



Brandman Health Plan (HMO SNP) 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 08/27/2020. For more recent information or other questions, please contact Member Services, at 1-888-697-5662 or, for TTY users, 711, October 1 – March 31: Seven days a week, from 8:00 a. m. to 8:00 p. m. or April 1 – September 30: Monday through Friday, from 8:00 a. m. to 8:00 p. m., or visit www.brandmanhealthplan.com.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Brandman Health Plan. When it refers to “plan” or “our plan,” it means Brandman Health Plan.

This document includes a list of the drugs (formulary) for our plan which is current as of 08/27/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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What is the Brandman Health Plan Formulary?

A formulary is a list of covered drugs selected by Brandman Health 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. Brandman Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Brandman Health 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.
 - 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 Brandman Health Plan 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, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to Brandman Health Plan’s 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 08/27/2020. To get updated information about the drugs covered by Brandman Health Plan, please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, our plan will mail you information about the update. You can also find this type of information on our website at www.brandmanhealthplan.com.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 9. 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". If you know what your drug is used for, look for the category name in the list that begins on page number 8. 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 85. 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?

Brandman Health 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:** Brandman Health Plan requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, Brandman Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Brandman Health Plan limits the amount of the drug that we will cover. For example, Brandman Health Plan provides 28 tablets per prescription for Epclusa. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Brandman Health 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, Brandman Health Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9. 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 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 Brandman Health Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Brandman Health Plan formulary?” on page 5 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 Brandman Health 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 Brandman Health 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 Brandman Health Plan.
- You can ask Brandman Health Plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Brandman Health Plan Formulary?

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

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

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

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

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

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

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

Exceptions are available for members who have experienced a change in the level of care they are receiving which requires them to move from one facility or treatment center to another. Examples of situations in which members would be eligible for the one-time temporary fill exception when they are outside of the three-month effective date into the Part D program include:

1. If you are discharged from the hospital and were provided a discharge list of medications based upon the formulary of the hospital.
2. If you have ended your skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and need to change back to drugs on the Part D plan formulary
3. If you give up Hospice Status to go back to standard Medicare Part A and B benefits

For more information

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

If you have questions about Brandman Health 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>.

The Brandman Health Plan Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Brandman Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 85.

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

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

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

ABBREVIATION	MEANING
B/D PA	This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
EX	Excluded Drug. This prescription drug 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 toward 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.
LA	Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.
MO	Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).
PA	Prior Authorization. The Plan requires 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, the Plan limits the amount of the drug that we will cover.
SSM	Senior Savings Model. For select insulin drugs, your copay will be the same in all stages until you reach the Catastrophic Coverage Stage. This means you pay the same amount when filling diabetic insulin medications in the Part D Coverage Gap, also known as the "donut hole." Please refer to Chapter 6 of our Evidence of Coverage for more information. If you receive Extra Help, you do not qualify for this program and your Low-Income Subsidy (LIS) copay level will apply.
ST	Step Therapy. In some cases, the 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.

List of Drugs by Medical Condition

ANTI - INFECTIVES	9
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RESPIRATORY AND ALLERGY	77
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Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	B/D PA; MO
AMBISOME	5	B/D PA; MO
<i>amphotericin b</i>	4	B/D PA; MO
<i>caspofungin</i>	5	B/D PA
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA INTRAVENOUS	5	PA
CRESEMBA ORAL	5	PA; MO
<i>fluconazole</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200mg/100ml</i>	2	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400mg/200ml</i>	2	PA
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	2	MO
<i>griseofulvin ultramicrosize</i>	2	MO
<i>itraconazole oral capsule</i>	4	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	4	MO
<i>ketoconazole oral</i>	2	MO
<i>micafungin</i>	5	
NOXAFIL ORAL SUSPENSION	5	PA; MO
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	PA; MO
<i>terbinafine hcl oral</i>	2	MO
<i>voriconazole intravenous</i>	5	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	5	PA; MO
<i>voriconazole oral tablet 200mg</i>	5	PA; MO
<i>voriconazole oral tablet 50mg</i>	4	PA; MO
ANTIVIRALS		
<i>abacavir</i>	2	MO
<i>abacavir-lamivudine</i>	2	MO
<i>abacavir-lamivudine-zidovudine</i>	5	MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200mg/5ml</i>	2	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>adefovir</i>	5	MO
<i>amantadine hcl</i>	2	MO
APTIVUS	5	MO
APTIVUS (WITH VITAMIN E)	5	
<i>atazanavir oral capsule 150mg, 200mg</i>	2	MO
<i>atazanavir oral capsule 300mg</i>	4	MO
ATRIPLA	5	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. This drug list was last updated on 08/27/2020.

Drug Name	Drug Tier	Requirements /Limits
BARACLUDE ORAL SOLUTION	5	MO
BIKTARVY	5	MO
<i>cidofovir</i>	5	B/D PA; MO
CIMDUO	5	MO
COMPLERA	5	MO
CRIXIVAN ORAL CAPSULE 200MG, 400MG	3	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
<i>didanosine oral capsule, delayed release (dr/ec) 250mg, 400mg</i>	2	MO
DOVATO	5	MO
EDURANT	5	MO
<i>efavirenz oral capsule 200mg</i>	5	MO
<i>efavirenz oral capsule 50mg</i>	2	MO
<i>efavirenz oral tablet</i>	5	MO
EMTRIVA	3	MO
<i>entecavir</i>	2	MO
EPCLUSA	5	PA; MO; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	3	MO
EVOTAZ	5	MO
<i>famciclovir</i>	2	MO
<i>fosamprenavir</i>	5	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
<i>ganciclovir sodium</i>	2	B/D PA; MO
GENVOYA	5	MO

Drug Name	Drug Tier	Requirements /Limits
HARVONI ORAL PELLETS IN PACKET 33.75-150MG	5	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400MG	5	PA; MO; QL (28 per 28 days)
INTELENCE	5	MO
INVIRASE ORAL TABLET	5	MO
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET, CHEWABLE 100MG	5	MO
ISENTRESS ORAL TABLET, CHEWABLE 25MG	3	MO
JULUCA	5	MO
KALETRA ORAL TABLET 100-25MG	3	MO
KALETRA ORAL TABLET 200-50MG	5	MO
<i>lamivudine</i>	2	MO
<i>lamivudine-zidovudine</i>	2	MO
LEXIVA ORAL SUSPENSION	4	MO
<i>lopinavir-ritonavir</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>nevirapine oral suspension</i>	2	
<i>nevirapine oral tablet</i>	2	MO
<i>nevirapine oral tablet extended release 24hr</i>	2	MO
NORVIR ORAL POWDER IN PACKET	3	MO
NORVIR ORAL SOLUTION	3	MO
ODEFSEY	5	MO
<i>oseltamivir</i>	2	MO
PIFELTRO	5	MO
PREVYMIS INTRAVENOUS	5	
PREVYMIS ORAL	5	MO; QL (30 per 30 days)
PREZCOBIX	5	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150MG, 75MG	3	MO
PREZISTA ORAL TABLET 600MG, 800MG	5	MO
RELENZA DISKHALER	3	MO
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribavirin oral capsule</i>	2	MO
<i>ribavirin oral tablet 200mg</i>	2	MO
<i>rimantadine</i>	2	MO
<i>ritonavir</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 150MG, 300MG	5	MO
SELZENTRY ORAL TABLET 25MG, 75MG	3	MO
<i>stavudine oral capsule</i>	2	MO
STRIBILD	5	MO
SYMFI	5	MO
SYMFI LO	5	MO
SYMTUZA	5	MO
SYNAGIS	5	MO; LA
TEMIXYS	5	MO
<i>tenofovir disoproxil fumarate</i>	2	MO
TIVICAY ORAL TABLET 10MG	3	MO
TIVICAY ORAL TABLET 25MG, 50MG	5	MO
TIVICAY PD	5	MO
TRIUMEQ	5	MO
TROGARZO	5	MO; LA
TRUVADA	5	MO
<i>valacyclovir oral tablet 1gram</i>	2	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500mg</i>	2	MO; QL (60 per 30 days)
<i>valganciclovir</i>	5	MO
VEMLIDY	5	MO
VIRACEPT ORAL TABLET	5	MO
VIREAD ORAL POWDER	5	MO

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Drug Name	Drug Tier	Requirements /Limits
VIREAD ORAL TABLET 150MG, 200MG, 250MG	5	MO
VOSEVI	5	PA; MO; QL (28 per 28 days)
XOFLUZA	3	MO
zidovudine	2	MO
CEPHALOSPORINS		
cefactor oral capsule	2	MO
cefactor oral suspension for reconstitution 125mg/5ml	2	MO
cefactor oral suspension for reconstitution 250mg/5ml, 375mg/5ml	2	
cefactor oral tablet extended release 12hr	4	MO
cefadroxil oral capsule	2	MO
cefadroxil oral suspension for reconstitution 250mg/5ml, 500mg/5ml	2	MO
cefadroxil oral tablet	2	MO
cefazolin in dextrose (iso-os) intravenous piggyback 1gram/50ml, 2gram/50ml	2	MO
cefazolin injection recon soln 1gram, 500mg	2	MO
cefazolin injection recon soln 10gram, 100gram, 300 g	2	

Drug Name	Drug Tier	Requirements /Limits
cefazolin intravenous	2	
cefdinir	2	MO
cefepime in dextrose, iso-osm intravenous piggyback 1gram/50ml	2	
cefepime in dextrose, iso-osm intravenous piggyback 2gram/100ml	2	MO
cefepime injection	2	MO
cefixime	2	MO
cefoxitin in dextrose, iso-osm	2	PA
cefoxitin intravenous recon soln 1gram, 2gram	2	PA; MO
cefoxitin intravenous recon soln 10gram	2	PA
cefpodoxime	2	MO
cefprozil	2	MO
ceftazidime injection recon soln 1gram, 2gram	2	PA; MO
ceftazidime injection recon soln 6gram	2	PA
ceftriaxone in dextrose, iso-os	2	MO
ceftriaxone injection recon soln 1gram, 2gram, 250mg, 500mg	2	MO
ceftriaxone injection recon soln 10gram	2	
ceftriaxone intravenous	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750mg</i>	2	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5gram</i>	2	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5gram</i>	2	PA
<i>cephalexin</i>	2	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500MG/5ML	4	
SUPRAX ORAL TABLET, CHEWABLE	4	MO
<i>tazicef injection recon soln 1gram</i>	2	PA
<i>tazicef injection recon soln 2gram, 6gram</i>	2	PA; MO
<i>tazicef intravenous</i>	2	PA
TEFLARO	5	PA; MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	2	PA; MO
<i>azithromycin oral</i>	2	MO
<i>clarithromycin</i>	2	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250mg, 333mg</i>	2	MO
<i>erythrocin (as stearate) oral tablet 250mg</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
ERYTHROCIN INTRAVENOUS RECON SOLN 500MG	4	PA; MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	4	MO
<i>erythromycin ethylsuccinate oral tablet</i>	4	MO
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	4	MO
<i>erythromycin oral tablet</i>	4	MO
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	2	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	5	MO
ALINIA	5	MO
<i>amikacin injection solution 1,000mg/4ml, 500mg/2ml</i>	2	PA; MO
ARIKAYCE	5	PA; MO; LA
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil</i>	2	MO
<i>aztreonam</i>	2	PA; MO
<i>bacitracin intramuscular</i>	2	MO
BENZNIDAZOLE	3	MO
BETHKIS	5	B/D PA; MO; QL (224 per 28 days)
CAPASTAT	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. This drug list was last updated on 08/27/2020.

Drug Name	Drug Tier	Requirements /Limits
CAYSTON	5	PA; MO; LA; QL (84 per 28 days)
chloramphenicol sod succinate	2	
chloroquine phosphate	2	MO
clindamycin hcl	2	MO
clindamycin in 5% dextrose	2	PA; MO
clindamycin palmitate hcl	2	MO
clindamycin pediatric	2	MO
clindamycin phosphate injection	2	PA; MO
clindamycin phosphate intravenous solution 600mg/4ml	2	PA; MO
COARTEM	4	MO
colistin (colistimethate na)	2	PA; MO
dapsone oral	2	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350MG	5	MO
daptomycin intravenous recon soln 500mg	5	MO
EMVERM	5	MO
ertapenem	2	MO
ethambutol	2	MO
gentamicin in nacl (iso-osm) intravenous piggyback 100mg/100ml, 60mg/50ml, 80mg/50ml	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
gentamicin in nacl (iso-osm) intravenous piggyback 80mg/100ml	2	PA
gentamicin injection solution 40mg/ml	2	PA; MO
gentamicin sulfate (ped) (pf)	2	PA; MO
hydroxychloroquine	2	MO
imipenem-cilastatin	2	PA; MO
IMPAVIDO	5	PA; MO
isoniazid injection	2	
isoniazid oral	2	MO
ivermectin oral	2	MO
lincomycin	2	PA
linezolid in dextrose 5%	5	PA
linezolid oral suspension for reconstitution	5	MO
linezolid oral tablet	2	MO
linezolid-0.9% sodium chloride	5	PA
mefloquine	2	MO
meropenem	2	MO
metro i. v.	2	PA; MO
metronidazole in nacl (iso-os)	2	PA; MO
metronidazole oral tablet	2	MO
neomycin	2	MO
paromomycin	4	MO
PASER	3	MO
pentamidine inhalation	2	B/D PA; MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>pentamidine injection</i>	2	MO
<i>praziquantel</i>	2	MO
PRIFTIN	3	MO
PRIMAQUINE	3	MO
<i>pyrazinamide</i>	2	MO
<i>pyrimethamine</i>	5	PA; MO
<i>quinine sulfate</i>	2	MO
<i>rifabutin</i>	2	MO
<i>rifampin</i>	2	MO
SIRTURO ORAL TABLET 100MG	5	PA; MO; LA
SIRTURO ORAL TABLET 20MG	5	PA; LA
STREPTOMYCIN	3	PA; MO
SYNERCID	5	PA
<i>tigecycline</i>	5	PA
<i>tinidazole</i>	2	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	MO; QL (224 per 28 days)
<i>tobramycin in 0.225% nacl</i>	5	B/D PA; MO; QL (280 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	2	PA
<i>tobramycin sulfate injection solution</i>	2	PA; MO
TRECATOR	4	MO
VANCOMYCIN IN 0.9% SODIUM CHL INTRAVENOUS PIGGYBACK	3	
VANCOMYCIN INJECTION	3	

Drug Name	Drug Tier	Requirements /Limits
<i>vancomycin intravenous recon soln 1,000mg, 10gram, 5gram, 500mg, 750mg</i>	2	MO
VANCOMYCIN INTRAVENOUS RECON SOLN 1.5GRAM	3	
<i>vancomycin oral capsule 125mg</i>	2	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250mg</i>	5	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750MG	5	PA
XIFAXAN ORAL TABLET 200MG	5	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550MG	5	MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable 125mg, 250mg</i>	2	MO
<i>amoxicillin-pot clavulanate</i>	2	MO
<i>ampicillin oral capsule 500mg</i>	2	MO
<i>ampicillin sodium injection</i>	2	PA; MO
<i>ampicillin sodium intravenous</i>	2	PA

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Drug Name	Drug Tier	Requirements /Limits
<i>ampicillin-sulbactam injection recon soln 1.5gram, 3gram</i>	2	PA; MO
<i>ampicillin-sulbactam injection recon soln 15gram</i>	2	PA
<i>ampicillin-sulbactam intravenous recon soln 1.5gram</i>	2	PA
<i>ampicillin-sulbactam intravenous recon soln 3gram</i>	2	PA; MO
BICILLIN C-R	3	PA; MO
BICILLIN L-A	4	PA; MO
<i>dicloxacillin</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1gram/50ml</i>	2	PA
<i>nafcillin in dextrose iso-osm intravenous piggyback 2gram/100ml</i>	2	PA; MO
<i>nafcillin injection recon soln 1gram, 2gram</i>	2	PA; MO
<i>nafcillin injection recon soln 10gram</i>	5	PA; MO
<i>nafcillin intravenous</i>	2	PA; MO
<i>oxacillin in dextrose (iso-osm) intravenous piggyback 1gram/50ml</i>	2	PA
<i>oxacillin in dextrose (iso-osm) intravenous piggyback 2gram/50ml</i>	2	PA; MO
<i>oxacillin injection recon soln 1gram</i>	2	PA

