

## **Integra D-SNP 2020 1-Tier (List of Covered Drugs)**

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## Legend

### **1:** Covered Medications

**BvD:** Part B vs. Part D- 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.

**LA:** Limited Access- This prescription may be available only at certain pharmacies.

**MO:** Mail Order Eligible- This prescription may also be available via mail.

**PA:** Prior Authorization- You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

**PA2:** Prior Authorization (New Starts Only)- You (or your physician) are required to get prior authorization before you fill your prescription for this drug unless you are a previous user of the drug. If you have a history of using this medication, you will not need prior authorization.

**QL:** Quantity Limit- There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

**ST:** Step Therapy- In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

**ST2:** Step Therapy (New Starts Only)- In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition unless you are a previous user of the drug. If you have a history of using this medication, you will not need to try other medications first.

Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS</b>		
<b><i>Opioid Analgesics, Long-Acting</i></b>		
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	1	QL (10 EA per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	1	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	QL (180 ML per 30 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	1	
ZOXYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	1	
<b><i>Opioid Analgesics, Short-Acting</i></b>		
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	1	QL (400 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	QL (5000 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	1	QL (400 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	QL (180 EA per 30 days)
<i>butalbital-apap-cafeine oral capsule 50-325-40 mg</i>	1	QL (180 EA per 30 days)
<i>butalbital-apap-cafeine oral tablet 50-325-40 mg</i>	1	QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	QL (370 EA per 30 days)
<i>butalbital-aspirin-cafeine oral capsule 50-325-40 mg</i>	1	QL (180 EA per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	QL (360 EA per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	1	QL (370 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page X of the introduction. 2020 Integra Managed Care, Formulary ID 20144, Version XX, effective 07/01/2020. Last updated XX/XX/20XX.

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	QL (5500 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (370 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	1	QL (150 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	QL (180 EA per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	1	QL (1920 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	1	QL (360 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	1	QL (240 EA per 30 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	1	BvD; QL (240 ML per 30 days)
LORCET ORAL TABLET 5-325 MG	1	QL (370 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	QL (600 ML per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	1	QL (3600 ML per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	1	QL (2700 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone hcl oral capsule 5 mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	1	QL (1080 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (370 EA per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	QL (360 EA per 30 days)
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	1	QL (360 EA per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	1	QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (370 EA per 30 days)

## ANESTHETICS

### Local Anesthetics

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine external patch 5 %</i>	1	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	1	QL (50 ML per 30 days)
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	1	QL (30 ML per 30 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	QL (30 GM per 30 days)
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	1	
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS</b>		
<b><i>Alcohol Deterrents/Anti-Craving</i></b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	MO
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	MO
<b><i>Opioid Antagonists</i></b>		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
NARCAN NASAL LIQUID 4 MG/0.1ML	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	1	
<b><i>Opioid Dependence Treatments</i></b>		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	1	
<b><i>Smoking Cessation Agents</i></b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	1	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	1	

