA; QL (30 EA per 30 days)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; QL (2 EA per 28 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (1 ML per 28 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 ML per 28 days)
SOLIRIS INTRAVENOUS SOLUTION	4	PA
STELARA SUBCUTANEOUS SOLUTION	4	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED	4	B/D
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
XELJANZ ORAL SOLUTION	4	PA
XELJANZ ORAL TABLET	4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
<b>Immunostimulants</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION	4	
INTRON A INJECTION SOLUTION	4	
INTRON A INJECTION SOLUTION RECONSTITUTED	4	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML	4	PA
PEGASYS SUBCUTANEOUS SOLUTION	4	PA

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Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	4	
<b>Immunosuppressants</b>		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	3	B/D; MO
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	4	B/D
<i>azasan oral tablet</i>	3	B/D; MO
<i>azathioprine oral tablet</i>	1	B/D; MO; GC
CIMZIA PREFILLED KIT SUBCUTANEOUS KIT	4	PA
CIMZIA SUBCUTANEOUS KIT	4	PA
<i>cyclosporine modified oral capsule</i>	1	B/D; MO; GC
<i>cyclosporine modified oral solution</i>	1	B/D; MO; GC
<i>cyclosporine oral capsule</i>	1	B/D; MO; GC
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA
ENBREL SUBCUTANEOUS SOLUTION	4	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	3	B/D; MO
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	4	B/D
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	4	B/D
<i>gengraf oral capsule</i>	1	B/D; MO; GC
<i>gengraf oral solution</i>	1	B/D; MO; GC
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	4	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	4	PA
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT	4	PA

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	4	PA
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	4	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA
<i>leflunomide oral tablet</i>	1	MO; GC
<i>methotrexate oral tablet</i>	1	MO; GC
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 50 mg/2ml</i>	1	MO; GC
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	MO; GC
<i>methotrexate sodium oral tablet</i>	1	MO; GC
<i>mycophenolate mofetil oral capsule</i>	1	B/D; MO; GC
<i>mycophenolate mofetil oral suspension reconstituted</i>	4	B/D
<i>mycophenolate mofetil oral tablet</i>	1	B/D; MO; GC
<i>mycophenolate sodium oral tablet delayed release</i>	3	B/D; MO
PROGRAF ORAL PACKET 0.2 MG	3	B/D; MO
PROGRAF ORAL PACKET 1 MG	4	B/D
SANDIMMUNE ORAL SOLUTION	3	B/D; MO
SIMPONI SUBCUTANEOUS SOLUTION AUTO-Injector	4	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
<i>sirolimus oral solution</i>	4	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	3	B/D; MO
<i>sirolimus oral tablet 2 mg</i>	4	B/D
<i>tacrolimus oral capsule</i>	1	B/D; MO; GC
<i>trexall oral tablet</i>	3	MO
XATMEP ORAL SOLUTION	3	MO
ZORTRESS ORAL TABLET 1 MG	4	B/D
<b>Vaccines</b>		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	2	MO
ADACEL INTRAMUSCULAR SUSPENSION	2	MO
BCG VACCINE INJECTION INJECTABLE	3	MO
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	MO

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Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX INTRAMUSCULAR SUSPENSION	2	MO
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	MO