Drug Name	Drug Tier	Requirements /Limits
<i>oxacillin injection recon soln 10gram</i>	5	PA
<i>oxacillin injection recon soln 2gram</i>	2	PA; MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50ML	3	PA
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50ML	4	PA
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50ML	4	PA; MO
<i>penicillin g potassium</i>	2	PA; MO
<i>penicillin g procaine</i>	2	PA; MO
<i>penicillin g sodium</i>	2	PA; MO
<i>penicillin v potassium</i>	2	MO
<i>pfizerpen-g</i>	2	PA
<i>piperacillin-tazobactam</i>	2	MO
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 100mg, 750mg</i>	2	MO
<i>ciprofloxacin hcl oral tablet 250mg, 500mg</i>	1	MO
<i>ciprofloxacin in 5% dextrose</i>	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levofloxacin in d5w intravenous piggyback 250mg/50ml</i>	2	PA
<i>levofloxacin in d5w intravenous piggyback 500mg/100ml, 750mg/150ml</i>	2	PA; MO
<i>levofloxacin intravenous</i>	2	PA; MO
<i>levofloxacin oral</i>	2	MO
<i>moxifloxacin oral</i>	2	MO
<i>moxifloxacin-sod. chloride (iso)</i>	2	PA
<i>ofloxacin oral tablet 300mg</i>	4	
<i>ofloxacin oral tablet 400mg</i>	4	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	2	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
<i>demeclocycline</i>	4	MO
<i>doxy-100</i>	2	PA; MO
<i>doxycycline hyclate intravenous</i>	2	PA
<i>doxycycline hyclate oral capsule</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline hyclate oral tablet 20mg, 50mg</i>	2	MO
<i>doxycycline monohydrate oral capsule 100mg, 50mg</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	MO
<i>doxycycline monohydrate oral tablet 100mg, 50mg, 75mg</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	2	MO
<i>monodoxyne nl oral capsule 100mg</i>	2	MO
<i>morgidox oral capsule 100mg</i>	2	MO
<i>tetracycline</i>	2	MO
VIBRAMYCIN ORAL SYRUP	3	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	2	MO
<i>methenamine mandelate</i>	2	MO
<i>nitrofurantoin</i>	4	MO
<i>nitrofurantoin macrocrystal</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst</i>	2	MO
<i>trimethoprim</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl intravenous recon soln 250mg</i>	5	B/D PA
<i>dexrazoxane hcl intravenous recon soln 500mg</i>	5	B/D PA; MO
ELITEK	5	MO
KEPIVANCE	5	MO
KHAPZORY	5	B/D PA
<i>leucovorin calcium injection recon soln 100mg, 200mg, 350mg, 50mg</i>	2	B/D PA; MO
<i>leucovorin calcium injection recon soln 500mg</i>	2	B/D PA
<i>leucovorin calcium oral</i>	2	MO
<i>levoleucovorin calcium intravenous recon soln 50mg</i>	5	B/D PA
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA
<i>mesna</i>	2	B/D PA; MO
MESNEX ORAL	5	MO
VISTOGARD	5	PA; MO
XGEVA	5	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone</i>	5	PA; MO; QL (120 per 30 days)
ABRAXANE	5	B/D PA; MO
ADCETRIS	5	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>adriamycin intravenous recon soln 10mg</i>	2	B/D PA; MO
<i>adriamycin intravenous solution</i>	2	B/D PA
<i>adrucil intravenous solution 2.5gram/50ml</i>	2	B/D PA
AFINITOR DISPERZ	5	PA; MO
AFINITOR ORAL TABLET 10MG	5	PA; MO; QL (30 per 30 days)
ALECENSA	5	PA; MO; QL (240 per 30 days)
ALIMTA	5	B/D PA; MO
ALIQOPA	5	B/D PA; MO; LA
ALUNBRIG ORAL TABLET 180MG, 90MG	5	PA; MO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30MG	5	PA; MO; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK	5	PA; MO; QL (30 per 30 days)
<i>anastrozole</i>	2	MO
ARRANON	5	B/D PA
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1MG/ML	5	B/D PA
<i>arsenic trioxide intravenous solution 2mg/ml</i>	5	B/D PA; MO
ARZERRA	5	B/D PA; MO
AVASTIN	5	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
AYVAKIT	5	PA; MO; LA; QL (30 per 30 days)
<i>azacitidine</i>	5	B/D PA; MO
<i>azathioprine</i>	2	B/D PA; MO
<i>azathioprine sodium</i>	2	B/D PA
BALVERSA	5	PA; MO; LA
BAVENCIO	5	B/D PA; MO; LA
BELEODAQ	5	B/D PA; MO
BENDEKA	5	B/D PA; MO
BESPO NSA	5	B/D PA; MO; LA
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	2	MO
<i>bleomycin</i>	2	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	5	B/D PA; MO
BORTEZOMIB	5	B/D PA; MO
BOSULIF ORAL TABLET 100MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400MG, 500MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75MG	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	5	PA; MO; LA
<i>busulfan</i>	5	B/D PA
CABOMETYX	5	PA; MO; LA
CALQUENCE	5	PA; MO; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100MG	5	PA; LA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
CAPRELSA ORAL TABLET 300MG	5	PA; MO; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PA; MO
<i>carmustine</i>	5	B/D PA; MO
<i>cisplatin intravenous solution</i>	2	B/D PA; MO
<i>cladribine</i>	5	B/D PA; MO
<i>clofarabine</i>	5	B/D PA
COMETRIQ	5	PA; MO
COPIKTRA	5	PA; MO; LA; QL (60 per 30 days)
COSMEGEN	5	B/D PA; MO
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	2	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	2	B/D PA; MO
<i>cyclosporine intravenous</i>	2	B/D PA
<i>cyclosporine modified</i>	2	B/D PA; MO
<i>cyclosporine oral capsule</i>	2	B/D PA; MO
CYRAMZA	5	B/D PA; MO
<i>cytarabine</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 100mg/5ml (20mg/ml), 2gram/20ml (100mg/ml)</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 20mg/ml</i>	2	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>dacarbazine</i>	2	B/D PA; MO
<i>dactinomycin</i>	2	B/D PA
DARZALEX	5	B/D PA; MO; LA
<i>daunorubicin intravenous solution</i>	2	B/D PA
DAURISMO ORAL TABLET 100MG	5	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25MG	5	PA; MO; QL (60 per 30 days)
<i>decitabine</i>	5	B/D PA; MO
<i>docetaxel intravenous solution 160mg/16ml (10mg/ml), 20mg/2ml (10mg/ml)</i>	5	B/D PA
<i>docetaxel intravenous solution 160mg/8ml (20mg/ml), 20mg/ml (1ml), 80mg/4ml (20mg/ml), 80mg/8ml (10mg/ml)</i>	5	B/D PA; MO
<i>doxorubicin intravenous recon soln 50mg</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution</i>	2	B/D PA; MO
<i>doxorubicin, peg-liposomal</i>	5	B/D PA; MO
DROXIA	3	MO
ELZONRIS	5	PA; MO; LA
EMCYT	5	MO
EMPLICITI	5	B/D PA; MO
ENVARUSUS XR	4	B/D PA; MO
<i>epirubicin intravenous solution</i>	2	B/D PA; MO
ERBITUX	5	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA	5	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100mg, 150mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25mg</i>	5	PA; MO; QL (60 per 30 days)
ERWINAZE	5	B/D PA; MO
ETOPOPHOS	4	B/D PA; MO
<i>etoposide intravenous</i>	2	B/D PA; MO
<i>everolimus (antineoplastic)</i>	5	PA; MO; QL (30 per 30 days)
<i>everolimus (immune-suppressive)</i>	5	B/D PA; MO
<i>exemestane</i>	4	MO
FARYDAK	5	PA; MO; QL (6 per 21 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120MG	5	B/D PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80MG	4	B/D PA; MO
<i>floxuridine</i>	2	B/D PA
<i>fludarabine intravenous recon soln</i>	2	B/D PA; MO
<i>fludarabine intravenous solution</i>	2	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>fluorouracil intravenous</i>	2	B/D PA; MO
<i>flutamide</i>	2	MO
FOLOTYN	5	B/D PA; MO
<i>fulvestrant</i>	5	B/D PA; MO
GAZYVA	5	B/D PA; MO
<i>gemcitabine intravenous recon soln 1gram, 200mg</i>	2	B/D PA; MO
<i>gemcitabine intravenous recon soln 2gram</i>	2	B/D PA
<i>gemcitabine intravenous solution 1gram/26.3ml (38mg/ml), 200mg/5.26ml (38mg/ml)</i>	2	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100MG/ML	3	B/D PA
<i>gemcitabine intravenous solution 2gram/52.6ml (38mg/ml)</i>	2	B/D PA
<i>gengraf oral capsule 100mg, 25mg</i>	2	B/D PA; MO
<i>gengraf oral solution</i>	2	B/D PA; MO
GILOTRIF	5	PA; MO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10MG, 100MG, 40MG	4	MO
HALAVEN	5	B/D PA; MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ICLUSIG ORAL TABLET 15MG	5	PA; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45MG	5	PA; QL (30 per 30 days)
<i>idarubicin</i>	2	B/D PA
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 1gram/20ml</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 3gram/60ml</i>	2	B/D PA
<i>imatinib oral tablet 100mg</i>	5	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140MG	5	PA; MO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70MG	5	PA; MO; QL (30 per 30 days)
IMBRUVICA ORAL TABLET	5	PA; MO; QL (30 per 30 days)
IMFINZI	5	B/D PA; MO; LA
INFUGEM	5	B/D PA
INLYTA ORAL TABLET 1MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5MG	5	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
INREBIC	5	PA; MO; LA; QL (120 per 30 days)
IRESSA	5	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100mg/5ml</i>	2	B/D PA; MO
<i>irinotecan intravenous solution 300mg/15ml, 500mg/25ml</i>	5	B/D PA
<i>irinotecan intravenous solution 40mg/2ml</i>	5	B/D PA; MO
ISTODAX	5	B/D PA; MO
IXEMPRA	5	B/D PA; MO
JAKAFI	5	PA; MO; QL (60 per 30 days)
JEVTANA	5	B/D PA; MO
KADCYLA	5	PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	5	PA; MO
KISQALI	5	PA; MO
KISQALI FEMARA CO-PACK	5	PA; MO
KYPROLIS	5	B/D PA; MO
LENVIMA	5	PA; MO
<i>letrozole</i>	2	MO
LEUKERAN	3	MO
<i>leuprolide subcutaneous kit</i>	5	PA; MO
LIBTAYO	5	PA; MO; LA
LONSURF	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
LORBRENA ORAL TABLET 100MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25MG	5	PA; MO; QL (90 per 30 days)
LUMOXITI	5	PA; MO; LA
LUPRON DEPOT	5	PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO
LUPRON DEPOT-PED	5	PA; MO
LUPRON DEPOT-PED (3 MONTH)	5	PA; MO
LYNPARZA ORAL TABLET	5	PA; MO; QL (120 per 30 days)
LYSODREN	3	MO
MARQIBO	3	B/D PA; MO
MATULANE	5	MO
<i>megestrol oral suspension 400mg/10ml (10ml)</i>	2	PA
<i>megestrol oral suspension 400mg/10ml (40mg/ml), 625mg/5ml (125mg/ml)</i>	2	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO
MEKINIST ORAL TABLET 0.5MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2MG	5	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
<i>melfhalan</i>	2	B/D PA; MO
<i>melfhalan hcl</i>	5	B/D PA
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium</i>	2	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 20mg, 5mg</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 40mg</i>	5	B/D PA; MO
<i>mitoxantrone</i>	2	B/D PA; MO
MVASI	5	B/D PA; MO
<i>mycophenolate mofetil (hcl)</i>	2	B/D PA
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO
<i>mycophenolate sodium</i>	2	B/D PA; MO
MYLOTARG	5	B/D PA; MO; LA
NERLYNX	5	PA; MO; LA
NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>nilutamide</i>	5	PA; MO
NINLARO	5	PA; MO; QL (3 per 28 days)
NUBEQA	5	PA; MO; LA; QL (120 per 30 days)
NULOJIX	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000mcg/ml, 500mcg/ml</i>	5	PA; MO
<i>octreotide acetate injection solution 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	2	PA; MO
<i>octreotide acetate injection syringe 100mcg/ml (1ml), 50mcg/ml (1ml)</i>	2	PA; MO
<i>octreotide acetate injection syringe 500mcg/ml (1ml)</i>	5	PA; MO
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
ONIVYDE	5	B/D PA; MO
OPDIVO	5	PA; MO
<i>oxaliplatin intravenous recon soln 100mg</i>	2	B/D PA; MO
<i>oxaliplatin intravenous recon soln 50mg</i>	2	B/D PA
<i>oxaliplatin intravenous solution</i>	2	B/D PA; MO
<i>paclitaxel</i>	2	B/D PA; MO
PADCEV	5	PA; MO
<i>paraplatin</i>	2	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
PEMAZYRE	5	PA; MO; LA; QL (14 per 21 days)
PERJETA	5	B/D PA; MO
PIQRAY	5	PA; MO
POLIVY	5	PA; MO
POMALYST	5	PA; MO; LA
PORTRAZZA	5	B/D PA; MO
POTELIGEO	5	PA; MO
PROGRAF INTRAVENOUS	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA; MO
PURIXAN	5	
QINLOCK	5	PA; MO; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40MG	5	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80MG	5	PA; MO; LA; QL (120 per 30 days)
REVLIMID	5	PA; MO; LA; QL (28 per 28 days)
RITUXAN	5	PA; MO
ROZLYTREK ORAL CAPSULE 100MG	5	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200MG	5	PA; MO; QL (90 per 30 days)
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	5	PA; MO
RYDAPT	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
SANDIMMUNE ORAL SOLUTION	3	B/D PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	PA; MO
SARCLISA	5	PA; MO; LA
SIGNIFOR	5	PA; MO
SIMULECT INTRAVENOUS RECON SOLN 10MG	3	B/D PA
SIMULECT INTRAVENOUS RECON SOLN 20MG	3	B/D PA; MO
<i>sirolimus oral solution</i>	5	B/D PA; MO
<i>sirolimus oral tablet 0.5mg, 1mg</i>	4	B/D PA; MO
<i>sirolimus oral tablet 2mg</i>	5	B/D PA; MO
SOLTAMOX	5	MO
SOMATULINE DEPOT	5	PA; MO
SPRYCEL ORAL TABLET 100MG, 140MG, 50MG, 80MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20MG, 70MG	5	PA; MO; QL (60 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
SUTENT	5	PA; MO; QL (30 per 30 days)
SYNRIBO	5	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
TABLOID	4	MO
TABRECTA	5	PA; MO
<i>tacrolimus oral</i>	2	B/D PA; MO
TAFINLAR	5	PA; MO; QL (120 per 30 days)
TAGRISSO	5	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25MG	5	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1MG	5	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	2	MO
TARGRETIN TOPICAL	5	PA; MO
TASIGNA ORAL CAPSULE 150MG, 200MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50MG	5	PA; MO; QL (120 per 30 days)
TAZVERIK	5	PA; MO; LA
TECENTRIQ	5	B/D PA; MO; LA
TEMODAR INTRAVENOUS	5	B/D PA; MO
<i>temsirolimus</i>	5	B/D PA; MO
THALOMID	5	PA; MO
<i>thiotepa injection recon soln 100mg</i>	5	B/D PA
<i>thiotepa injection recon soln 15mg</i>	5	B/D PA; MO
TIBSOVO	5	PA; MO
<i>toposar</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>topotecan intravenous recon soln</i>	5	B/D PA
<i>topotecan intravenous solution 4mg/4ml (1mg/ml)</i>	5	B/D PA; MO
<i>toremifene</i>	5	MO
TRAZIMERA	5	B/D PA; MO
TREANDA INTRAVENOUS RECON SOLN	5	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO
<i>tretinoin (antineoplastic)</i>	5	MO
TRISENOX INTRAVENOUS SOLUTION 2MG/ML	5	B/D PA; MO
TRODELVY	5	PA; MO; LA
TRUXIMA	5	PA; MO
TUKYSA ORAL TABLET 150MG	5	PA; MO; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50MG	5	PA; MO; LA; QL (300 per 30 days)
TURALIO	5	PA; MO; LA; QL (120 per 30 days)
TYKERB	5	PA; MO; LA; QL (180 per 30 days)
UNITUXIN	5	B/D PA; MO
<i>valrubicin</i>	5	B/D PA; MO
VANTAS	4	PA; MO
VECTIBIX	5	B/D PA; MO
VELCADE	5	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
VENCLEXTA ORAL TABLET 10MG, 50MG	3	PA; MO; LA
VENCLEXTA ORAL TABLET 100MG	5	PA; MO; LA
VENCLEXTA STARTING PACK	5	PA; MO; LA; QL (42 per 30 days)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine intravenous solution</i>	2	B/D PA; MO
<i>vincasar pfs</i>	2	B/D PA; MO
<i>vincristine</i>	2	B/D PA; MO
<i>vinorelbine</i>	2	B/D PA; MO
VITRAKVI ORAL CAPSULE 100MG	5	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25MG	5	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	5	PA; MO; QL (30 per 30 days)
VOTRIENT	5	PA; MO; QL (120 per 30 days)
VYXEOS	5	B/D PA; MO
XALKORI	5	PA; MO; QL (60 per 30 days)
XATMEP	4	B/D PA; MO
XERMELO	5	PA; MO; LA; QL (90 per 30 days)
XOSPATA	5	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
XPOVIO	5	PA; MO; LA
XTANDI	5	PA; MO; QL (120 per 30 days)
YERVOY	5	B/D PA; MO
YONDELIS	5	B/D PA; MO
YONSA	5	PA; MO; QL (120 per 30 days)
ZALTRAP	5	B/D PA; MO
ZANOSAR	4	B/D PA; MO
ZEJULA	5	PA; MO; LA; QL (90 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZIRABEV	5	B/D PA; MO
ZOLADEX	4	PA; MO
ZOLINZA	5	PA; MO
ZORTRESS ORAL TABLET 1MG	5	B/D PA; MO
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	5	PA; MO; QL (90 per 30 days)
ZYTIGA ORAL TABLET 500MG	5	PA; MO; QL (60 per 30 days)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM	5	MO
BANZEL	5	PA; MO
BRIVIACT INTRAVENOUS	4	