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Drug Name	Drug Tier	Requirements/Limits
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	1	
NICOTROL INHALATION INHALER 10 MG	1	
<b>ANTIBACTERIALS</b>		
<b><i>Aminoglycosides</i></b>		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	BvD
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	1	PA
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6- 0.9 mg/ml-%</i>	1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	BvD
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>paromomycin sulfate oral capsule 250 mg</i>	1	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1	BvD
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	1	BvD
<b><i>Antibacterials, Other</i></b>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	1	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	BvD
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	1	BvD
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	MO
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	1	BvD
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	1	
<i>linezolid intravenous solution 600 mg/300ml</i>	1	PA
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>linezolid oral tablet 600 mg</i>	1	PA
<i>methenamine hippurate oral tablet 1 gm</i>	1	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	1	BvD
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	1	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	1	
SIVEXTRO ORAL TABLET 200 MG	1	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	1	BvD
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>	1	BvD
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	1	
XIFAXAN ORAL TABLET 200 MG	1	
XIFAXAN ORAL TABLET 550 MG	1	MO
<b>Beta-Lactam, Cephalosporins</b>		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	1	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1	
<i>cefadroxil oral tablet 1 gm</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 500 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefazolin sodium injection solution reconstituted 10 gm</i>	1	BvD
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	1	BvD
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	1	BvD
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	1	BvD
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	BvD
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	1	BvD
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	BvD
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	1	BvD
<b><i>Beta-Lactam, Other</i></b>		
AZACTAM INJECTION SOLUTION RECONSTITUTED 2 GM	1	BvD
<i>aztreonam injection solution reconstituted 1 gm</i>	1	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	1	PA; LA
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	1	BvD
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	1	BvD
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	1	BvD
<b><i>Beta-Lactam, Penicillins</i></b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	BvD
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	1	BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	BvD
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	1	BvD
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	1	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	BvD
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	1	BvD
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/50ml</i>	1	
<i>oxacillin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm</i>	1	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	1	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	1	BvD
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	1	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	1	BvD
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	BvD
<b>Macrolides</b>		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	1	BvD
<i>azithromycin oral packet 1 gm</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	1	BvD
ERYTHROCIN STEARATE ORAL TABLET 250 MG	1	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<b>Quinolones</b>		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	1	BvD
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	1	BvD
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	BvD
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	1	BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<b>Sulfonamides</b>		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	1	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<b>Tetracyclines</b>		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	BvD
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
<b>ANTICONVULSANTS</b>		
<b>Anticonvulsants, Other</b>		
BRIVIACT ORAL SOLUTION 10 MG/ML	1	ST2; MO; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	ST2; MO; QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	MO
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	MO
<i>carbamazepine oral tablet 200 mg</i>	1	MO
<i>carbamazepine oral tablet chewable 100 mg</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	ST2; MO
EPITOL ORAL TABLET 200 MG	1	MO
<i>felbamate oral suspension 600 mg/5ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	ST2; MO
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	MO
ROWEEPRAL ORAL TABLET 1000 MG, 500 MG, 750 MG	1	MO
ROWEEPRAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG	1	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	1	ST2; MO; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG	1	ST2; MO; QL (120 EA per 30 days)
<b>Barbiturates</b>		
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	MO; QL (1500 ML per 30 days)
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	MO; QL (90 EA per 30 days)
<i>phenobarbital oral tablet 15 mg, 60 mg</i>	1	MO; QL (120 EA per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	1	MO; QL (300 EA per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
<b>Benzodiazepines</b>		
<i>clobazam oral suspension 2.5 mg/ml</i>	1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>clobazam oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	1	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	1	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	1	

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Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	ST2; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	1	ST2; MO; QL (60 EA per 30 days)
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	1	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	1	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	1	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	1	
<b>Calcium Channel Modifying Agents</b>		
CELONTIN ORAL CAPSULE 300 MG	1	ST2; MO
<i>ethosuximide oral capsule 250 mg</i>	1	MO
<i>ethosuximide oral solution 250 mg/5ml</i>	1	MO
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
<b>Gamma-Aminobutyric Acid (Gaba) Augmenting Agents</b>		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	MO
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	MO
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	MO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG	1	ST2; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG, 8 MG	1	ST2; MO; QL (30 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	MO; QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	1	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO; QL (180 EA per 30 days)
<i>pregabalin oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO; QL (90 EA per 30 days)
<i>pregabalin oral capsule 200 mg, 225 mg, 300 mg</i>	1	MO; QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	MO; QL (900 ML per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	MO
<i>valproic acid oral capsule 250 mg</i>	1	MO
<i>valproic acid oral solution 250 mg/5ml</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>vigabatrin oral packet 500 mg</i>	1	PA2; LA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	1	PA2; LA; QL (180 EA per 30 days)
VIGADRONE ORAL PACKET 500 MG	1	PA2; LA; QL (180 EA per 30 days)
<b>Glutamate Reducing Agents</b>		
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	MO
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	MO
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>	1	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>	1	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<b>Sodium Channel Agents</b>		
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	1	ST2; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG	1	ST2; QL (60 EA per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	1	ST2; QL (2760 ML per 30 days)
BANZEL ORAL TABLET 200 MG	1	ST2; QL (480 EA per 30 days)
BANZEL ORAL TABLET 400 MG	1	ST2; QL (240 EA per 30 days)
DILANTIN ORAL CAPSULE 30 MG	1	MO
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	MO
PEGANONE ORAL TABLET 250 MG	1	ST2; MO
<i>phenytoin oral suspension 125 mg/5ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin oral tablet chewable 50 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	MO
VIMPAT ORAL SOLUTION 10 MG/ML	1	ST2; MO; QL (1395 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	ST2; MO; QL (60 EA per 30 days)