DAPTACEL INTRAMUSCULAR SUSPENSION	2	MO
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	2	MO
ENGERIX-B INJECTION SUSPENSION	2	B/D; MO
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	MO
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	MO
HAVRIX INTRAMUSCULAR SUSPENSION	2	MO
HIBERIX INJECTION SOLUTION RECONSTITUTED	2	MO
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	3	B/D; MO
INFANRIX INTRAMUSCULAR SUSPENSION	2	MO
IPOV INJECTION INJECTABLE	2	MO
IXIARO INTRAMUSCULAR SUSPENSION	2	MO
KINRIX INTRAMUSCULAR SUSPENSION	2	MO
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	MO
MENACTRA INTRAMUSCULAR SOLUTION	2	MO
MENQUADFI INTRAMUSCULAR SOLUTION	2	MO
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	MO
M-M-R II INJECTION SOLUTION RECONSTITUTED	2	MO
PEDIARIX INTRAMUSCULAR SUSPENSION	3	MO
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	MO
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	MO
QUADRACEL INTRAMUSCULAR SUSPENSION	2	MO
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	B/D; MO
RECOMBIVAX HB INJECTION SUSPENSION	2	B/D; MO
ROTARIX ORAL SUSPENSION RECONSTITUTED	2	MO
ROTATEQ ORAL SOLUTION	2	MO
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	MO

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Drug Name	Drug Tier	Requirements/Limits
TDVAX INTRAMUSCULAR SUSPENSION	2	MO
TENIVAC INTRAMUSCULAR INJECTABLE	2	MO
TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	2	MO
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	MO
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	2	MO
VAQTA INTRAMUSCULAR SUSPENSION	2	MO
VARIVAX SUBCUTANEOUS INJECTABLE	2	MO
YF-VAX SUBCUTANEOUS INJECTABLE	2	MO
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	2	MO
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
<i>balsalazide disodium oral capsule</i>	1	MO; GC
DIPENTUM ORAL CAPSULE	4	
<i>mesalamine er oral capsule extended release 24 hour</i>	2	MO
<i>mesalamine oral capsule delayed release 400 mg</i>	2	MO
<i>mesalamine oral tablet delayed release 1.2 gm</i>	2	MO
<i>mesalamine rectal enema</i>	3	MO
<i>mesalamine rectal suppository</i>	3	MO
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	3	MO
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	4	
<i>sulfasalazine oral tablet</i>	1	MO; GC
<i>sulfasalazine oral tablet delayed release</i>	1	MO; GC
<b>Glucocorticoids</b>		
<i>budesonide er oral tablet extended release 24 hour</i>	4	
<i>budesonide oral capsule delayed release particles</i>	3	MO
<i>colocort rectal enema 100 mg/60ml</i>	1	MO; GC
<i>hydrocortisone (perianal) external cream</i>	1	MO; GC
<i>hydrocortisone rectal enema</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>procto-med hc external cream</i>	1	MO; GC
<i>procto-pak external cream</i>	1	MO; GC
<i>proctosol hc external cream</i>	1	MO; GC
<i>protozone-hc external cream</i>	1	MO; GC
UCERIS RECTAL FOAM	3	MO
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium oral solution</i>	1	MO; GC
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg</i>	1	MO; GC
ALENDRONATE SODIUM ORAL TABLET 40 MG	1	MO; GC
<i>alendronate sodium oral tablet 70 mg</i>	1	MO; GC; QL (4 EA per 28 days)
BINOSTO ORAL TABLET EFFERVESCENT	3	MO; QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal solution</i>	1	MO; GC; QL (3.7 ML per 30 days)
<i>calcitriol oral capsule</i>	1	MO; GC
<i>calcitriol oral solution</i>	1	MO; GC
<i>cinacalcet hcl oral tablet 30 mg</i>	3	MO