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Drug Name	Drug Tier	Requirements /Limits
BRIVIACT ORAL	5	MO
carbamazepine oral capsule, er multiphase 12hr	2	MO
carbamazepine oral suspension 100mg/5ml	2	MO
carbamazepine oral tablet	2	MO
carbamazepine oral tablet extended release 12hr	2	MO
carbamazepine oral tablet, chewable	2	MO
CELONTIN ORAL CAPSULE 300MG	4	MO
clobazam oral suspension	4	PA; MO; QL (480 per 30 days)
clobazam oral tablet	4	PA; MO; QL (60 per 30 days)
clonazepam oral tablet 0.5mg, 1mg	2	MO; QL (90 per 30 days)
clonazepam oral tablet 2mg	2	MO; QL (300 per 30 days)
clonazepam oral tablet, disintegrating 0.125mg, 0.25mg, 0.5 mg, 1mg	2	MO; QL (90 per 30 days)
clonazepam oral tablet, disintegrating 2mg	2	MO; QL (300 per 30 days)
diazepam rectal	2	MO
DILANTIN 30MG	3	MO
divalproex	2	MO
EPIDIOLEX	5	PA; MO; LA
epitol	2	MO
ethosuximide	2	MO

Drug Name	Drug Tier	Requirements /Limits
felbamate oral suspension	5	MO
felbamate oral tablet	4	MO
fosphenytoin	2	MO
FYCOMPA ORAL SUSPENSION	5	MO
FYCOMPA ORAL TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	MO
FYCOMPA ORAL TABLET 2MG	4	MO
gabapentin oral capsule 100mg, 400mg	1	MO; QL (270 per 30 days)
gabapentin oral capsule 300mg	1	MO; QL (360 per 30 days)
gabapentin oral solution 250mg/5ml	2	MO; QL (2160 per 30 days)
gabapentin oral solution 250mg/5ml (5ml), 300mg/6ml (6ml)	2	QL (2160 per 30 days)
gabapentin oral tablet 600mg	1	MO; QL (180 per 30 days)
gabapentin oral tablet 800mg	1	MO; QL (120 per 30 days)
GRALISE 30-DAY STARTER PACK	3	PA; QL (78 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24HR 300MG	3	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24HR 600MG	3	PA; MO; QL (90 per 30 days)
lamotrigine oral tablet	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>lamotrigine oral tablet disintegrating, dose pk</i>	2	MO
<i>lamotrigine oral tablet extended release 24hr</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	4	MO
<i>lamotrigine oral tablets, dose pack</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000mg/100ml, 1, 500mg/100ml</i>	2	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500mg/100ml</i>	2	MO
<i>levetiracetam intravenous</i>	2	MO
<i>levetiracetam oral solution 100mg/ml</i>	2	MO
<i>levetiracetam oral solution 500mg/5ml (5ml)</i>	2	
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24hr</i>	2	MO
NAYZILAM	5	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine</i>	2	MO
PEGANONE	4	MO
<i>phenobarbital</i>	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>phenobarbital sodium injection solution 130mg/ml</i>	2	MO
<i>phenobarbital sodium injection solution 65mg/ml</i>	2	
<i>phenytoin oral suspension 100mg/4ml</i>	2	
<i>phenytoin oral suspension 125mg/5ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	MO
<i>pregabalin oral capsule 100mg, 150mg, 200mg, 25mg, 50mg, 75mg</i>	2	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225mg, 300mg</i>	2	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	2	MO; QL (900 per 30 days)
<i>primidone</i>	2	MO
<i>roweepra</i>	2	MO
<i>roweepra xr</i>	2	
SPRITAM	4	MO
<i>subvenite</i>	1	MO
<i>subvenite starter (blue) kit</i>	2	MO
<i>subvenite starter (green) kit</i>	2	MO
<i>subvenite starter (orange) kit</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
SYMPAZAN ORAL FILM 10MG, 20MG	5	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5MG	4	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250mg/5ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250mg/5ml (5ml), 500mg/10ml (10ml)</i>	2	
VALTOCO	5	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	5	MO; LA
<i>vigadrone</i>	5	MO; LA
VIMPAT INTRAVENOUS	3	MO
VIMPAT ORAL SOLUTION	3	MO
VIMPAT ORAL TABLET	3	MO
XCOPRI MAINTENANCE PACK	5	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100MG	4	MO; QL (120 per 30 days)
XCOPRI ORAL TABLET 150MG	4	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
XCOPRI ORAL TABLET 200MG	5	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 50MG	4	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK	4	MO; QL (56 per 28 days)
<i>zonisamide</i>	2	PA; MO

ANTIPARKINSONISM AGENTS

APOKYN	5	PA; MO; LA
<i>benztropine injection</i>	2	MO
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	2	MO
<i>carbidopa-levodopa</i>	2	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	2	MO
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>rasagiline</i>	4	MO
<i>ropinirole</i>	2	MO
<i>selegiline hcl</i>	2	MO
<i>tolcapone</i>	5	PA; MO

MIGRAINE / CLUSTER HEADACHE THERAPY

AIMOVIG AUTOINJECTOR	3	PA; MO; QL (1 per 30 days)
AJOVY AUTOINJECTOR	3	PA; MO; QL (1.5 per 30 days)
AJOVY SYRINGE	3	PA; MO; QL (1.5 per 30 days)
<i>dihydroergotamine injection</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>dihydroergotamine nasal</i>	5	MO; QL (8 per 28 days)
<i>eletriptan</i>	4	MO; QL (18 per 28 days)
EMGALITY PEN	3	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120MG/ML	3	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300MG/3ML (100MG/ML X 3)	5	PA; MO; QL (3 per 30 days)
<i>ergotamine-caffeine</i>	2	MO
<i>migergot</i>	4	MO
<i>naratriptan</i>	2	MO; QL (18 per 28 days)
NURTEC ODT	5	PA; MO; QL (16 per 30 days)
<i>rizatriptan</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20mg/actuation</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5mg/actuation</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	4	MO; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan succinate subcutaneous solution</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6mg/0.5ml</i>	4	MO; QL (8 per 28 days)
UBRELVY	5	PA; MO; QL (20 per 30 days)
<i>zolmitriptan</i>	2	MO; QL (18 per 28 days)

MISCELLANEOUS NEUROLOGICAL THERAPY

AUBAGIO	5	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40MG/ML	5	PA; MO; QL (12 per 28 days)
<i>dalfampridine</i>	5	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10mg, 5mg</i>	1	MO
<i>donepezil oral tablet 23mg</i>	4	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
FIRDAPSE	5	PA; MO; LA
<i>galantamine</i>	2	MO
GILENYA ORAL CAPSULE 0.5MG	5	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40mg/ml</i>	5	PA; MO; QL (12 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>glatopa subcutaneous syringe 20mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40mg/ml</i>	5	PA; MO; QL (12 per 28 days)
LEMTRADA	5	PA; MO
<i>memantine oral capsule, sprinkle, er 24hr</i>	2	PA; MO
<i>memantine oral solution</i>	2	PA; MO
<i>memantine oral tablet</i>	2	PA; MO
NAMZARIC	3	PA; MO
NUEDEXTA	5	PA; MO
OCREVUS	5	PA; MO; LA
RADICAVA	5	PA; MO
<i>rivastigmine</i>	2	MO
<i>rivastigmine tartrate</i>	2	MO
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120MG	5	PA; MO; LA; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120MG (14)- 240MG (46)	5	PA; MO; LA; QL (120 per 180 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 240MG	5	PA; MO; LA; QL (60 per 30 days)
<i>tetrabenazine oral tablet 12.5mg</i>	5	PA; MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>tetrabenazine oral tablet 25mg</i>	5	PA; MO; QL (120 per 30 days)
TYSABRI	5	PA; MO; LA
VUMERITY	5	PA; MO; QL (120 per 30 days)

MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

<i>baclofen oral tablet 10mg, 20mg</i>	2	MO
<i>cyclobenzaprine oral tablet</i>	4	PA; MO
<i>dantrolene intravenous</i>	2	
<i>dantrolene oral</i>	2	MO
LIORESAL INTRATHECAL SOLUTION 2,000MCG/ML, 500MCG/ML	3	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50MCG/ML	3	B/D PA
<i>neostigmine methylsulfate intravenous solution 0.5mg/ml</i>	2	MO
<i>neostigmine methylsulfate intravenous solution 1mg/ml</i>	2	
<i>pyridostigmine bromide oral syrup</i>	5	MO
<i>pyridostigmine bromide oral tablet 60mg</i>	2	MO
<i>pyridostigmine bromide oral tablet extended release</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>regonol</i>	2	
<i>revonto</i>	2	
<i>tizanidine</i>	2	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	2	MO; QL (300 per 30 days)
<i>acetaminophen-codeine oral solution 120mg-12mg /5ml (5ml), 300mg-30mg /12.5ml</i>	2	QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12mg/5ml</i>	2	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15mg, 300-30mg</i>	2	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60mg</i>	2	MO; QL (180 per 30 days)
BELBUCA	3	PA; MO; QL (60 per 30 days)
<i>buprenorphine hcl injection syringe</i>	2	
<i>buprenorphine hcl sublingual</i>	2	MO
<i>buprenorphine transdermal patch</i>	4	PA; MO; QL (4 per 28 days)
<i>endocet oral tablet 10-325mg, 2.5-325mg, 5-325mg, 7.5-325mg</i>	2	MO; QL (360 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	2	MO; QL (400 per 30 days)
<i>fentanyl citrate (pf) intravenous syringe 100mcg/2ml (50mcg/ml)</i>	2	QL (400 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA; MO; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	2	PA; MO; QL (10 per 30 days)
<i>hydrocodone bitartrate</i>	2	PA; MO; QL (90 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325mg/15ml (15ml)</i>	2	QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325mg/15ml</i>	2	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300mg, 5-300mg, 7.5-300mg</i>	2	MO; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325mg, 5-325mg, 7.5-325mg</i>	2	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200mg, 5-200mg, 7.5-200mg</i>	2	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5ml), 10mg/ml</i>	2	MO; QL (240 per 30 days)
<i>hydromorphone (pf) injection solution 2mg/ml</i>	2	QL (150 per 30 days)
<i>hydromorphone injection solution 1mg/ml</i>	2	QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone injection solution 2mg/ml</i>	2	MO; QL (150 per 30 days)	<i>methadone oral solution 5mg/5ml</i>	2	PA; MO; QL (1200 per 30 days)
<i>hydromorphone injection syringe 1mg/ml</i>	2	MO; QL (300 per 30 days)	<i>methadone oral tablet 10mg</i>	2	PA; MO; QL (120 per 30 days)
<i>hydromorphone injection syringe 2mg/ml</i>	2	QL (150 per 30 days)	<i>methadone oral tablet 5mg</i>	2	PA; MO; QL (240 per 30 days)
<i>hydromorphone injection syringe 4mg/ml</i>	2	MO; QL (75 per 30 days)	<i>methadose oral concentrate</i>	2	PA; MO; QL (90 per 30 days)
<i>hydromorphone oral liquid</i>	2	MO; QL (2400 per 30 days)	<i>morphine (pf) injection solution 0.5mg/ml</i>	2	QL (4000 per 30 days)
<i>hydromorphone oral tablet</i>	2	MO; QL (180 per 30 days)	<i>morphine (pf) injection solution 1mg/ml</i>	2	MO; QL (2000 per 30 days)
<i>hydromorphone oral tablet extended release 24hr</i>	4	PA; MO; QL (60 per 30 days)	<i>morphine concentrate oral solution</i>	2	MO; QL (900 per 30 days)
<i>ibuprofen-oxycodone</i>	2	MO; QL (28 per 30 days)	<i>morphine injection solution 8mg/ml</i>	2	QL (250 per 30 days)
<i>levorphanol tartrate oral tablet 2mg</i>	5	MO; QL (120 per 30 days)	<i>morphine injection syringe 2mg/ml</i>	2	MO; QL (1000 per 30 days)
<i>lorcet (hydrocodone)</i>	2	MO; QL (360 per 30 days)	<i>morphine injection syringe 4mg/ml</i>	2	MO; QL (500 per 30 days)
<i>lorcet hd</i>	2	MO; QL (360 per 30 days)	<i>morphine injection syringe 5mg/ml</i>	2	QL (400 per 30 days)
<i>lorcet plus oral tablet 7.5-325mg</i>	2	MO; QL (360 per 30 days)	<i>morphine intravenous solution 10mg/ml</i>	2	MO; QL (200 per 30 days)
<i>methadone injection solution</i>	2	QL (150 per 30 days)	<i>morphine intravenous solution 4mg/ml</i>	2	MO; QL (500 per 30 days)
<i>methadone intensol</i>	2	PA; MO; QL (90 per 30 days)	<i>morphine intravenous syringe 10mg/ml</i>	2	QL (200 per 30 days)
<i>methadone oral concentrate</i>	2	PA; MO; QL (90 per 30 days)	<i>morphine intravenous syringe 2mg/ml</i>	2	QL (1000 per 30 days)
<i>methadone oral solution 10mg/5ml</i>	2	PA; MO; QL (600 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits
<i>morphine intravenous syringe 4mg/ml</i>	2	QL (500 per 30 days)
<i>morphine oral capsule, er multiphase 24hr</i>	2	PA; MO; QL (60 per 30 days)
<i>morphine oral capsule, extend. release pellets</i>	2	PA; MO; QL (90 per 30 days)
<i>morphine oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	2	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	2	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	2	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10mg, 15mg, 20mg, 30mg</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325mg, 2.5-325mg, 5-325mg, 7.5-325mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-aspirin</i>	2	MO; QL (360 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12HR 10MG, 15MG, 20MG, 30MG, 40MG, 60MG	3	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12HR 80MG	5	PA; MO; QL (60 per 30 days)
<i>oxymorphone oral tablet 10mg</i>	2	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 5mg</i>	2	MO; QL (180 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3mg</i>	2	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1mg, 8-2mg</i>	2	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2mg</i>	2	MO; QL (90 per 30 days)
<i>butorphanol injection solution 1mg/ml</i>	2	MO; QL (857 per 30 days)
<i>butorphanol injection solution 2mg/ml</i>	2	MO; QL (428 per 30 days)
<i>butorphanol nasal</i>	2	MO; QL (10 per 28 days)
<i>celecoxib</i>	2	MO
<i>clonidine (pf) epidural solution 5,000mcg/10ml</i>	2	
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO
<i>diclofenac sodium topical drops</i>	2	MO; QL (300 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>diclofenac sodium topical gel 1%</i>	2	MO; QL (1000 per 28 days)
<i>diclofenac-misoprostol</i>	2	MO
<i>diflunisal</i>	2	MO
<i>ec-naproxen</i>	2	MO
<i>etodolac</i>	2	MO
<i>fenoprofen oral tablet</i>	2	MO
<i>flurbiprofen oral tablet 100mg</i>	2	MO
<i>ibu</i>	1	MO
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400mg, 600mg, 800mg</i>	1	MO
<i>ketoprofen oral capsule 25mg, 75mg</i>	2	MO
<i>ketoprofen oral capsule 50mg</i>	2	
<i>ketoprofen oral capsule, ext rel. pellets 24hr 200mg</i>	4	MO
<i>meclofenamate</i>	4	MO
<i>mefenamic acid</i>	4	MO
<i>meloxicam oral tablet 15mg</i>	1	MO
<i>meloxicam oral tablet 7.5mg</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine injection solution 10mg/ml</i>	2	MO; QL (200 per 30 days)
<i>nalbuphine injection solution 20mg/ml</i>	2	MO; QL (100 per 30 days)
<i>naloxone injection solution</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>naloxone injection syringe</i>	2	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	MO
<i>naproxen sodium oral tablet 275mg, 550mg</i>	2	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4MG/ACTUATION	3	MO
<i>oxaprozin</i>	2	MO
<i>piroxicam</i>	2	MO
<i>salsalate</i>	1	MO
<i>sulindac</i>	1	MO
<i>tolmetin oral capsule</i>	2	MO
<i>tolmetin oral tablet 600mg</i>	2	MO
<i>tramadol oral tablet 50mg</i>	2	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; QL (240 per 30 days)
VIVITROL	5	MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18MG, 1.4-0.36MG, 11.4-2.9MG, 2.9-0.71MG, 5.7-1.4MG	3	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1MG	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	5	MO
ADASUVE	3	LA
<i>amitriptyline</i>	2	MO
<i>amoxapine</i>	2	MO
<i>aripiprazole oral solution</i>	5	MO
<i>aripiprazole oral tablet</i>	2	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	5	MO; QL (60 per 30 days)
ARISTADA	5	MO
ARISTADA INITIO	5	MO
<i>armodafinil</i>	4	PA; MO; QL (30 per 30 days)
<i>atomoxetine oral capsule 10mg, 18mg, 25mg, 40mg</i>	2	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100mg, 60mg, 80mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24hr 150mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24hr 300mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12hr</i>	2	MO; QL (60 per 30 days)
<i>buspirone</i>	2	MO
CAPLYTA	5	MO; QL (30 per 30 days)
<i>chlorpromazine</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	4	MO
<i>clonidine hcl oral tablet extended release 12hr</i>	2	MO
<i>clorazepate dipotassium oral tablet 15mg</i>	2	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75mg</i>	2	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5mg</i>	2	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	2	MO
<i>clozapine oral tablet, disintegrating 100mg, 12.5mg, 25mg</i>	2	
CLOZAPINE ORAL TABLET, DISINTEGRATING 150MG, 200MG	4	
<i>desipramine</i>	2	MO
<i>desvenlafaxine succinate</i>	2	MO; QL (30 per 30 days)
<i>dextroamphetamine oral solution</i>	2	MO
<i>dextroamphetamine-amphetamine</i>	2	MO
<i>diazepam injection solution</i>	2	PA
<i>diazepam injection syringe</i>	2	PA; MO
<i>diazepam oral concentrate</i>	2	PA; MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>diazepam oral solution 5mg/5ml (1mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	4	MO
<i>doxepin oral concentrate</i>	4	MO
<i>doxepin oral tablet</i>	2	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20MG, 30MG, 60MG	4	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40MG	4	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release (dr/ec) 20mg, 30mg, 60mg</i>	2	MO; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release (dr/ec) 40mg</i>	2	MO; QL (90 per 30 days)
EMSAM	5	MO
<i>ergoloid</i>	4	MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	4	MO; QL (30 per 30 days)
FANAPT ORAL TABLET 1MG, 2MG, 4MG	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 10MG, 12MG, 6MG, 8MG	5	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FANAPT ORAL TABLETS, DOSE PACK	4	MO; QL (8 per 28 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	3	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24HR	3	MO; QL (30 per 30 days)
<i>flumazenil</i>	2	MO
<i>fluoxetine oral capsule 10mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20mg</i>	1	MO
<i>fluoxetine oral capsule 40mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release (dr/ec)</i>	2	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10mg</i>	2	MO; QL (30 per 30 days)
<i>fluoxetine oral tablet 20mg, 60mg</i>	2	MO
<i>fluphenazine decanoate</i>	2	MO
<i>fluphenazine hcl</i>	2	MO
<i>fluvoxamine oral capsule, extended release 24hr</i>	4	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25mg</i>	2	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50mg</i>	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
FORFIVO XL	4	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	4	MO
<i>guanidine</i>	2	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	2	MO
<i>haloperidol lactate injection</i>	2	MO
<i>haloperidol lactate oral</i>	2	MO
HETLIOZ	5	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	4	MO
<i>imipramine pamoate</i>	4	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39MG/0.25ML	4	MO
INVEGA TRINZA	5	MO
LATUDA ORAL TABLET 120MG, 20MG, 40MG, 60MG	5	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80MG	5	MO; QL (60 per 30 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate oral solution 8meq/5ml</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lorazepam injection solution</i>	2	PA; MO
<i>lorazepam injection syringe 2mg/ml</i>	2	PA; MO
<i>lorazepam injection syringe 4mg/ml</i>	2	PA
<i>lorazepam intensol</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5mg, 1mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	2	MO
<i>maprotiline</i>	2	MO
MARPLAN	4	MO
<i>methylphenidate hcl oral capsule, er biphasic 50-50</i>	2	MO
<i>methylphenidate hcl oral solution</i>	2	MO
<i>methylphenidate hcl oral tablet</i>	2	MO
<i>methylphenidate hcl oral tablet extended release</i>	2	MO
<i>methylphenidate hcl oral tablet, chewable</i>	2	MO
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet, disintegrating</i>	2	MO
<i>modafinil oral tablet 100mg</i>	2	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>modafinil oral tablet 200mg</i>	2	PA; MO; QL (60 per 30 days)
<i>molindone</i>	2	MO
<i>nefazodone</i>	2	MO
<i>nortriptyline</i>	2	MO
NUPLAZID ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10MG	5	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	2	MO
<i>olanzapine oral</i>	2	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	2	MO
<i>paliperidone oral tablet extended release 24hr 1.5mg, 3mg</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6mg</i>	4	MO; QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9mg</i>	5	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 10mg, 20mg, 40mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24hr</i>	2	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	4	MO
<i>perphenazine</i>	2	MO
PERSERIS	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>phenelzine</i>	2	MO
<i>pimozide</i>	2	MO
<i>procentra</i>	2	MO
<i>protriptyline</i>	2	MO
<i>quetiapine oral tablet 100mg, 200mg, 25mg, 50mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300mg, 400mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24hr 150mg, 200mg</i>	2	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24hr 300mg, 400mg, 50mg</i>	2	MO; QL (60 per 30 days)
<i>ramelteon</i>	2	MO; QL (30 per 30 days)
REXULTI	5	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5MG/2ML, 25MG/2ML	3	MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5MG/2ML, 50MG/2ML	5	MO
<i>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral tablet 4mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	2	MO; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4mg</i>	2	MO; QL (120 per 30 days)
SAPHRIS	5	MO; QL (60 per 30 days)
SECUADO	5	QL (30 per 30 days)
<i>sertraline oral concentrate</i>	2	MO
<i>sertraline oral tablet 100mg, 50mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25mg</i>	1	MO; QL (30 per 30 days)
<i>thioridazine</i>	4	MO
<i>thiothixene</i>	2	MO
<i>tranlycypromine</i>	4	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	2	MO
<i>trimipramine</i>	4	MO
TRINTELLIX	3	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150mg, 37.5mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
VERSACLOZ	5	
VIIBRYD ORAL TABLET	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VIIBRYD ORAL TABLETS, DOSE PACK 10MG (7)-20MG (23)	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	5	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK	4	MO; QL (7 per 30 days)
XYREM	5	PA; MO; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10mg</i>	4	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5mg</i>	4	MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	2	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	2	
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210MG	4	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300MG, 405MG	5	MO
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>adenosine</i>	2	
<i>amiodarone intravenous solution</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>amiodarone oral</i>	2	MO
<i>dofetilide</i>	4	MO
<i>flecainide</i>	2	MO
<i>ibutilide fumarate</i>	2	MO
<i>lidocaine (pf) in d7.5w</i>	2	MO
<i>lidocaine (pf) intravenous solution</i>	2	MO
<i>lidocaine (pf) intravenous syringe</i>	2	
<i>lidocaine in 5% dextrose (pf) intravenous parenteral solution 4mg/ml (0.4%), 8mg/ml (0.8%)</i>	2	
<i>mexiletine</i>	2	MO
<i>pacerone oral tablet 100mg, 200mg, 400mg</i>	2	MO
<i>procainamide injection solution 100mg/ml</i>	2	MO
<i>procainamide injection solution 500mg/ml</i>	2	
<i>propafenone oral capsule, extended release 12hr</i>	4	MO
<i>propafenone oral tablet</i>	2	MO
<i>quinidine gluconate oral</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120mg, 160mg, 80mg</i>	2	MO
<i>sorine oral tablet 240mg</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>sotalol af</i>	2	MO
<i>sotalol oral</i>	2	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	MO
<i>aliskiren</i>	2	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	2	MO
<i>amlodipine-valsartan</i>	2	MO
<i>amlodipine-valsartan-hcthidiazid</i>	2	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	2	MO
<i>benazepril</i>	6	MO
<i>benazepril-hydrochlorothiazide</i>	2	MO
<i>betaxolol oral</i>	2	MO
BIDIL	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	2	MO
BYSTOLIC	3	MO
<i>candesartan</i>	2	MO
<i>candesartan-hydrochlorothiazid</i>	2	MO
<i>captopril</i>	2	MO
<i>captopril-hydrochlorothiazide</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide sodium</i>	2	MO
<i>chlorthalidone oral tablet 25mg, 50mg</i>	2	MO
<i>clonidine</i>	4	MO; QL (4 per 28 days)
<i>clonidine (pf) epidural solution 1,000mcg/10ml (100mcg/ml)</i>	2	
<i>clonidine hcl oral tablet</i>	1	MO
DEMSER	5	PA; MO
<i>diltiazem hcl intravenous</i>	2	
<i>diltiazem hcl oral capsule, extended release 12hr</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 24hr</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 24hr</i>	2	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24hr</i>	2	MO
<i>dilt-xr</i>	2	MO
<i>doxazosin oral tablet 1mg, 2mg, 4mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8mg</i>	1	MO; QL (60 per 30 days)
EDARBI	3	MO
EDARBYCLOR	3	MO
<i>enalapril maleate</i>	6	MO

Drug Name	Drug Tier	Requirements /Limits
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril-hydrochlorothiazide</i>	6	MO
<i>eplerenone</i>	2	MO
<i>epoprostenol (glycine)</i>	2	B/D PA; MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynate sodium</i>	5	MO
<i>ethacrynic acid</i>	4	MO
<i>felodipine</i>	2	MO
<i>fosinopril</i>	6	MO
<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>furosemide injection</i>	2	MO
<i>furosemide oral solution 10mg/ml, 40mg/5ml (8mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	6	MO
<i>irbesartan-hydrochlorothiazide</i>	6	MO
<i>isradipine</i>	2	MO
<i>labetalol intravenous solution</i>	2	MO
<i>labetalol intravenous syringe 20mg/4ml (5mg/ml)</i>	2	
<i>labetalol oral</i>	2	MO
<i>lisinopril</i>	6	MO
<i>lisinopril-hydrochlorothiazide</i>	6	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>losartan</i>	6	MO
<i>losartan-hydrochlorothiazide</i>	6	MO
<i>mannitol 20%</i>	2	
<i>mannitol 25% intravenous solution</i>	2	MO
<i>matzim la</i>	2	MO
<i>methyldopa</i>	2	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	2	MO
<i>metoprolol tartrate oral</i>	1	MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	2	MO
<i>nadolol-bendroflumethiazide oral tablet 80-5mg</i>	2	MO
<i>nicardipine intravenous solution</i>	2	MO
<i>nicardipine oral</i>	2	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	4	MO
<i>nisoldipine</i>	4	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiiazid</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>osmitrol 15%</i>	2	
<i>osmitrol 20%</i>	2	
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	5	PA; MO
<i>phentolamine injection recon soln</i>	2	
<i>pindolol</i>	2	MO
<i>prazosin</i>	2	MO
<i>propranolol intravenous</i>	2	
<i>propranolol oral capsule, extended release 24hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	2	MO
<i>quinapril</i>	6	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	6	MO
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	2	MO
<i>taztia xt</i>	2	MO
TEKTURNA HCT	3	MO
<i>telmisartan</i>	2	MO
<i>telmisartan-amlodipine</i>	2	MO
<i>telmisartan-hydrochlorothiazid</i>	2	MO
<i>terazosin oral capsule 1mg, 2mg, 5mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>terazosin oral capsule 10mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er</i>	2	MO
<i>timolol maleate oral</i>	2	MO
<i>toremide oral</i>	2	MO
<i>trandolapril</i>	6	MO
<i>trandolapril-verapamil</i>	2	MO
<i>treprostinil sodium</i>	5	PA; MO; LA
<i>triamterene</i>	2	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
UPTRAVI	5	PA; MO; LA
<i>valsartan</i>	6	MO
<i>valsartan-hydrochlorothiazide</i>	6	MO
<i>veletri</i>	2	B/D PA; MO
<i>verapamil intravenous solution</i>	2	MO
<i>verapamil intravenous syringe</i>	2	
<i>verapamil oral capsule, 24hr er pellet ct</i>	2	MO
<i>verapamil oral capsule, ext rel. pellets 24hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>aminocaproic acid oral</i>	5	MO
<i>aspirin-dipyridamole</i>	4	MO
BRILINTA	3	MO
CABLIVI INJECTION KIT	5	PA; MO; LA
CEPROTIN (BLUE BAR)	3	PA; MO
CEPROTIN (GREEN BAR)	3	PA; MO
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 300mg</i>	2	MO
<i>clopidogrel oral tablet 75mg</i>	1	MO; QL (30 per 30 days)
<i>dipyridamole intravenous</i>	2	PA
<i>dipyridamole oral</i>	2	MO
DOPTELET (10 TAB PACK)	5	PA; MO; LA
DOPTELET (15 TAB PACK)	5	PA; MO; LA
DOPTELET (30 TAB PACK)	5	PA; MO; LA
ELIQUIS	3	MO
ELIQUIS DVT-PE TREAT 30D START	3	MO
<i>enoxaparin subcutaneous solution</i>	2	MO; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100mg/ml, 150mg/ml</i>	4	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120mg/0.8ml, 80mg/0.8ml</i>	4	MO; QL (22.4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>enoxaparin subcutaneous syringe 30mg/0.3ml, 60mg/0.6ml</i>	4	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40mg/0.4ml</i>	4	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	MO
<i>fondaparinux subcutaneous syringe 2.5mg/0.5ml</i>	2	MO
<i>heparin (porcine) in 5% dex intravenous parenteral solution 20,000 unit/500ml (40 unit/ml)</i>	2	
<i>heparin (porcine) in 5% dex intravenous parenteral solution 25,000 unit/250ml (100 unit/ml), 25,000 unit/500ml (50 unit/ml)</i>	2	MO
<i>heparin (porcine) in nacl (pf)</i>	2	
<i>heparin (porcine) injection cartridge</i>	2	MO
<i>heparin (porcine) injection solution</i>	2	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	MO
HEPARIN (PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12, 500 UNIT/250ML	3	