## ANTIDEMENTIA AGENTS

### Cholinesterase Inhibitors

<i>donepezil hcl oral tablet 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>donepezil hcl oral tablet 23 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	1	MO; QL (180 ML per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	MO; QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	MO; QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	1	MO; QL (30 EA per 30 days)

### N-Methyl-D-Aspartate (Nmda) Receptor Antagonist

<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	1	MO
<i>memantine hcl oral solution 2 mg/ml</i>	1	MO; QL (360 ML per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	MO; QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg &amp; 21 x 10 mg</i>	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	1	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	1	MO

## ANTIDEPRESSANTS

### Antidepressants, Other

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	MO; QL (120 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	1	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	1	MO; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	1	MO; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	1	MO; QL (180 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	1	MO; QL (120 EA per 30 days)
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	1	MO
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO; QL (30 EA per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	1	MO; QL (45 EA per 30 days)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	MO; QL (30 EA per 30 days)
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	MO
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	ST2; MO; QL (30 EA per 30 days)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	1	ST2; MO; QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	1	ST2; QL (30 EA per 30 days)
<b><i>Monoamine Oxidase Inhibitors</i></b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	1	ST2; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	1	ST2; MO; QL (180 EA per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	1	MO
<i>tranylcypromine sulfate oral tablet 10 mg</i>	1	MO
<b><i>Serotonin/Norepinephrine Reuptake Inhibitors</i></b>		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	MO; QL (600 ML per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>citalopram hydrobromide oral tablet 10 mg, 40 mg</i>	1	MO; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	1	MO; QL (60 EA per 30 days)
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	1	MO; QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1	MO; QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	1	ST2; MO; QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	1	MO; QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	MO; QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	1	ST2; MO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	1	ST2; QL (56 EA per 365 days)
<i>fluoxetine hcl oral capsule 10 mg, 40 mg</i>	1	MO; QL (60 EA per 30 days)
<i>fluoxetine hcl oral capsule 20 mg</i>	1	MO; QL (120 EA per 30 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	MO; QL (600 ML per 30 days)
<i>fluoxetine hcl oral tablet 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>fluoxetine hcl oral tablet 20 mg</i>	1	MO; QL (120 EA per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO; QL (90 EA per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	1	MO; QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	1	MO; QL (60 EA per 30 days)
PAXIL ORAL SUSPENSION 10 MG/5ML	1	MO; QL (900 ML per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	MO; QL (300 ML per 30 days)
<i>sertraline hcl oral tablet 100 mg</i>	1	MO; QL (60 EA per 30 days)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	1	MO; QL (90 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	MO; QL (60 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	MO; QL (30 EA per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO; QL (90 EA per 30 days)
<b>Tricyclics</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	MO
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	1	MO
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	MO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	MO
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	1	MO
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	1	MO
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
<b>ANTIEMETICS</b>		
<b>Antiemetics, Other</b>		
COMPRO RECTAL SUPPOSITORY 25 MG	1	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	
<i>prochlorperazine maleate oral tablet 5 mg</i>	1	BvD; MO
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	QL (4 EA per 12 days)
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	1	QL (4 EA per 12 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	BvD; QL (30 EA per 30 days)
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	1	BvD; QL (12 EA per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	BvD; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG	1	BvD
<i>granisetron hcl oral tablet 1 mg</i>	1	BvD; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	1	BvD
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	BvD
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	1	BvD
SYNDROS ORAL SOLUTION 5 MG/ML	1	BvD; QL (120 ML per 30 days)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	1	BvD
VARUBI ORAL TABLET 90 MG	1	BvD
<b>ANTIFUNGALS</b>		
<b>Antifungals</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	BvD
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	1	BvD
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	1	BvD
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	1	BvD
<i>ciclopirox external gel 0.77 %</i>	1	
<i>ciclopirox external shampoo 1 %</i>	1	
<i>ciclopirox external solution 8 %</i>	1	
<i>ciclopirox olamine external cream 0.77 %</i>	1	
<i>ciclopirox olamine external suspension 0.77 %</i>	1	
<i>clotrimazole external cream 1 %</i>	1	
<i>clotrimazole external solution 1 %</i>	1	
<i>clotrimazole mouth/throat lozenge 10 mg</i>	1	
<i>econazole nitrate external cream 1 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	1	BvD
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	BvD
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	PA
JUBLIA EXTERNAL SOLUTION 10 %	1	
<i>ketconazole external cream 2 %</i>	1	
<i>ketconazole external shampoo 2 %</i>	1	
<i>ketconazole oral tablet 200 mg</i>	1	
NATACYN OPHTHALMIC SUSPENSION 5 %	1	
NOXAFIL ORAL SUSPENSION 40 MG/ML	1	PA; MO
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	1	
<i>nystatin external cream 100000 unit/gm</i>	1	
<i>nystatin external ointment 100000 unit/gm</i>	1	
<i>nystatin external powder 100000 unit/gm</i>	1	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	1	
<i>posaconazole oral tablet delayed release 100 mg</i>	1	PA; MO
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	1	BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	1	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	PA; QL (120 EA per 30 days)
<b>ANTIGOUT AGENTS</b>		
<b><i>Antigout Agents</i></b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>colchicine oral capsule 0.6 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	MO
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	PA; MO
MITIGARE ORAL CAPSULE 0.6 MG	1	
<i>probenecid oral tablet 500 mg</i>	1	MO
<b>ANTI-INFLAMMATORY AGENTS</b>		
<b><i>Nonsteroidal Anti-Inflammatory Drugs</i></b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	MO
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	MO
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	MO
<i>diclofenac sodium transdermal gel 1 %</i>	1	
<i>diclofenac sodium transdermal gel 3 %</i>	1	PA
<i>diclofenac sodium transdermal solution 1.5 %</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	MO
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	MO
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	MO
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
IBU ORAL TABLET 600 MG, 800 MG	1	MO
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>indomethacin oral capsule 25 mg</i>	1	MO
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	MO
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	MO
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	1	MO
<i>naproxen oral suspension 125 mg/5ml</i>	1	MO
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	MO
<i>naproxen sodium er oral tablet extended release 24 hour 500 mg</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>oxaprozin oral tablet 600 mg</i>	1	MO
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	MO
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	MO
<i>tolmetin sodium oral capsule 400 mg</i>	1	MO
<i>tolmetin sodium oral tablet 600 mg</i>	1	MO