<i>cinacalcet hcl oral tablet 60 mg, 90 mg</i>	4	
<i>doxercalciferol oral capsule</i>	3	MO
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (2.34 ML per 30 days)
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA
<i>ibandronate sodium oral tablet</i>	1	MO; GC; QL (1 EA per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE	4	PA; QL (2 EA per 28 days)
<i>paricalcitol oral capsule</i>	1	MO; GC
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; MO; QL (2 ML per 365 days)
<i>risedronate sodium oral tablet 150 mg</i>	1	MO; GC; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1	MO; GC
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; GC; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet delayed release</i>	1	MO; GC; QL (4 EA per 28 days)
XGEVA SUBCUTANEOUS SOLUTION	4	PA
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
<i>alcohol prep pads pad 70 %</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
CLINOLIPID INTRAVENOUS EMULSION	3	B/D; MO
cvs gauze sterile pad 2"x2"	1	MO; GC
GIVLAARI SUBCUTANEOUS SOLUTION	4	PA
insulin pen needles 29g x 12mm	1	MO; GC; QL (200 EA per 30 days)
insulin syringes 28g x 1/2" 0.5 ml, 29g 0.3 ml, 29g x 1/2" 1 ml	1	MO; GC; QL (200 EA per 30 days)
INTRALIPID INTRAVENOUS EMULSION 20 %	3	B/D; MO
levocarnitine oral solution	1	MO; GC
LEVOCARNITINE ORAL TABLET	1	MO; GC
NUTRILIPID INTRAVENOUS EMULSION	3	B/D; MO
PALFORZIA ORAL	3	PA; MO
PALFORZIA ORAL PACKET	3	PA; MO
SODIUM CHLORIDE IRRIGATION SOLUTION	1	MO; GC
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Agents, Other</b>		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	2	MO
bacitracin-polymyxin b ophthalmic ointment	1	MO; GC
bacitra-neomycin-polymyxin-hc ophthalmic ointment	1	MO; GC
BEOVU INTRAVITREAL SOLUTION	4	PA; QL (0.5 ML per 28 days)
BLEPHAMIDE OPHTHALMIC SUSPENSION	3	MO
blephamide s.o.p. ophthalmic ointment	3	MO
COMBIGAN OPHTHALMIC SOLUTION	2	MO
CORTISPORIN EXTERNAL CREAM 3.5-10000- 0.5	3	MO
CYSTARAN OPHTHALMIC SOLUTION	4	PA; QL (60 ML per 28 days)
dorzolamide hcl-timolol mal ophthalmic solution	1	MO; GC
ISOPTO ATROPINE OPHTHALMIC SOLUTION	2	MO
LACRISERT OPHTHALMIC INSERT	3	MO
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	1	MO; GC
neomycin-polymyxin-dexameth ophthalmic ointment	1	MO; GC
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	MO; GC
neomycin-polymyxin-gramicidin ophthalmic solution	2	MO
neomycin-polymyxin-hc ophthalmic suspension	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>neo-polycin hc ophthalmic ointment</i>	1	MO; GC
<i>neo-polycin ophthalmic ointment</i>	1	MO; GC
<i>polycin ophthalmic ointment</i>	1	MO; GC
<i>polymyxin b-trimethoprim ophthalmic solution</i>	1	MO; GC
PRED-G OPHTHALMIC SUSPENSION	3	MO
PRED-G S.O.P. OPHTHALMIC OINTMENT	3	MO
<i>proparacaine hcl ophthalmic solution</i>	1	MO; GC
RESTASIS OPHTHALMIC EMULSION	2	MO
ROCKLATAN OPHTHALMIC SOLUTION	3	MO; QL (5 ML per 30 days)
SIMBRINZA OPHTHALMIC SUSPENSION	3	MO
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	MO
TOBRADEX OPHTHALMIC OINTMENT	2	MO
TOBRADEX ST OPHTHALMIC SUSPENSION	3	MO
<i>tobramycin-dexamethasone ophthalmic suspension</i>	1	MO; GC
XIIDRA OPHTHALMIC SOLUTION	3	PA; MO
ZYLET OPHTHALMIC SUSPENSION	3	MO
<b>Ophthalmic Anti-allergy Agents</b>		
ALOCRIL OPHTHALMIC SOLUTION	3	MO
ALOMIDE OPHTHALMIC SOLUTION	3	MO
<i>azelastine hcl ophthalmic solution</i>	1	MO; GC
<i>bepotastine besilate ophthalmic solution</i>	3	MO
BEPREVE OPHTHALMIC SOLUTION	3	MO