Drug Name	Drug Tier	Requirements /Limits
<i>heparin (porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250ml, 25,000 unit/500ml</i>	2	MO
<i>heparin, porcine (pf) injection solution</i>	2	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5ml</i>	2	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	
<i>jantoven</i>	1	MO
MULPLETA	5	PA; MO
NPLATE	5	MO
<i>pentoxifylline</i>	2	MO
<i>prasugrel</i>	2	MO
PROMACTA	5	PA; MO; LA
<i>protamine</i>	2	
<i>warfarin</i>	1	MO
XARELTO	3	MO
XARELTO DVT-PE TREAT 30D START	3	MO
ZONTIVITY	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	2	MO; QL (30 per 30 days)
<i>atorvastatin</i>	6	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>cholestyramine light</i>	2	MO
<i>colesevelam</i>	4	MO
<i>colestipol</i>	2	MO
<i>ezetimibe</i>	2	MO
<i>ezetimibe-simvastatin</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized</i>	2	MO
<i>fenofibrate nanocrystallized oral tablet 145mg, 48mg</i>	2	MO
<i>fenofibrate oral tablet 160mg, 54mg</i>	2	MO
<i>fenofibric acid</i>	2	MO
<i>fenofibric acid (choline)</i>	2	MO
<i>fluvastatin oral capsule 20mg</i>	2	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40mg</i>	2	MO; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24hr</i>	2	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO
JUXTAPID	5	PA; MO; LA
LIVALO	3	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 10mg</i>	6	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20mg, 40mg</i>	6	MO; QL (60 per 30 days)
NEXLETOL	3	PA; MO
NEXLIZET	3	PA; MO
<i>niacin oral tablet 500mg</i>	2	MO
<i>niacin oral tablet extended release 24hr</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
PRALUENT PEN	3	PA; MO; QL (2 per 28 days)
<i>pravastatin</i>	6	MO; QL (30 per 30 days)
<i>prevalite</i>	2	MO
REPATHA	3	PA; MO; QL (3 per 28 days)
REPATHA PUSHTRONEX	3	PA; MO; QL (3.5 per 28 days)
REPATHA SURECLICK	3	PA; MO; QL (3 per 28 days)
<i>rosuvastatin</i>	6	MO; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	6	MO; QL (30 per 30 days)
VASCEPA	3	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>cardioplegic soln</i>	2	
CORLANOR ORAL SOLUTION	3	PA
CORLANOR ORAL TABLET	3	PA; MO
<i>digitek</i>	2	MO
<i>digox</i>	2	MO
<i>digoxin oral solution 50mcg/ml (0.05mg/ml)</i>	2	MO
<i>digoxin oral tablet</i>	2	MO
<i>dobutamine in d5w intravenous parenteral solution 1,000mg/250ml (4,000mcg/ml), 250mg/250ml (1mg/ml)</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>dobutamine in d5w intravenous parenteral solution 500mg/250ml (2,000mcg/ml)</i>	2	B/D PA
<i>dobutamine intravenous solution 250mg/20ml (12.5mg/ml)</i>	2	B/D PA
<i>dopamine in 5% dextrose intravenous solution 200mg/250ml (800mcg/ml), 400mg/250ml (1,600mcg/ml), 400mg/500ml (800mcg/ml), 800mg/500ml (1,600mcg/ml)</i>	2	B/D PA
<i>dopamine in 5% dextrose intravenous solution 800mg/250ml (3,200mcg/ml)</i>	2	B/D PA; MO
<i>dopamine intravenous solution 200mg/5ml (40mg/ml)</i>	2	B/D PA
<i>dopamine intravenous solution 400mg/10ml (40mg/ml)</i>	2	B/D PA; MO
ENTRESTO	3	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 62.5MCG (0.0625MG)	3	MO
<i>milrinone</i>	2	B/D PA; MO
<i>milrinone in 5% dextrose</i>	2	B/D PA; MO
<i>norepinephrine bitartrate</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>ranolazine</i>	2	MO
<i>sodium nitroprusside</i>	2	B/D PA
VECAMYL	5	
VYNDAMAX	5	PA; MO
VYNDAQEL	5	PA; MO

NITRATES

<i>isosorbide dinitrate oral tablet</i>	2	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	2	MO
<i>nitroglycerin in 5% dextrose intravenous solution 100mg/250ml (400mcg/ml), 50mg/250ml (200mcg/ml)</i>	2	B/D PA
<i>nitroglycerin in 5% dextrose intravenous solution 25mg/250ml (100mcg/ml)</i>	2	B/D PA; MO
<i>nitroglycerin intravenous</i>	2	B/D PA
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	2	MO

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule 10mg, 25mg</i>	4	MO
<i>acitretin oral capsule 17.5mg</i>	5	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>calcipotriene scalp</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	4	MO; QL (400 per 30 days)
<i>calcitriol topical</i>	4	MO
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
STELARA INTRAVENOUS	5	PA; MO; QL (4 per 28 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45MG/0.5ML	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90MG/ML	5	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR	5	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	5	PA; MO; QL (2 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	5	PA; MO; QL (3 per 28 days)
TALTZ SYRINGE	5	PA; MO; QL (1 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>carbocaine (pf) injection solution 15mg/ml (1.5%)</i>	2	
<i>chloroprocaine (pf)</i>	2	
CONDYLOX TOPICAL GEL	4	MO
<i>diclofenac sodium topical gel 3%</i>	4	PA; MO; QL (100 per 28 days)
<i>doxepin topical</i>	4	MO; QL (45 per 30 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200MG/1.14ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300MG/2ML	5	PA; MO; QL (8 per 28 days)
<i>fluorouracil topical cream 5%</i>	2	MO
<i>fluorouracil topical solution</i>	2	MO
<i>glydo</i>	2	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet</i>	2	MO
<i>lidocaine (pf) injection solution 10mg/ml (1%), 20mg/ml (2%), 40mg/ml (4%), 5mg/ml (0.5%)</i>	2	MO
<i>lidocaine (pf) injection solution 15mg/ml (1.5%)</i>	2	
<i>lidocaine hcl injection solution</i>	2	MO
<i>lidocaine hcl laryngotracheal</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine hcl mucous membrane jelly</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4% (40mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch, medicated 5%</i>	2	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-epinephrine injection solution 0.5% - 1:200,000, 1.5% - 1:200,000, 2% - 1:200,000</i>	2	
<i>lidocaine-epinephrine injection solution 1% - 1:100,000, 2% - 1:100,000</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	2	MO; QL (30 per 30 days)
<i>methoxsalen</i>	5	MO
PANRETIN	5	PA; MO
PICATO	5	MO
<i>pimecrolimus</i>	4	PA; MO; QL (100 per 30 days)
<i>podofilox</i>	2	MO
<i>polocaine injection solution 1% (10mg/ml)</i>	2	
<i>polocaine-mpf</i>	2	
<i>prudoxin</i>	4	MO; QL (45 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
REGRANEX	5	MO
SANTYL	3	MO
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>tacrolimus topical</i>	2	PA; MO; QL (100 per 30 days)
UVADEX	4	B/D PA
VALCHLOR	5	PA; MO
THERAPY FOR ACNE		
<i>avita topical cream</i>	2	PA; MO
<i>azelaic acid</i>	2	MO
<i>claravis oral capsule 10mg, 20mg, 30mg</i>	4	MO
<i>clindamycin phosphate topical gel</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	2	MO; QL (120 per 30 days)
<i>dapsone topical gel</i>	4	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>metronidazole topical</i>	2	MO
<i>myorisan</i>	2	MO
<i>rosadan topical cream</i>	2	MO
<i>rosadan topical gel</i>	2	MO
<i>tazarotene</i>	4	PA; MO
TAZORAC TOPICAL CREAM 0.05%	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
TAZORAC TOPICAL GEL	4	PA; MO
<i>tretinoin topical</i>	2	PA; MO
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	2	MO
<i>mafenide acetate</i>	2	MO
<i>mupirocin</i>	2	MO; QL (30 per 30 days)
<i>sulfacetamide sodium (acne)</i>	2	MO
SULFAMYLLON TOPICAL CREAM	3	MO
TOPICAL ANTIFUNGALS		
<i>cicloclan topical solution</i>	2	MO
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	2	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO
<i>ciclopirox topical suspension</i>	2	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	2	MO; QL (60 per 28 days)
<i>econazole</i>	2	MO; QL (85 per 28 days)
KERYDIN	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical foam</i>	2	MO; QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ketodan</i>	2	MO; QL (100 per 28 days)
<i>naftifine</i>	4	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL 2%	4	MO; QL (60 per 28 days)
<i>nyamyc</i>	2	MO
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	2	MO
<i>nystatin-triamcinolone</i>	2	MO; QL (60 per 28 days)
<i>nystop</i>	2	MO
<i>oxiconazole</i>	4	PA; MO; QL (60 per 28 days)

TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	4	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
DENAVIR	5	MO
XERESE	4	MO

TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1%</i>	2	MO
<i>alclometasone</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate</i>	2	MO
<i>betamethasone, augmented</i>	2	MO
CAPEX	4	MO
<i>clobetasol scalp</i>	2	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	2	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	2	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	2	MO; QL (236 per 28 days)
<i>clobetasol topical spray, non-aerosol</i>	2	MO; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	2	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical foam</i>	2	MO; QL (100 per 28 days)
<i>clodan</i>	2	MO; QL (236 per 28 days)
<i>desonide</i>	4	MO
<i>fluocinolone</i>	2	MO
<i>fluocinolone and shower cap</i>	2	MO
<i>fluocinonide topical cream 0.05%</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	2	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fluocinonide topical solution</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	2	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream</i>	2	MO
<i>halobetasol propionate topical ointment</i>	2	MO
<i>hydrocortisone butyrate topical lotion</i>	4	MO; QL (118 per 30 days)
<i>hydrocortisone topical cream 1%, 2.5%</i>	2	MO
<i>hydrocortisone topical lotion 2.5%</i>	2	MO
<i>hydrocortisone topical ointment 1%, 2.5%</i>	2	MO
<i>mometasone topical</i>	2	MO
<i>prednicarbate</i>	2	MO
<i>tovet emollient</i>	2	MO; QL (100 per 28 days)
<i>triamcinolone acetonide topical aerosol</i>	2	MO; QL (126 per 28 days)
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment</i>	2	MO
<i>triderm topical cream</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	2	MO
<i>lindane topical shampoo</i>	2	MO
<i>malathion</i>	2	MO
<i>permethrin topical cream</i>	2	MO
SKLICE	4	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	2	MO
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	2	MO
<i>neomycin-polymyxin b gu</i>	2	MO
<i>ringer's irrigation</i>	2	MO
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
<i>anagrelide</i>	2	MO
ARALAST NP	5	MO; LA
<i>caffeine citrate intravenous</i>	2	
<i>caffeine citrate oral</i>	2	MO
CARBAGLU	5	PA; MO; LA
<i>cevimeline</i>	2	MO
CHEMET	3	PA; MO
CLINIMIX 4.25% /D5W SULFIT FREE	4	B/D PA
<i>clovique</i>	5	PA
<i>d10% -0.45% sodium chloride</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>d2.5% -0.45% sodium chloride</i>	2	
<i>d5% and 0.9% sodium chloride</i>	2	MO
<i>d5% -0.45% sodium chloride</i>	2	MO
<i>deferiasirox oral tablet</i>	5	PA; MO
<i>deferiasirox oral tablet, dispersible</i>	5	PA; MO
<i>deferoxamine</i>	2	B/D PA; MO
<i>dextrose 10% and 0.2% nacl</i>	2	
<i>dextrose 10% in water (d10w)</i>	2	MO
<i>dextrose 25% in water (d25w)</i>	2	
<i>dextrose 30% in water (d30w)</i>	2	
<i>dextrose 40% in water (d40w)</i>	2	
<i>dextrose 5% in water (d5w)</i>	2	MO
<i>dextrose 5% - lactated ringers</i>	2	MO
<i>dextrose 5% -0.2% sod chloride</i>	2	
<i>dextrose 5% -0.3% sod. chloride</i>	2	
<i>dextrose 50% in water (d50w)</i>	2	MO
<i>dextrose 70% in water (d70w)</i>	2	MO
<i>dextrose with sodium chloride</i>	2	
<i>disulfiram</i>	2	MO
FERRIPROX	5	PA; MO
FERRIPROX (2 TIMES A DAY)	5	PA

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Drug Name	Drug Tier	Requirements /Limits
INCRELEX	5	MO; LA
<i>kionex (with sorbitol)</i>	2	MO
<i>lanthanum</i>	4	MO
<i>levocarnitine (with sugar)</i>	2	MO
<i>levocarnitine oral solution 100mg/ml</i>	2	MO
<i>levocarnitine oral tablet</i>	2	MO
LOKELMA	3	MO
<i>midodrine</i>	2	MO
<i>nitisinone</i>	5	PA; MO
NORTHERA	5	PA; MO
ORFADIN ORAL CAPSULE 20MG	5	PA; MO; LA
ORFADIN ORAL SUSPENSION	5	PA; MO; LA
<i>pilocarpine hcl oral</i>	2	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	LA
PROLASTIN-C INTRAVENOUS SOLUTION	5	MO; LA
RAVICTI	5	PA; MO
REVCovi	5	PA; MO; LA
<i>riluzole</i>	2	PA; MO
<i>risedronate oral tablet 30mg</i>	2	MO; QL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet</i>	5	MO
<i>sevelamer carbonate oral tablet</i>	2	MO
<i>sevelamer hcl</i>	2	MO
<i>sodium benzoate-sod phenylacet</i>	5	

Drug Name	Drug Tier	Requirements /Limits
<i>sodium chloride 0.9% intravenous</i>	2	MO
<i>sodium chloride irrigation</i>	2	MO
<i>sodium phenylbutyrate</i>	5	PA; MO
<i>sodium polystyrene (sorb free)</i>	2	MO
<i>sodium polystyrene sulfonate oral powder</i>	2	MO
<i>sps (with sorbitol) oral</i>	2	MO
<i>sps (with sorbitol) rectal</i>	2	
THIOLA	5	MO
THIOLA EC	5	MO
<i>trientine</i>	5	PA; MO
ULTOMIRIS	5	PA; MO
VELTASSA	3	MO
<i>water for irrigation, sterile</i>	2	MO
XIAFLEX	5	PA; MO
XURIDEN	5	PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 5mg/100ml</i>	2	PA; MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	2	MO
CHANTIX	4	MO
CHANTIX CONTINUING MONTH BOX	4	MO

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Drug Name	Drug Tier	Requirements /Limits
CHANTIX STARTING MONTH BOX	4	MO
NICOTROL	4	MO
NICOTROL NS	4	MO

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal</i>	2	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>fluoride (sodium) dental cream</i>	2	
<i>fluoride (sodium) dental gel</i>	2	
<i>fluoride (sodium) dental paste</i>	2	MO
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)
<i>olopatadine nasal</i>	2	MO; QL (30.5 per 30 days)
<i>oralone</i>	2	MO
<i>paroex oral rinse</i>	1	MO
<i>periogard</i>	1	MO
PREVIDENT 5000 BOOSTER PLUS	4	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride-pot nitrate</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>triamcinolone acetonide dental</i>	2	MO