## **ANTIMIGRAINE AGENTS**

### ***Antimigraine Agents, Other***

<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; MO
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	1	PA; MO
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	1	PA; MO
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	QL (40 EA per 28 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	1	

### ***Serotonin (5-Ht) 1B/1D Receptor Agonists***

<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	1	QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg</i>	1	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet 5 mg</i>	1	QL (24 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	1	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>	1	QL (24 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	1	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	1	QL (4.5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	1	QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	1	QL (8 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet 5 mg</i>	1	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 5 mg</i>	1	QL (6 EA per 30 days)
<b>ANTIMYASTHENIC AGENTS</b>		
<b><i>Parasympathomimetics</i></b>		
<i>guanidine hcl oral tablet 125 mg</i>	1	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	1	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	1	
<b>ANTIMYCOBACTERIALS</b>		
<b><i>Antimycobacterials, Other</i></b>		
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
<b><i>Antituberculars</i></b>		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral syrup 50 mg/5ml</i>	1	MO
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	MO
PASER ORAL PACKET 4 GM	1	
PRIFTIN ORAL TABLET 150 MG	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>rifampin intravenous solution reconstituted 600 mg</i>	1	BvD
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
RIFATER ORAL TABLET 50-120-300 MG	1	
SIRTURO ORAL TABLET 100 MG	1	PA
TRECTOR ORAL TABLET 250 MG	1	
<b>ANTINEOPLASTICS</b>		
<b><i>Alkylating Agents</i></b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	BvD
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	1	
LEUKERAN ORAL TABLET 2 MG	1	
<b><i>Antiangiogenic Agents</i></b>		
<i>penicillamine oral tablet 250 mg</i>	1	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	1	PA2; LA; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 200 MG, 50 MG	1	PA2; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG	1	PA2; QL (60 EA per 30 days)
<b><i>Antimetabolites</i></b>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	MO
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	BvD
PURIXAN ORAL SUSPENSION 2000 MG/100ML	1	LA
TABLOID ORAL TABLET 40 MG	1	PA2
<b><i>Antineoplastics</i></b>		
<i>abiraterone acetate oral tablet 250 mg</i>	1	PA2; QL (120 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG	1	PA2; QL (30 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	1	PA2; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AFINITOR ORAL TABLET 10 MG	1	PA2; QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	1	PA2
ALUNBRIG ORAL TABLET 180 MG	1	PA2; LA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA2; LA; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90 MG	1	PA2; LA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	1	PA2; LA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	1	PA2; LA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG	1	PA2; LA; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4 MG	1	PA2; LA; QL (60 EA per 30 days)
BALVERSA ORAL TABLET 5 MG	1	PA2; LA; QL (30 EA per 30 days)
<i>bexarotene oral capsule 75 mg</i>	1	PA2; QL (300 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	1	
BOSULIF ORAL TABLET 100 MG	1	PA2; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA2; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA2; LA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	1	PA2; LA; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA2; LA
CALQUENCE ORAL CAPSULE 100 MG	1	PA2; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA2; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA2; LA; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	1	PA2; LA; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	1	PA2; LA; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	1	PA2; LA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA2; LA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	1	PA2; LA; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100 MG, 25 MG	1	PA2
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	1	PA2