<i>cromolyn sodium ophthalmic solution</i>	1	MO; GC
<i>epinastine hcl ophthalmic solution</i>	1	MO; GC
LASTACRAFT OPHTHALMIC SOLUTION	3	MO
<i>olopatadine hcl ophthalmic solution</i>	1	MO; GC
PAZEO OPHTHALMIC SOLUTION 0.7 %	2	MO
<b>Ophthalmic Anti-Infectives</b>		
AZASITE OPHTHALMIC SOLUTION	3	MO
<i>bacitracin ophthalmic ointment</i>	1	MO; GC
BESIVANCE OPHTHALMIC SUSPENSION	2	MO
CILOXAN OPHTHALMIC OINTMENT	3	MO
<i>ciprofloxacin hcl ophthalmic solution</i>	1	MO; GC
<i>erythromycin ophthalmic ointment</i>	1	MO; GC
<i>gatifloxacin ophthalmic solution</i>	1	MO; GC
<i>gentak ophthalmic ointment</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate ophthalmic solution</i>	1	MO; GC
KLARITY-A OPHTHALMIC SOLUTION	3	MO
<i>levofloxacin ophthalmic solution</i>	1	MO; GC
<i>moxifloxacin hcl (2x day) ophthalmic solution</i>	2	MO
<i>moxifloxacin hcl ophthalmic solution</i>	1	MO; GC
NATACYN OPHTHALMIC SUSPENSION	3	MO
<i>ofloxacin ophthalmic solution</i>	1	MO; GC
<i>sulfacetamide sodium ophthalmic ointment</i>	1	MO; GC
<i>sulfacetamide sodium ophthalmic solution</i>	1	MO; GC
<i>tobramycin ophthalmic solution</i>	1	MO; GC
TOBREX OPHTHALMIC OINTMENT	3	MO
<i>trifluridine ophthalmic solution</i>	1	MO; GC
ZIRGAN OPHTHALMIC GEL	3	MO
<b>Ophthalmic Anti-inflammatories</b>		
ALREX OPHTHALMIC SUSPENSION	2	MO
<i>dexamethasone sodium phosphate ophthalmic solution</i>	1	MO; GC
<i>diclofenac sodium ophthalmic solution</i>	1	MO; GC
<i>dilfluprednate ophthalmic emulsion</i>	2	MO
DUREZOL OPHTHALMIC EMULSION	2	MO
FLAREX OPHTHALMIC SUSPENSION	2	MO
<i>fluorometholone ophthalmic suspension</i>	1	MO; GC
<i>flurbiprofen sodium ophthalmic solution</i>	1	MO; GC
FML FORTE OPHTHALMIC SUSPENSION	2	MO
FML OPHTHALMIC OINTMENT	2	MO
ILEVRO OPHTHALMIC SUSPENSION	2	MO; QL (6 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution</i>	1	MO; GC
LOTEMAX OPHTHALMIC GEL	3	MO; QL (20 GM per 365 days)
LOTEMAX OPHTHALMIC OINTMENT	3	MO; QL (14 GM per 365 days)
<i>loteprednol etabonate ophthalmic gel</i>	3	MO; QL (20 GM per 365 days)
<i>loteprednol etabonate ophthalmic suspension</i>	2	MO
MAXIDEX OPHTHALMIC SUSPENSION	2	MO
NEVANAC OPHTHALMIC SUSPENSION	2	MO; QL (6 ML per 30 days)
PRED MILD OPHTHALMIC SUSPENSION	2	MO
<i>prednisolone acetate ophthalmic suspension</i>	2	MO
PREDNISOLONE ACETATE P-F OPHTHALMIC SUSPENSION	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate ophthalmic solution</i>	1	MO; GC
PROLENSA OPHTHALMIC SOLUTION	2	MO; QL (12 ML per 365 days)
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>		
<i>betaxolol hcl ophthalmic solution</i>	1	MO; GC
BETIMOL OPHTHALMIC SOLUTION	2	MO
BETOPTIC-S OPHTHALMIC SUSPENSION	3	MO
<i>carteolol hcl ophthalmic solution</i>	1	MO; GC
<i>levobunolol hcl ophthalmic solution</i>	1	MO; GC
<i>timolol maleate ophthalmic gel forming solution</i>	2	MO
<i>timolol maleate ophthalmic solution</i>	1	MO; GC
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>		
<i>acetazolamide er oral capsule extended release 12 hour</i>	1	MO; GC
<i>acetazolamide oral tablet 125 mg</i>	1	MO; GC
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	MO
<i>apraclonidine hcl ophthalmic solution</i>	1	MO; GC
AZOPT OPHTHALMIC SUSPENSION	2	MO
BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.15 %	1	MO; GC
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	MO; GC
<i>brinzolamide ophthalmic suspension</i>	1	MO; GC
<i>dorzolamide hcl ophthalmic solution</i>	1	MO; GC
IOPIDINE OPHTHALMIC SOLUTION	3	MO
<i>methazolamide oral tablet</i>	1	MO; GC