MISCELLANEOUS OTIC PREPARATIONS

<i>acetic acid otic (ear)</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	4	MO
<i>flac otic oil</i>	2	
<i>fluocinolone acetonide oil</i>	2	MO
<i>hydrocortisone-acetic acid</i>	2	MO
<i>ofloxacin otic (ear)</i>	2	MO

OTIC STEROID / ANTIBIOTIC

CIPRODEX	3	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	2	MO

ENDOCRINE/DIABETES

ADRENAL HORMONES

<i>cortisone</i>	2	MO
<i>decadron oral tablet</i>	1	
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone oral tablets, dose pack</i>	4	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	2	MO
<i>dexamethasone sodium phosphate injection</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>fludrocortisone</i>	1	MO
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets, dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125mg, 40mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous recon soln 1,000mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous recon soln 500mg</i>	2	
<i>millipred oral tablet</i>	4	B/D PA; MO
<i>prednisolone oral solution 15mg/5ml</i>	2	MO
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml (3mg/ml), 20mg/5ml (4mg/ml), 25mg/5ml (5mg/ml), 5mg base/5ml (6.7mg/5ml)</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15mg/5ml (5ml)</i>	2	
<i>prednisone intensol</i>	2	B/D PA; MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>prednisone oral tablets, dose pack</i>	1	MO
<i>triamcinolone acetonide injection suspension 40mg/ml</i>	2	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10mg, 5mg</i>	1	MO
<i>propylthiouracil</i>	2	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50mg</i>	2	MO; QL (180 per 30 days)
ALCOHOL PADS	3	MO
APIDRA SOLOSTAR U-100 INSULIN	4	ST; MO
APIDRA U-100 INSULIN	4	ST; MO
BD AUTOSHIELD DUO PEN NEEDLE	3	MO
BD INSULIN SYRINGE HALF UNIT 0.3ML 31 GAUGE X 5/16"	3	MO
BD INSULIN SYRINGE U-500	3	MO
BD INSULIN ULTRA-FINE SYRINGE 0.3ML 30 GAUGE X 1/2", 0.3ML 31 GAUGE X 5/16", 0.5ML 31 GAUGE X 5/16", 1ML 30 GAUGE X 1/2"	3	MO

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Drug Name	Drug Tier	Requirements /Limits
BD NANO 2ND GEN PEN NEEDLE	3	MO
BD ULTRA-FINE MICRO PEN NEEDLE	3	MO
BD ULTRA-FINE MINI PEN NEEDLE	3	MO
BD ULTRA-FINE NANO PEN NEEDLE	3	MO
BD ULTRA-FINE SHORT PEN NEEDLE	3	MO
BD VEO INSULIN SYR HALF UNIT	3	MO
BD VEO INSULIN SYRINGE UF	3	MO
BYDUREON BCISE	3	PA; MO; QL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10MCG/DOSE (250MCG/ML) 2.4ML	3	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5MCG/DOSE (250MCG/ML) 1.2ML	3	PA; MO; QL (1.2 per 30 days)
CYCLOSET	4	MO; QL (180 per 30 days)
diazoxide	2	MO
DROPLET INSULIN SYR HALF UNIT	3	
DROPLET INSULIN SYRINGE	3	

Drug Name	Drug Tier	Requirements /Limits
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	3	MO
FARXIGA ORAL TABLET 10MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5MG	3	MO; QL (60 per 30 days)
FREESTYLE FREEDOM	3	
FREESTYLE FREEDOM LITE	3	MO
FREESTYLE INSULINX	3	MO
FREESTYLE INSULINX TEST STRIPS	3	MO
FREESTYLE LITE METER	3	MO
FREESTYLE LITE STRIPS	3	MO
FREESTYLE PRECISION NEO STRIPS	3	MO
FREESTYLE TEST	3	MO
GAUZE PADS 2 X 2	3	MO
glimepiride oral tablet 1mg	6	MO; QL (240 per 30 days)
glimepiride oral tablet 2mg	6	MO; QL (120 per 30 days)
glimepiride oral tablet 4mg	6	MO; QL (60 per 30 days)
glipizide oral tablet 10mg	6	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
glipizide oral tablet 5mg	6	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10mg	6	MO; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5mg	6	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5mg	6	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250mg	6	MO; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500mg, 5-500mg	6	MO; QL (120 per 30 days)
GVOKE HYOPEN 1-PACK	3	MO
GVOKE HYOPEN 2-PACK	3	MO
GVOKE PFS 1-PACK SYRINGE	3	MO
GVOKE PFS 2-PACK SYRINGE	3	MO
HUMALOG JUNIOR KWIKPEN U-100	3	MO; SSM
HUMALOG KWIKPEN INSULIN	3	MO; SSM
HUMALOG MIX 50-50 INSULN U-100	3	MO; SSM
HUMALOG MIX 50-50 KWIKPEN	3	MO; SSM
HUMALOG MIX 75-25 KWIKPEN	3	MO; SSM
HUMALOG MIX 75-25 (U-100)INSULN	3	MO; SSM
HUMALOG U-100 INSULIN	3	MO; SSM

Drug Name	Drug Tier	Requirements /Limits
HUMULIN 70/30 U-100 INSULIN	3	MO; SSM
HUMULIN 70/30 U-100 KWIKPEN	3	MO; SSM
HUMULIN N NPH INSULIN KWIKPEN	3	MO; SSM
HUMULIN N NPH U-100 INSULIN	3	MO; SSM
HUMULIN R REGULAR U-100 INSULN	3	MO; SSM
HUMULIN R U-500 (CONC) INSULIN	3	MO; SSM
HUMULIN R U-500 (CONC) KWIKPEN	3	MO; SSM
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 0.3ML, 1ML, 1/2ML	3	MO
INVOKAMET	3	MO; QL (60 per 30 days)
INVOKAMET XR	3	MO; QL (60 per 30 days)
INVOKANA	3	MO; QL (30 per 30 days)
JANUMET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24HR 100-1,000MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24HR 50-1,000MG, 50-500MG	3	MO; QL (60 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
JENTADUETO	4	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000MG	4	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000MG	4	ST; MO; QL (30 per 30 days)
KAZANO	4	ST; MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24HR 2.5-1,000MG	3	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24HR 5-1,000MG, 5-500MG	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	MO; SSM
LANTUS U-100 INSULIN	3	MO; SSM
LYUMJEV KWIKPEN U-100 INSULIN	3	MO
LYUMJEV KWIKPEN U-200 INSULIN	3	MO
LYUMJEV U-100 INSULIN	3	MO
<i>metformin oral solution</i>	2	MO; QL (765 per 30 days)
<i>metformin oral tablet 1,000mg</i>	6	MO; QL (75 per 30 days)
<i>metformin oral tablet 500mg</i>	6	MO; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>metformin oral tablet 850mg</i>	6	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24hr 500mg</i>	6	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24hr 750mg</i>	6	MO; QL (60 per 30 days)
<i>miglitol oral tablet 100mg</i>	2	MO; QL (90 per 30 days)
<i>miglitol oral tablet 25mg</i>	2	MO; QL (360 per 30 days)
<i>miglitol oral tablet 50mg</i>	2	MO; QL (180 per 30 days)
<i>nateglinide oral tablet 120mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60mg</i>	2	MO; QL (180 per 30 days)
NEEDLES, INSULIN DISP., SAFETY	3	MO
NESINA	4	ST; MO; QL (30 per 30 days)
NOVOFINE 32	3	MO
NOVOFINE PLUS	3	MO
NOVOLOG FLEXPEN U-100 INSULIN	4	ST; MO
NOVOLOG MIX 70-30 U-100 INSULIN	4	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	4	ST; MO
NOVOLOG PENFILL U-100 INSULIN	4	ST; MO
NOVOLOG U-100 INSULIN ASPART	4	ST; MO
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	3	MO

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Drug Name	Drug Tier	Requirements /Limits
OMNIPOD DASH 5 PACK POD	3	MO
OMNIPOD INSULIN MANAGEMENT	3	MO
OMNIPOD INSULIN REFILL	3	MO
ONETOUCH ULTRA BLUE TEST STRIP	3	MO
ONETOUCH ULTRA2 METER	3	MO
ONETOUCH ULTRAMINI	3	MO
ONETOUCH VERIO IQ METER	3	MO
ONETOUCH VERIO METER	3	MO
ONETOUCH VERIO TEST STRIPS	3	MO
ONGLYZA	3	MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25MG OR 0.5MG (2MG/1.5ML)	3	PA; MO; QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1MG/DOSE (2MG/1.5ML)	3	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	6	MO; QL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	2	MO; QL (30 per 30 days)
<i>pioglitazone-metformin</i>	2	MO; QL (90 per 30 days)
PRECISION PCX PLUS TEST	3	
PRECISION PCX TEST	3	MO

Drug Name	Drug Tier	Requirements /Limits
PRECISION POINT OF CARE TEST	3	MO
PRECISION Q-I-D TEST	3	MO
PRECISION XTRA MONITOR	3	MO
QTERN	3	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2mg</i>	2	MO; QL (240 per 30 days)
RYBELSUS	3	PA; MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000MG, 7.5-1,000MG, 7.5-500MG	3	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500MG	3	MO; QL (120 per 30 days)
SOLQUA 100/33	3	MO; QL (15 per 30 days); SSM
STEGLATRO	3	MO; QL (30 per 30 days)
SYMLINPEN 120	5	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	5	PA; MO; QL (6 per 30 days)
TECHLITE INSULIN SYR HALF UNIT	3	
TECHLITE INSULIN SYRINGE	3	

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Drug Name	Drug Tier	Requirements /Limits
TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	3	MO
TECHLITE PEN NEEDLE 29 GAUGE X 3/8"	3	
TOUJEO MAX U-300 SOLOSTAR	3	MO; SSM
TOUJEO SOLOSTAR U-300 INSULIN	3	MO; SSM
TRADJENTA	4	ST; MO; QL (30 per 30 days)
TRUEPLUS INSULIN SYRINGE 0.3ML 29 GAUGE X 1/2", 1ML 28 GAUGE X 1/2", 1/2ML 28 GAUGE X 1/2"	3	
TRUEPLUS INSULIN SYRINGE 0.3ML 30 GAUGE X 5/16", 0.3ML 31 GAUGE X 5/16", 0.5ML 29 GAUGE X 1/2", 0.5ML 30 GAUGE X 5/16", 0.5ML 31 GAUGE X 5/16", 1ML 29 GAUGE X 1/2", 1ML 30 GAUGE X 5/16", 1ML 31 GAUGE X 5/16"	3	MO
TRUEPLUS PEN NEEDLE	3	MO