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Drug Name	Drug Tier	Requirements/Limits
EMCYT ORAL CAPSULE 140 MG	1	
ERIVEDGE ORAL CAPSULE 150 MG	1	PA2
ERLEADA ORAL TABLET 60 MG	1	PA2; LA; QL (120 EA per 30 days)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	1	PA2; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	1	PA2; QL (90 EA per 30 days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	PA2; QL (30 EA per 30 days)
FARYDAK ORAL CAPSULE 10 MG	1	PA2; QL (60 EA per 30 days)
FARYDAK ORAL CAPSULE 20 MG	1	PA2; QL (30 EA per 30 days)
FLUOROPLEX EXTERNAL CREAM 1 %	1	
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution 2 %, 5 %</i>	1	
<i>flutamide oral capsule 125 mg</i>	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA2; LA; QL (30 EA per 30 days)
<i>hydroxyurea oral capsule 500 mg</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA2
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA2
ICLUSIG ORAL TABLET 15 MG	1	PA2; LA; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG	1	PA2; LA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 100 MG	1	PA2; LA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50 MG	1	PA2; LA; QL (60 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	1	PA2; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	1	PA2; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	1	PA2; LA; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 140 MG	1	PA2; LA; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 280 MG	1	PA2; LA; QL (60 EA per 30 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	1	PA2; LA; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	1	PA2; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA2; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	1	PA2; QL (120 EA per 30 days)
IRESSA ORAL TABLET 250 MG	1	PA2; LA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA2; LA; QL (60 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA2
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA2
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA2
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA2
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA2
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA2
KOSELUGO ORAL CAPSULE 10 MG	1	PA2; LA; QL (240 EA per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	1	PA2; LA; QL (120 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	1	PA2
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	1	PA2
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	1	PA2
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	1	PA2
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	1	PA2
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	1	PA2
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	1	PA2
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	1	PA2
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	PA2

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	1	PA2; LA
LORBRENA ORAL TABLET 100 MG	1	PA2; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA2; QL (90 EA per 30 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	1	PA2
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	1	PA2
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	1	PA2
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA2
LYNPARZA ORAL TABLET 100 MG	1	PA2; LA; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150 MG	1	PA2; LA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	1	
MATULANE ORAL CAPSULE 50 MG	1	PA2; LA
MEKINIST ORAL TABLET 0.5 MG	1	PA2; LA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA2; LA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA2; LA; QL (180 EA per 30 days)
MESNEX ORAL TABLET 400 MG	1	
NERLYNX ORAL TABLET 40 MG	1	PA2; LA; QL (180 EA per 30 days)
NEXAVAR ORAL TABLET 200 MG	1	PA2; LA; QL (120 EA per 30 days)
<i>nilutamide oral tablet 150 mg</i>	1	QL (60 EA per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA2
NUBEQA ORAL TABLET 300 MG	1	PA2; LA; QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA2; LA
PANRETIN EXTERNAL GEL 0.1 %	1	
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA2; LA; QL (14 EA per 21 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA2
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	1	PA2