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	3	MO
<i>pilocarpine hcl ophthalmic solution</i>	1	MO; GC
<b>Ophthalmic Prostaglandin and Prostamide Analogs</b>		
<i>bimatoprost ophthalmic solution</i>	1	MO; GC
<i>latanoprost ophthalmic solution</i>	1	MO; GC
LUMIGAN OPHTHALMIC SOLUTION	2	MO
<i>travoprost (bak free) ophthalmic solution</i>	1	MO; GC
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<i>acetic acid otic solution</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
CIPRO HC OTIC SUSPENSION	3	MO
CIPRODEX OTIC SUSPENSION	2	MO
<i>ciprofloxacin-dexamethasone otic suspension</i>	1	MO; GC
<i>flac otic oil</i>	1	MO; GC
<i>fluocinolone acetonide otic oil</i>	1	MO; GC
<i>hydrocortisone-acetic acid otic solution</i>	1	MO; GC
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	MO; GC
<i>neomycin-polymyxin-hc otic suspension</i>	1	MO; GC
<i>ofloxacin otic solution</i>	1	MO; GC
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Antihistamines</b>		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	1	MO; GC; QL (60 ML per 30 days)
<i>cetirizine hcl oral solution 1 mg/ml</i>	1	MO; GC
<i>cyproheptadine hcl oral syrup</i>	1	MO; GC
<i>cyproheptadine hcl oral tablet</i>	1	MO; GC
<i>desloratadine oral tablet</i>	1	MO; GC
<i>hydroxyzine hcl oral syrup</i>	1	MO; GC
<i>hydroxyzine hcl oral tablet</i>	1	MO; GC
<i>levocetirizine dihydrochloride oral solution</i>	1	MO; GC
<i>levocetirizine dihydrochloride oral tablet</i>	1	MO; GC
<i>olopatadine hcl nasal solution</i>	3	MO; QL (30.5 GM per 30 days)
SEMPREX-D ORAL CAPSULE 8-60 MG	3	MO
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	5	MO; GC; QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	MO; QL (1 EA per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	MO; QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	MO; QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	MO; QL (1 EA per 30 days)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	MO; QL (1 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX HFA INHALATION AEROSOL	3	MO; QL (26 GM per 30 days)
BECONASE AQ NASAL SUSPENSION	3	MO; QL (50 GM per 25 days)
<i>budesonide inhalation suspension</i>	3	B/D; MO; QL (120 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BILST, 50 MCG/BILST	5	MO; GC; QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BILST	5	MO; GC; QL (240 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	5	MO; GC; QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	5	MO; GC; QL (21.2 GM per 30 days)
<i>flunisolide nasal solution</i>	1	MO; GC; QL (50 ML per 30 days)
<i>fluticasone propionate nasal suspension</i>	1	MO; GC
<i>mometasone furoate nasal suspension</i>	1	MO; GC; QL (34 GM per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	5	MO; GC; QL (10.6 GM per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	5	MO; GC; QL (21.2 GM per 30 days)
<b>Antileukotrienes</b>		
<i>montelukast sodium oral packet</i>	3	MO
<i>montelukast sodium oral tablet</i>	1	MO; GC
<i>montelukast sodium oral tablet chewable</i>	1	MO; GC
<i>zafirlukast oral tablet</i>	1	MO; GC
<i>zileuton er oral tablet extended release 12 hour</i>	4	
ZYFLO ORAL TABLET	4	ST
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA INHALATION AEROSOL SOLUTION	5	MO; GC; QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	5	MO; GC; QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution</i>	1	B/D; MO; GC; QL (312.5 ML per 30 days)