Drug Name	Drug Tier	Requirements /Limits
TRULICITY	3	PA; MO; QL (2 per 28 days)
VICTOZA 2-PAK	3	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK	3	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000MG, 10-500MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000MG, 5-1,000MG, 5-500MG	3	MO; QL (60 per 30 days)
XULTOPHY 100/3.6	3	MO; QL (15 per 30 days); SSM
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA; MO
ANDRODERM	3	PA; MO; QL (30 per 30 days)
<i>cabergoline</i>	2	MO
<i>calcitonin (salmon)</i>	2	MO
<i>calcitriol intravenous solution 1mcg/ml</i>	2	MO
<i>calcitriol oral</i>	2	MO
CERDELGA	5	PA; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; MO
<i>cinacalcet oral tablet 30mg</i>	4	MO
<i>cinacalcet oral tablet 60mg, 90mg</i>	5	MO
<i>clomiphene citrate</i>	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
CRYSVITA	5	PA; MO; LA
<i>danazol</i>	4	MO
DDAVP NASAL SOLUTION	3	MO
<i>desmopressin injection</i>	2	MO
<i>desmopressin nasal spray with pump</i>	2	MO
<i>desmopressin nasal spray, non-aerosol</i>	2	MO
<i>desmopressin oral</i>	2	MO
<i>doxercalciferol intravenous</i>	2	
<i>doxercalciferol oral</i>	2	MO
ELAPRASE	5	PA; MO
FABRAZYME	5	PA; MO
KANUMA	5	PA; MO
KORLYM	5	PA; MO
KUVAN	5	PA; MO
LUMIZYME	5	PA; MO
MEPSEVII	5	PA; MO
<i>methyltestosterone oral capsule</i>	5	MO
MIACALCIN INJECTION	5	MO
<i>miglustat</i>	5	PA; MO; LA
MYALEPT	5	PA; MO; LA
NAGLAZYME	5	PA; MO; LA
NATPARA	5	PA; MO; LA
<i>oxandrolone oral tablet 10mg</i>	5	PA; MO
<i>oxandrolone oral tablet 2.5mg</i>	2	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10MG/0.5ML	5	PA; MO; LA; QL (15 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5MG/0.5ML	5	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20MG/ML	5	PA; MO; LA; QL (60 per 30 days)
<i>pamidronate</i>	2	MO
<i>paricalcitol intravenous solution 2mcg/ml</i>	2	
<i>paricalcitol intravenous solution 5mcg/ml</i>	2	MO
<i>paricalcitol oral</i>	4	MO
SAMSCA	5	PA; MO
SOMAVERT	5	PA; MO
STIMATE	5	MO
STRENSIQ	5	PA; MO; LA
SYNAREL	5	MO
<i>testosterone cypionate intramuscular oil 100mg/ml, 200mg/ml, 200mg/ml (1ml)</i>	2	PA; MO
<i>testosterone enanthate</i>	2	PA; MO
<i>testosterone transdermal gel</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10mg/0.5gram /actuation</i>	2	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25mg/1.25gram (1.62%)</i>	2	PA; MO; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in packet 1% (25mg/2.5gram), 1% (50mg/5gram)</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62% (20.25mg/1.25gram)</i>	2	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62% (40.5mg/2.5gram)</i>	2	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	2	PA; MO; QL (180 per 30 days)
<i>tolvaptan</i>	5	PA; MO; LA
<i>VIMIZIM</i>	5	PA; MO; LA
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4mg/100ml</i>	2	B/D PA; MO
THYROID HORMONES		
<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</i>	2	MO
<i>levothyroxine oral</i>	1	MO
<i>levoxyl oral tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	MO
<i>liothyronine</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>unithroid</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection solution 0.4mg/ml</i>	2	MO
<i>atropine injection syringe 0.05mg/ml</i>	2	
<i>atropine injection syringe 0.1mg/ml</i>	2	MO
<i>dicyclomine intramuscular</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	2	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>diphenoxylate-atropine</i>	2	MO
<i>glycopyrrolate (pf) in water intravenous syringe 0.4mg/2ml (0.2mg/ml)</i>	2	
<i>glycopyrrolate injection</i>	2	MO
<i>glycopyrrolate oral tablet 1mg, 2mg</i>	2	MO
<i>glycopyrrolate oral tablet 1.5mg</i>	2	
<i>loperamide oral capsule</i>	2	MO
<i>opium tincture</i>	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	5	MO
<i>aprepitant</i>	4	B/D PA; MO
<i>balsalazide</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>budesonide oral capsule, delayed, extend. release</i>	4	MO
<i>budesonide oral tablet, delayed and ext. release</i>	5	MO
CHENODAL	5	PA; MO; LA
CHOLBAM ORAL CAPSULE 250MG	5	PA; MO
CHOLBAM ORAL CAPSULE 50MG	5	PA; MO; QL (120 per 30 days)
CIMZIA	5	PA; MO; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	5	PA; MO; QL (2 per 28 days)
CIMZIA STARTER KIT	5	PA; MO; QL (3 per 28 days)
CINVANTI	3	MO
<i>compro</i>	2	MO
<i>constulose</i>	2	MO
CORTIFOAM	3	MO
CREON	3	MO
<i>cromolyn oral</i>	4	MO
CYSTADANE	5	MO
<i>dimenhydrinate injection solution</i>	2	MO
DIPENTUM	5	MO
<i>doxylamine-pyridoxine (vit b6)</i>	4	MO
<i>dronabinol oral capsule 10mg</i>	2	B/D PA; MO
<i>dronabinol oral capsule 2.5mg, 5mg</i>	4	B/D PA; MO
<i>droperidol injection solution</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
ENTYVIO	5	PA; MO; QL (2 per 28 days)
<i>enulose</i>	2	MO
<i>fosaprepitant</i>	2	MO
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>granisetron (pf) intravenous solution 1mg/ml (1ml)</i>	2	MO
<i>granisetron hcl intravenous</i>	2	MO
<i>granisetron hcl oral</i>	2	B/D PA; MO
<i>hydrocortisone rectal</i>	2	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>hydrocortisone-pramoxine rectal cream 1-1%</i>	4	MO
<i>lactulose oral solution</i>	2	MO
LINZESS	3	MO; QL (30 per 30 days)
<i>meclizine oral tablet 12.5mg, 25mg</i>	2	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	2	MO
<i>mesalamine oral capsule, extended release 24hr</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	4	MO
<i>mesalamine rectal enema</i>	2	MO
<i>mesalamine rectal suppository</i>	4	MO
<i>mesalamine with cleansing wipe</i>	2	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl injection syringe</i>	2	
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet, disintegrating</i>	4	MO
MOTEGRITY	4	ST; MO; QL (30 per 30 days)
MOVANTIK	3	MO; QL (30 per 30 days)
OICALIVA	5	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	2	B/D PA; MO
<i>ondansetron hcl (pf)</i>	2	MO
<i>ondansetron hcl intravenous</i>	2	MO
<i>ondansetron hcl oral solution</i>	2	B/D PA; MO
<i>ondansetron hcl oral tablet 4mg, 8mg</i>	2	B/D PA; MO
<i>palonosetron intravenous solution 0.25mg/5ml</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>palonosetron intravenous syringe</i>	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86gram</i>	2	MO
<i>peg-electrolyte</i>	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250MG	3	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500MG	5	MO
<i>polyethylene glycol 3350 oral powder</i>	2	MO
<i>prochlorperazine</i>	2	MO
<i>prochlorperazine edisylate</i>	2	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	2	MO
<i>procto-pak</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
RECTIV	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO
RELISTOR SUBCUTANEOUS SYRINGE	5	MO
REMICADE	5	PA; MO; QL (20 per 28 days)
SANCUSO	5	MO
<i>scopolamine base</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
SUCRAID	5	PA; MO
<i>sulfasalazine</i>	2	MO
SUPREP BOWEL PREP KIT	3	MO
SYMPROIC	3	MO
<i>trilyte with flavor packets</i>	2	MO
TRULANCE	3	MO
<i>ursodiol</i>	2	MO
VARUBI ORAL	3	B/D PA; MO
VIBERZI	5	MO; QL (60 per 30 days)
VIOKACE	3	MO
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	MO
ULCER THERAPY		
<i>cimetidine</i>	2	MO
<i>cimetidine hcl oral</i>	2	MO
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEAS 30MG	4	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEAS 60MG	4	MO
<i>esomeprazole magnesium oral capsule, delayed release (dr/ec) 20mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release (dr/ec) 40mg</i>	2	MO
<i>esomeprazole magnesium oral granules dr for susp in packet 10mg, 20mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40mg</i>	2	MO
<i>esomeprazole sodium intravenous recon soln 40mg</i>	2	
<i>famotidine (pf)</i>	2	MO
<i>famotidine (pf)-nacl (iso-os)</i>	2	MO
<i>famotidine intravenous solution</i>	2	MO
<i>famotidine oral suspension</i>	2	MO
<i>famotidine oral tablet 20mg, 40mg</i>	1	MO
<i>lansoprazole oral capsule, delayed release (dr/ec) 15mg</i>	2	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release (dr/ec) 30mg</i>	2	MO
<i>misoprostol</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5MG, 5MG	3	MO; QL (30 per 30 days)
<i>nizatidine oral capsule</i>	2	MO
<i>nizatidine oral solution</i>	4	MO
<i>omeprazole oral capsule, delayed release (dr/ec) 10mg, 20mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release (dr/ec) 40mg</i>	1	MO
<i>pantoprazole intravenous</i>	2	MO
<i>pantoprazole oral tablet, delayed release (dr/ec) 20mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40mg</i>	1	MO
<i>sucralfate</i>	2	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	B/D PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100MCG/ML, 200MCG/ML, 300MCG/ML, 60MCG/ML	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25MCG/ML, 40MCG/ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML	5	PA; MO
ARCALYST	5	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; MO
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MO; LA; QL (2 per 28 days)
INTRON A INJECTION	5	B/D PA; MO
LEUKINE INJECTION RECON SOLN	5	PA; MO
MOZOBIL	5	B/D PA; MO
NIVESTYM	5	PA; MO
OMNITROPE	5	PA; MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180MCG/0.5ML	5	QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PEGINTRON SUBCUTANEOUS KIT 50MCG/0.5ML	5	MO; QL (4 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125MCG/0.5ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63MCG/0.5ML-94MCG/0.5ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125MCG/0.5ML	5	PA; MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
PLEGRIDY SUBCUTANEOUS SYRINGE 63MCG/0.5ML-94MCG/0.5ML	5	PA; MO; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
PROLEUKIN	5	B/D PA; MO
REBIF (WITH ALBUMIN)	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22MCG/0.5ML, 44MCG/0.5ML	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22MCG/0.5ML (6)	5	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	5	PA; MO; QL (4.2 per 180 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO
SYLATRON SUBCUTANEOUS KIT 200MCG, 300MCG	5	PA; MO
ZARXIO	5	PA; MO
ZIEXTENZO	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	3	MO
ADACEL (TDAP ADOLESN/ADULT) (PF)	3	MO
BCG VACCINE, LIVE (PF)	3	MO
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
BOTOX	3	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGRIX-B (PF)	3	B/D PA; MO
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
<i>fomepizole</i>	2	
GAMASTAN	3	MO
GAMASTAN S/D	3	
GARDASIL 9 (PF)	3	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1, 440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	MO

Drug Name	Drug Tier	Requirements /Limits
HIBERIX (PF)	3	MO
HIZENTRA	5	B/D PA; MO
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML (5ML)	3	MO
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	3	
HYPERHEP B S-D NEONATAL	3	
HYQVIA	5	B/D PA; MO
IMOVAX RABIES VACCINE (PF)	3	MO
INFANRIX (DTAP) (PF)	3	MO
IPOLE	3	MO
IXIARO (PF)	3	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
M-M-R II (PF)	3	MO
ODACTRA	3	PA; MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	MO

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Drug Name	Drug Tier	Requirements /Limits
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT- 20MCG-5 LF/0.5ML	3	MO
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG- 62DU - 10MCG/0.5ML	3	
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	MO
QUADRACEL (PF)	3	MO
RABAVERT (PF)	3	MO
RAGWITEK	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5MCG/0.5ML	3	B/D PA
ROTARIX	3	
ROTATEQ VACCINE	3	MO
SHINGRIX (PF)	3	MO
STAMARIL (PF)	3	
TDVAX	3	MO
TENIVAC (PF)	3	MO
TETANUS, DIPHTHERIA TOX PED (PF)	3	MO
TICE BCG	3	B/D PA; MO
TRUMENBA	3	MO

Drug Name	Drug Tier	Requirements /Limits
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF)	3	MO
VARIVAX (PF)	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	3	MO
YF-VAX (PF)	3	MO
ZOSTAVAX (PF)	3	MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	2	
<i>aloprim</i>	2	
<i>colchicine oral tablet</i>	2	MO
<i>febuxostat</i>	2	MO
KRYSTEXXA	5	MO
MITIGARE	3	MO
<i>probenecid</i>	2	MO
<i>probenecid- colchicine</i>	2	MO

OSTEOPOROSIS THERAPY

<i>alendronate oral solution</i>	2	MO; QL (1286 per 30 days)
<i>alendronate oral tablet 10mg, 5mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35mg, 70mg</i>	1	MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
FOSAMAX PLUS D	4	ST; MO; QL (4 per 28 days)
<i>ibandronate intravenous</i>	2	PA; MO
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)
PROLIA	3	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	2	MO
<i>risedronate oral tablet 150mg</i>	2	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35mg, 35mg (12 pack), 35mg (4 pack)</i>	2	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5mg</i>	2	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	MO; QL (4 per 28 days)
TERIPARATIDE	5	PA; MO; QL (2.48 per 28 days)

OTHER RHEUMATOLOGICALS

ACTEMRA ACTPEN	5	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS SOLUTION 200MG/10ML (20MG/ML)	5	PA; MO; QL (16 per 28 days)
ACTEMRA INTRAVENOUS SOLUTION 400MG/20ML (20MG/ML)	5	PA; MO; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ACTEMRA INTRAVENOUS SOLUTION 80MG/4ML (20MG/ML)	5	PA; MO; QL (40 per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days)
BENLYSTA	5	PA; MO
ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	5	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	5	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10MG/0.2ML, 20MG/0.4ML	5	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40MG/0.8ML	5	PA; MO; QL (4 per 28 days)
HUMIRA (CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80MG/0.8ML	5	PA; MO; QL (3 per 180 days)

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Drug Name	Drug Tier	Requirements /Limits
HUMIRA (CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80MG/0.8ML-40MG/0.4ML	5	PA; MO; QL (2 per 180 days)
HUMIRA (CF) PEN CROHNS-UC-HS	5	PA; MO; QL (3 per 180 days)
HUMIRA (CF) PEN PSOR-UV-ADOL HS	5	PA; MO; QL (3 per 180 days)
HUMIRA (CF) SUBCUTANEOUS PEN INJECTOR KIT 40MG/0.4ML	5	PA; MO; QL (4 per 28 days)
HUMIRA (CF) SUBCUTANEOUS SYRINGE KIT 10MG/0.1ML, 20MG/0.2ML	5	PA; MO; QL (2 per 28 days)
HUMIRA (CF) SUBCUTANEOUS SYRINGE KIT 40MG/0.4ML	5	PA; MO; QL (4 per 28 days)
<i>leflunomide</i>	2	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE)	5	PA; MO; QL (12 per 28 days)
ORENCIA CLICKJECT	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125MG/ML	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50MG/0.4ML	5	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5MG/0.7ML	5	PA; MO; QL (2.8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
OTEZLA	5	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10MG (4)-20MG (4)-30MG (47)	5	PA; MO; QL (55 per 28 days)
<i>penicillamine</i>	5	PA; MO
RIDAURA	5	MO
RINVOQ	5	PA; MO; QL (30 per 30 days)
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS, DOSE PACK	3	MO; QL (55 per 30 days)
SIMPONI ARIA	5	PA; MO; QL (16 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100MG/ML	5	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50MG/0.5ML	5	PA; MO; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100MG/ML	5	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50MG/0.5ML	5	PA; MO; QL (0.5 per 28 days)
XELJANZ	5	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
XELJANZ XR	5	PA; MO; QL (30 per 30 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>camila</i>	2	MO
CRINONE VAGINAL GEL 4%	4	MO
CRINONE VAGINAL GEL 8%	4	PA; MO
<i>deblitane</i>	2	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400MG/ML	4	MO
DEPO-SUBQ PROVERA 104	4	MO
<i>dotti</i>	2	PA; MO; QL (8 per 28 days)
DUAVEE	3	MO
<i>errin</i>	2	MO
<i>estradiol oral</i>	4	PA; MO
<i>estradiol transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	2	MO
<i>estradiol valerate intramuscular oil 20mg/ml, 40mg/ml</i>	2	MO
<i>estradiol-norethindrone acet</i>	2	PA; MO
ESTRING	3	MO
<i>fyavolv</i>	4	PA; MO
<i>heather</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>hydroxyprogesterone caproate</i>	5	MO
<i>incassia</i>	2	MO
<i>jencycla</i>	2	MO
<i>jinteli</i>	4	PA; MO
<i>lyza</i>	2	MO
<i>medroxyprogesterone</i>	2	MO
MENEST	3	PA; MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	MO
<i>norethindrone acetate</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5mg-mcg, 1-5mg-mcg</i>	4	PA; MO
<i>norlyda</i>	2	MO
PREMARIN ORAL	3	MO
PREMARIN VAGINAL	3	MO
PREMPHASE	3	MO
PREMPRO	3	MO
<i>progesterone</i>	2	MO
<i>progesterone micronized</i>	2	MO
<i>sharobel</i>	2	MO
<i>tulana</i>	2	MO
<i>yuvafem</i>	2	MO

MISCELLANEOUS OB/GYN

CLEOCIN VAGINAL SUPPOSITORY	4	MO
<i>clindamycin phosphate vaginal</i>	2	MO
<i>eluryng</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>etonogestrel-ethinyl estradiol</i>	2	MO
<i>metronidazole vaginal</i>	2	MO
<i>mifepristone</i>	2	LA
MIRENA	3	MO; LA
NEXPLANON	4	MO
<i>terconazole</i>	2	MO
<i>tranexamic acid oral</i>	2	MO
<i>vandazole</i>	2	MO
<i>xulane</i>	2	MO

ORAL CONTRACEPTIVES / RELATED AGENTS

<i>altavera (28)</i>	2	MO
<i>alyacen 1/35 (28)</i>	2	MO
<i>alyacen 7/7/7 (28)</i>	2	MO
<i>amethyst (28)</i>	2	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>aubra</i>	2	MO
<i>aubra eq</i>	2	MO
<i>aviane</i>	2	MO
<i>azurette (28)</i>	2	MO
<i>bekyree (28)</i>	2	MO
<i>camrese</i>	2	MO
<i>caziant (28)</i>	2	MO
<i>cryselle (28)</i>	2	MO
<i>cyclafem 1/35 (28)</i>	2	MO
<i>cyclafem 7/7/7 (28)</i>	2	MO
<i>cyred</i>	2	MO
<i>cyred eq</i>	2	MO
<i>dasetta 1/35 (28)</i>	2	MO
<i>dasetta 7/7/7 (28)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>daysee</i>	2	MO
<i>desog-e. estradiol/e. estradiol</i>	2	MO
<i>drospirenone-e. estradiol-lm. fa oral tablet 3-0.03-0.451mg (21) (7)</i>	4	MO
<i>drospirenone-ethinyl estradiol</i>	2	MO
<i>elinest</i>	2	MO
<i>emoquette</i>	2	MO
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarylla</i>	2	MO
<i>ethynodiol diac-eth estradiol</i>	2	
<i>falmina (28)</i>	2	MO
<i>fayosim</i>	2	MO
<i>femynor</i>	2	MO
<i>gianvi (28)</i>	2	MO
<i>introvale</i>	2	MO
<i>isibloom</i>	2	MO
<i>jasmie (28)</i>	2	MO
<i>jolessa</i>	2	MO
<i>juleber</i>	2	MO
<i>kalliga</i>	2	
<i>kariva (28)</i>	2	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kelnor 1-50</i>	2	MO
<i>kurvelo (28)</i>	2	MO
<i>l norgest/e. estradiol-e. estrad</i>	2	MO
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin 24 fe</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>larissia</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estrad</i>	2	MO
<i>levonorg-eth estrad triphasic</i>	2	MO
<i>levora-28</i>	2	MO
<i>lillow (28)</i>	2	MO
<i>loryna (28)</i>	2	MO
<i>low-ogestrel (28)</i>	2	MO
<i>lo-zumandimine (28)</i>	2	MO
<i>lutra (28)</i>	2	MO
<i>marlissa (28)</i>	2	MO
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mili</i>	2	MO
<i>mono-lynyah</i>	2	MO
<i>nikki (28)</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1.5-30mg-mcg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20mg-mcg</i>	2	MO
<i>norethindrone-e. estradiol-iron oral tablet 1mg-20mcg (21)/75mg (7)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>norgestimate-ethinyl estradiol</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>orsythia</i>	2	MO
<i>philith</i>	2	MO
<i>pimtrea (28)</i>	2	MO
<i>pirmella</i>	2	MO
<i>portia 28</i>	2	MO
<i>previfem</i>	2	MO
<i>reclipsen (28)</i>	2	MO
<i>setlakin</i>	2	MO
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	MO
<i>syeda</i>	2	MO
<i>tarina 24 fe</i>	2	MO
<i>tarina fe 1/20 (28)</i>	2	MO
<i>tarina fe 1-20 eq (28)</i>	2	MO
<i>tilia fe</i>	2	MO
<i>tri femynor</i>	2	MO
<i>tri-estarylla</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-lynyah</i>	2	MO
<i>tri-lo-estarylla</i>	2	MO
<i>tri-lo-marzia</i>	2	MO
<i>tri-lo-sprintec</i>	2	MO
<i>tri-previfem (28)</i>	2	MO
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>vienva</i>	2	MO
<i>viorele (28)</i>	2	MO
<i>wera (28)</i>	2	MO
<i>zarah</i>	2	MO
<i>zovia 1/35e (28)</i>	2	MO
<i>zumandimine (28)</i>	2	MO