<i>ipratropium bromide nasal solution</i>	1	MO; GC
SPIRIVA HANDIHALER INHALATION CAPSULE	5	MO; GC; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	5	MO; GC; QL (4 GM per 30 days)
YUPELRI INHALATION SOLUTION	4	B/D; QL (90 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>Bronchodilators, Sympathomimetic</b>		
ALBUTEROL SULFATE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 4 MG, 8 MG	2	MO
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (brand equivalent proventil)</i>	1	MO; GC; QL (26.8 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020983)</i>	1	MO; GC; QL (34 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	1	B/D; MO; GC; QL (525 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	1	B/D; MO; GC; QL (375 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	1	B/D; MO; GC; QL (100 EA per 30 days)
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	2	MO
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG	5	MO; GC; QL (30 EA per 30 days)
<i>arformoterol tartrate inhalation nebulization solution</i>	5	B/D; MO; GC; QL (120 ML per 30 days)
BROVANA INHALATION NEBULIZATION SOLUTION	5	B/D; MO; GC; QL (120 ML per 30 days)
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	1	MO; GC
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml</i>	2	MO
<i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>	1	MO; GC
EPIPEN 2-PAK INJECTION SOLUTION AUTO- INJECTOR	2	MO
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	2	MO
<i>formoterol fumarate inhalation nebulization solution</i>	5	B/D; MO; GC; QL (120 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml</i>	1	B/D; MO; GC; QL (540 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	1	B/D; MO; GC; QL (90 EA per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	1	B/D; MO; GC; QL (90 ML per 30 days)
<i>levalbuterol hfa inhalation aerosol 45 mcg/act</i>	1	MO; GC; QL (30 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
METAPROTERENOL SULFATE ORAL SYRUP 10 MG/5ML	5	MO; GC
PERFOROMIST INHALATION NEBULIZATION SOLUTION	5	B/D; MO; GC; QL (120 ML per 30 days)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	5	MO; GC; QL (2 EA per 30 days)
PROAIR HFA INHALATION AEROSOL SOLUTION	5	MO; GC; QL (17 GM per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	5	MO; GC; QL (2 EA per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	5	MO; GC; QL (60 EA per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	5	MO; GC; QL (4 GM per 30 days)
<i>terbutaline sulfate oral tablet</i>	3	MO
<b>Cystic Fibrosis Agents</b>		
BETHKIS INHALATION NEBULIZATION SOLUTION	4	B/D
CAYSTON INHALATION SOLUTION RECONSTITUTED	4	PA
KALYDECO ORAL PACKET	4	PA
KALYDECO ORAL TABLET	4	PA
ORKAMBI ORAL TABLET	4	PA; QL (112 EA per 28 days)
PULMOZYME INHALATION SOLUTION	4	PA
TOBI PODHALER INHALATION CAPSULE	4	QL (224 EA per 56 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	4	B/D
TRIKAFTA ORAL TABLET THERAPY PACK	4	PA; QL (84 EA per 30 days)
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium inhalation nebulization solution</i>	1	B/D; MO; GC
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
DALIRESP ORAL TABLET	3	PA; MO
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	2	MO
<i>theophylline er oral tablet extended release 24 hour</i>	1	MO; GC
<i>theophylline oral solution</i>	1	MO; GC
<b>Pulmonary Antihypertensives</b>		
ADEMPAS ORAL TABLET	4	PA; QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.  
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Drug Name	Drug Tier	Requirements/Limits
alyq oral tablet	4	PA; QL (60 EA per 30 days)
ambrisentan oral tablet	4	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET	4	PA; QL (30 EA per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	5	PA; MO; GC
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA
sildenafil citrate oral suspension reconstituted	4	PA
sildenafil citrate oral tablet 20 mg	1	PA; MO; GC; QL (90 EA per 30 days)
tadalafil (pah) oral tablet	4	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET	4	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK	4	PA; QL (400 EA per 365 days)
VENTAVIS INHALATION SOLUTION	4	PA; QL (270 ML per 30 days)
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET ORAL CAPSULE	4	PA
OFEV ORAL CAPSULE	4	PA
<b>Respiratory Tract Agents, Other</b>		
acetylcysteine inhalation solution	1	B/D; MO; GC
ADVAIR HFA INHALATION AEROSOL	5	MO; GC; QL (24 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	5	MO; GC; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	5	MO; GC; QL (60 EA per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	5	MO; GC; QL (8 GM per 30 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-Injector	4	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	5	MO; GC; QL (60 EA per 30 days)
ipratropium-albuterol inhalation solution	1	B/D; MO; GC; QL (540 ML per 30 days)
promethazine-phenylephrine oral syrup	1	MO; GC
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	5	MO; GC; QL (4 GM per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT	5	MO; GC; QL (12 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.  
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Drug Name	Drug Tier	Requirements/Limits
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT	5	MO; GC; QL (13.8 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	5	MO; GC; QL (60 EA per 30 days)
wixela inhalation aerosol powder breath activated	2	MO; QL (60 EA per 30 days)
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
carisoprodol oral tablet 350 mg	1	PA; MO; GC
chlorzoxazone oral tablet 500 mg	1	MO; GC
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	MO; GC
methocarbamol oral tablet	1	MO; GC
orphenadrine citrate er oral tablet extended release 12 hour	1	MO; GC
<b>Sleep Disorder Agents</b>		
<b>Sleep Promoting Agents</b>		
doxepin hcl oral tablet	2	MO; QL (30 EA per 30 days)
estazolam oral tablet	1	MO; GC; QL (30 EA per 30 days)
eszopiclone oral tablet	1	MO; GC; QL (30 EA per 30 days)
HETLIOZ ORAL CAPSULE	4	PA; QL (30 EA per 30 days)
ramelteon oral tablet	1	MO; GC; QL (30 EA per 30 days)
temazepam oral capsule	1	MO; GC; QL (30 EA per 30 days)
zaleplon oral capsule 10 mg	1	MO; GC; QL (60 EA per 30 days)
zaleplon oral capsule 5 mg	1	MO; GC; QL (30 EA per 30 days)
zolpidem tartrate er oral tablet extended release 12.5 mg	1	MO; GC; QL (30 EA per 30 days)
zolpidem tartrate er oral tablet extended release 6.25 mg	1	MO; GC; QL (60 EA per 30 days)
zolpidem tartrate oral tablet	1	MO; GC; QL (30 EA per 30 days)
zolpidem tartrate sublingual tablet sublingual	3	MO; QL (30 EA per 30 days)
<b>Wakefulness Promoting Agents</b>		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	1	PA; MO; GC; QL (30 EA per 30 days)
armodafinil oral tablet 50 mg	1	PA; MO; GC; QL (60 EA per 30 days)
modafinil oral tablet	1	PA; MO; GC; QL (30 EA per 30 days)
SUNOSI ORAL TABLET	3	PA; MO; QL (30 EA per 30 days)
WAKIX ORAL TABLET	4	PA; QL (60 EA per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
XYREM ORAL SOLUTION	4	PA; QL (540 ML per 30 days)

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