OXYTOCICS

<i>methergine</i>	4	PA
<i>methylergonovine oral</i>	4	PA; MO

OPHTHALMOLOGY

ANTIBIOTICS

<i>ak-poly-bac</i>	2	MO
AZASITE	3	MO
<i>bacitracin ophthalmic (eye)</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO
BESIVANCE	3	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO
<i>gatifloxacin</i>	2	MO
<i>gentak ophthalmic (eye) ointment</i>	2	MO
<i>gentamicin ophthalmic (eye) drops</i>	2	MO; QL (15 per 30 days)
<i>levofloxacin ophthalmic (eye)</i>	2	MO
<i>moxifloxacin ophthalmic (eye)</i>	2	MO
NATACYN	3	MO
<i>neomycin-bacitracin-polymyxin</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin-gramicidin</i>	2	MO
<i>neo-polycin</i>	2	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polycin</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	2	MO
<i>tobramycin</i>	2	MO

ANTIVIRALS

<i>trifluridine</i>	2	MO
ZIRGAN	4	MO

BETA-BLOCKERS

<i>betaxolol ophthalmic (eye)</i>	2	MO
<i>carteolol</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5%</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO

MISCELLANEOUS OPHTHALMOLOGICS

<i>atropine ophthalmic (eye) drops</i>	2	MO
<i>azelastine ophthalmic (eye)</i>	2	MO
<i>balanced salt</i>	2	
BLEPHAMIDE	4	MO
BLEPHAMIDE S. O. P.	4	MO

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Drug Name	Drug Tier	Requirements /Limits
bss	2	MO
cromolyn ophthalmic (eye)	2	MO
CYSTARAN	5	PA; MO
epinastine	2	MO
EYLEA	5	PA; MO
LUCENTIS	5	PA; MO
olopatadine ophthalmic (eye)	2	MO
OXERVATE	5	PA; MO
PAZEO	3	MO
PHOSPHOLINE IODIDE	4	MO
pilocarpine hcl ophthalmic (eye) drops 1%, 2%, 4%	2	MO
RESTASIS	3	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO; QL (5.5 per 30 days)
sulfacetamide sodium ophthalmic (eye)	2	MO
sulfacetamide-prednisolone	2	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac	2	MO
BROMSITE	3	MO
diclofenac sodium ophthalmic (eye)	2	MO
flurbiprofen sodium	2	MO
ILEVRO	3	MO
ketorolac ophthalmic (eye)	2	MO
PROLENSA	3	MO

Drug Name	Drug Tier	Requirements /Limits
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	2	MO
acetazolamide sodium	2	MO
methazolamide	2	MO
OTHER GLAUCOMA DRUGS		
bimatoprost ophthalmic (eye)	2	MO
COMBIGAN	3	MO
dorzolamide	2	MO
dorzolamide-timolol	2	MO
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	2	MO
latanoprost	2	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01%	3	MO
miostat	2	
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	4	MO
travoprost	2	MO
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc	2	MO
neomycin-polymyxin b-dexameth	2	MO
neomycin-polymyxin-hc ophthalmic (eye)	2	MO
neo-polycin hc	2	MO
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>tobramycin-dexamethasone</i>	2	MO
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>fluorometholone</i>	2	MO
INVELTYS	4	MO
LOTEMAX OPTHALMIC (EYE) DROPS, GEL	3	MO
LOTEMAX OPTHALMIC (EYE) OINTMENT	3	MO
LOTEMAX SM	3	MO
<i>loteprednol etabonate</i>	2	MO
OZURDEX	5	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1%	3	MO
<i>apraclonidine</i>	2	MO
<i>brimonidine</i>	2	MO
IOPIDINE OPTHALMIC (EYE) DROPPERETTE	4	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTIALLERGENIC AGENTS		
<i>adrenalin injection</i>	2	MO
<i>cetirizine oral solution 1mg/ml</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>diphenhydramine hcl injection solution 50mg/ml</i>	2	MO
<i>diphenhydramine hcl injection syringe</i>	2	MO
<i>epinephrine injection auto-injector 0.15mg/0.3ml, 0.3mg /0.3ml (manufactured by mylan specialty)</i>	2	MO; QL (2 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	2	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	4	MO
<i>promethazine oral</i>	4	PA; MO
SYMJEPI	4	MO; QL (2 per 30 days)
PULMONARY AGENTS		
<i>acetylcysteine</i>	2	B/D PA; MO
ADEMPAS	5	PA; MO; LA
ADVAIR DISKUS	3	MO; QL (60 per 30 days)
ADVAIR HFA	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90mcg/actuation</i>	2	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90mcg/actuation (nda020503)</i>	2	MO; QL (13.4 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<i>albuterol sulfate oral tablet extended release 12hr</i>	4	MO
<i>alyq</i>	5	PA; MO; QL (60 per 30 days)
<i>ambrisentan</i>	5	PA; MO; LA
ANORO ELLIPTA	3	MO; QL (60 per 30 days)
ARNUITY ELLIPTA	3	MO; QL (30 per 30 days)
ASMANEX HFA	3	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110MCG/ ACTUATION (30), 220MCG/ ACTUATION (30), 220MCG/ ACTUATION (60)	3	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220MCG/ ACTUATION (120)	3	MO; QL (2 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220MCG/ ACTUATION (14)	3	QL (2 per 28 days)
ATROVENT HFA	3	MO; QL (25.8 per 30 days)
<i>azelastine-fluticasone</i>	2	MO; QL (23 per 30 days)
<i>bosentan</i>	5	PA; MO; LA
BREO ELLIPTA	3	MO; QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25mg/2ml, 0.5mg/2 ml</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1mg/2ml</i>	4	B/D PA; MO; QL (60 per 30 days)
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PA; MO
DALIRESP ORAL TABLET 250MCG	4	PA; MO; QL (30 per 30 days)
DALIRESP ORAL TABLET 500MCG	4	PA; MO
DULERA	3	MO; QL (13 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80MG/15ML	4	MO

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Drug Name	Drug Tier	Requirements /Limits
ESBRIET ORAL CAPSULE	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267MG	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801MG	5	PA; MO; QL (90 per 30 days)
FASENRA	5	PA; MO; QL (1 per 28 days)
FASENRA PEN	5	PA; MO; QL (1 per 28 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100MCG/ACTUATION, 50MCG/ACTUATION	3	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250MCG/ACTUATION	3	MO; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110MCG/ACTUATION	3	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220MCG/ACTUATION	3	MO; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44MCG/ACTUATION	3	MO; QL (10.6 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>flunisolide nasal spray, non-aerosol 25mcg (0.025%)</i>	2	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
HAEGARDA	5	PA; MO; LA
<i>icatibant</i>	5	PA; MO
INCRUSE ELLIPTA	3	MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
<i>ipratropium-albuterol</i>	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
<i>levalbuterol hcl</i>	2	B/D PA; MO
<i>metaproterenol oral syrup</i>	2	MO
<i>mometasone nasal</i>	2	MO; QL (34 per 30 days)
<i>montelukast</i>	2	MO
NUCALA	5	PA; MO; LA; QL (3 per 28 days)
OFEV	5	PA; MO; QL (60 per 30 days)
OPSUMIT	5	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
PERFOROMIST	3	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180MCG/ACTUATION	3	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90MCG/ACTUATION	3	MO; QL (1 per 30 days)
PULMOZYME	5	B/D PA; MO
QNASL NASAL HFA AEROSOL INHALER 40MCG/ACTUATION	3	MO; QL (4.9 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80MCG/ACTUATION	3	MO; QL (8.7 per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80MCG/ACTUATION	3	MO; QL (21.2 per 30 days)
SEREVENT DISKUS	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10mg/12.5ml</i>	5	PA
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10mg/ml</i>	5	PA; MO; QL (224 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20mg</i>	2	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
SYMBICORT	3	MO; QL (10.2 per 30 days)
SYMDEKO	5	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20mg</i>	5	PA; MO; QL (60 per 30 days)
<i>terbutaline</i>	2	MO
THEO-24	3	MO
<i>theophylline oral elixir</i>	2	
<i>theophylline oral solution</i>	2	MO
<i>theophylline oral tablet extended release 12hr 300mg, 450mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>theophylline oral tablet extended release 24hr</i>	2	MO
TRELEGY ELLIPTA	3	MO; QL (60 per 30 days)
TRIKAFTA	5	PA; MO
TYVASO	5	B/D PA; MO
TYVASO INSTITUTIONAL START KIT	5	B/D PA
TYVASO REFILL KIT	5	B/D PA; MO
TYVASO STARTER KIT	5	B/D PA; MO
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150MG/ML	5	PA; MO; LA; QL (4 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75MG/0.5ML	5	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast</i>	2	MO
ZYFLO	5	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>flavoxate</i>	2	MO
MYRBETRIQ	3	MO
<i>oxybutynin chloride</i>	2	MO
<i>tolterodine</i>	2	MO
TOVIAZ	3	MO
<i>tropium</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	2	MO
<i>dutasteride</i>	2	MO
<i>dutasteride-tamsulosin</i>	2	MO
<i>finasteride oral tablet 5mg</i>	2	MO
<i>silodosin</i>	2	MO
<i>tamsulosin</i>	1	MO
MISCELLANEOUS UROLOGICALS		
<i>alprostadil</i>	2	MO
<i>bethanechol chloride</i>	2	MO
CYSTAGON	4	PA; MO; LA
ELMIRON	3	MO
<i>glycine urologic</i>	2	
<i>glycine urologic solution</i>	2	
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
<i>potassium citrate</i>	2	MO
RENACIDIN IRRIGATION SOLUTION 1980.6MG-59.4MG-980.4MG/30ML	3	MO
<i>sildenafil</i>	3	MO; EX; QL (6 per 30 days)
<i>tadalafil oral tablet 10mg, 20mg</i>	3	MO; EX; QL (6 per 30 days)
<i>tadalafil oral tablet 2.5mg, 5mg</i>	4	PA; MO; QL (30 per 30 days)
<i>varafenil</i>	3	MO; EX; QL (6 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
<i>albumin, human 25%</i>	2	
<i>albuminar 25%</i>	2	MO
<i>alburx (human) 25%</i>	2	MO
<i>alburx (human) 5%</i>	2	
<i>albutein 25%</i>	2	
<i>albutein 5%</i>	2	
<i>plasbumin 25%</i>	2	MO
<i>plasbumin 5%</i>	2	
ELECTROLYTES		
<i>calcium acetate (phosphat bind)</i>	2	MO
<i>calcium chloride</i>	2	
<i>calcium gluconate intravenous</i>	2	MO
<i>effer-k oral tablet, effervescent 25meq</i>	2	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	1	MO
<i>klor-con oral packet 20</i>	2	MO
<i>klor-con/ef</i>	2	MO
<i>k-tab oral tablet extended release 8meq</i>	1	MO
<i>lactated ringers intravenous</i>	2	MO
<i>magnesium chloride injection</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1GRAM/100ML	3	
<i>magnesium sulfate in water intravenous parenteral solution</i>	2	
<i>magnesium sulfate in water intravenous piggyback 2gram/50ml (4%), 4gram/50ml (8%)</i>	2	
<i>magnesium sulfate in water intravenous piggyback 4gram/100ml (4%)</i>	2	MO
<i>magnesium sulfate injection solution</i>	2	MO
<i>magnesium sulfate injection syringe</i>	2	
NORMOSOL-R	4	MO
NORMOSOL-R IN 5% DEXTROSE	3	
<i>potassium acetate intravenous solution 2meq/ml</i>	2	
<i>potassium chlorid-d5-0.45% nacl intravenous parenteral solution 10meq/l, 30meq/l, 40meq/l</i>	2	
<i>potassium chlorid-d5-0.45% nacl intravenous parenteral solution 20meq/l</i>	2	MO
<i>potassium chloride in 0.9% nacl intravenous parenteral solution 20meq/l, 40meq/l</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
potassium chloride in 5% dex intravenous parenteral solution 20meq/l, 30meq/l, 40meq/l	2	
potassium chloride in 1r-d5 intravenous parenteral solution 20meq/l	2	MO
potassium chloride in water intravenous piggyback 10meq/100ml	2	MO
potassium chloride in water intravenous piggyback 10meq/50ml, 20meq/100ml, 20meq/50ml, 30meq/100ml, 40meq/100ml	2	
potassium chloride intravenous	2	MO
potassium chloride oral capsule, extended release	1	MO
potassium chloride oral liquid	2	MO
potassium chloride oral packet	2	MO
potassium chloride oral tablet extended release	1	MO
potassium chloride oral tablet, er particles/crystals	1	MO
potassium chloride-0.45% nacl	2	

Drug Name	Drug Tier	Requirements /Limits
potassium chloride-d5-0.2% nacl intravenous parenteral solution 20meq/l	2	MO
potassium chloride-d5-0.2% nacl intravenous parenteral solution 30meq/l, 40meq/l	2	
potassium chloride-d5-0.9% nacl intravenous parenteral solution 20meq/l	2	MO
potassium chloride-d5-0.9% nacl intravenous parenteral solution 40meq/l	2	
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	2	
ringer's intravenous	2	
sodium acetate	2	
sodium bicarbonate intravenous solution 1meq/ml (8.4%)	2	MO
sodium bicarbonate intravenous syringe 10meq/10ml (8.4%), 7.5% (0.9meq/ml)	2	MO
sodium bicarbonate intravenous syringe 8.4% (1meq/ml)	2	
sodium chloride 0.45% intravenous parenteral solution	2	MO
sodium chloride 3%	2	MO
sodium chloride 5%	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>sodium chloride intravenous</i>	2	MO
<i>sodium phosphate</i>	2	MO
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 10%	4	B/D PA
AMINOSYN II 15%	4	B/D PA
AMINOSYN-PF 7% (SULFITE-FREE)	4	B/D PA
CLINIMIX 5% /D15W SULFITE FREE	4	B/D PA
CLINIMIX 4.25% /D10W SULF FREE	4	B/D PA
CLINIMIX 5% - D20W (SULFITE-FREE)	4	B/D PA
<i>electrolyte-48 in d5w</i>	2	
<i>freamine iii 10%</i>	2	B/D PA
HEPATAMINE 8%	3	B/D PA
<i>intralipid intravenous emulsion 20%</i>	2	B/D PA
IONOSOL-MB IN D5W	4	
ISOLYTE S PH 7.4	4	
ISOLYTE-P IN 5% DEXTROSE	4	
ISOLYTE-S	4	
NEPHRAMINE 5.4%	4	B/D PA
NORMOSOL-R PH 7.4	4	
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	
<i>plasmanate</i>	2	
<i>plenamine</i>	2	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>premasol 10%</i>	2	B/D PA; MO
<i>travasol 10%</i>	4	B/D PA; MO
TROPHAMINE 10%	4	B/D PA; MO
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>fluoride (sodium) oral tablet, chewable 1mg (2.2mg sod. fluoride)</i>	2	MO
<i>prenatal vitamin oral tablet</i>	2	MO

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