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Drug Name	Drug Tier	Requirements/Limits
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	1	PA2
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA2; LA; QL (21 EA per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	1	PA2; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA2; QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA2; LA
RYDAPT ORAL CAPSULE 25 MG	1	PA2; QL (240 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	1	PA2; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140 MG	1	PA2; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	1	PA2; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA2; LA; QL (84 EA per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	PA2; QL (28 EA per 28 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	1	PA2
TAFINLAR ORAL CAPSULE 50 MG	1	PA2; LA; QL (180 EA per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	1	PA2; LA; QL (120 EA per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA2; LA
TALZENNA ORAL CAPSULE 0.25 MG	1	PA2; LA; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	1	PA2; LA; QL (30 EA per 30 days)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	MO
TARGRETIN EXTERNAL GEL 1 %	1	PA2
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	1	PA2; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	1	PA2; QL (240 EA per 30 days)
TIBSOVO ORAL TABLET 250 MG	1	PA2; LA; QL (60 EA per 30 days)
TOLAK EXTERNAL CREAM 4 %	1	
<i>toremifene citrate oral tablet 60 mg</i>	1	PA2; QL (30 EA per 30 days)
<i>tretinoin oral capsule 10 mg</i>	1	
TURALIO ORAL CAPSULE 200 MG	1	PA2; LA; QL (120 EA per 30 days)
TYKERB ORAL TABLET 250 MG	1	PA2; QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VALCHLOR EXTERNAL GEL 0.016 %	1	PA2; QL (60 GM per 14 days)
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	1	PA2; LA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	1	PA2; LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA2; LA
VITRAKVI ORAL CAPSULE 100 MG	1	PA2; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA2; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA2
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA2; QL (30 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG	1	PA2; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA2; QL (60 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	1	PA2; LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2; LA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2; LA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2; LA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2; LA
XTANDI ORAL CAPSULE 40 MG	1	PA2; LA; QL (120 EA per 30 days)
YONSA ORAL TABLET 125 MG	1	PA2; QL (120 EA per 30 days)
ZEJULA ORAL CAPSULE 100 MG	1	PA2; LA; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA2; QL (240 EA per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	1	PA2; QL (120 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA2; LA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA2; QL (150 EA per 30 days)
ZYTIGA ORAL TABLET 500 MG	1	PA2; QL (120 EA per 30 days)
<b>Aromatase Inhibitors, 3Rd Generation</b>		
<i>anastrozole oral tablet 1 mg</i>	1	MO
<i>exemestane oral tablet 25 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>letrozole oral tablet 2.5 mg</i>	1	MO
<b>ANTIPARASITICS</b>		
<b><i>Anthelmintics</i></b>		
<i>albendazole oral tablet 200 mg</i>	1	
EMVERM ORAL TABLET CHEWABLE 100 MG	1	
<i>ivermectin oral tablet 3 mg</i>	1	
<b><i>Antiprotozoals</i></b>		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	1	QL (150 ML per 30 days)
ALINIA ORAL TABLET 500 MG	1	QL (40 EA per 30 days)
<i>atovaquone oral suspension 750 mg/5ml</i>	1	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	MO
COARTEM ORAL TABLET 20-120 MG	1	
DARAPRIM ORAL TABLET 25 MG	1	
<i>mefloquine hcl oral tablet 250 mg</i>	1	MO
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	1	BvD; MO
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	1	BvD; MO
<i>primaquine phosphate oral tablet 26.3 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	1	
<i>quinine sulfate oral capsule 324 mg</i>	1	PA
<b><i>Pediculicides/Scabicides</i></b>		
<i>malathion external lotion 0.5 %</i>	1	
<i>permethrin external cream 5 %</i>	1	
<b>ANTIPARKINSON AGENTS</b>		
<b><i>Anticholinergics</i></b>		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	MO
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	MO
<b>Antiparkinson Agents, Other</b>		
<i>amantadine hcl oral capsule 100 mg</i>	1	MO
<i>amantadine hcl oral syrup 50 mg/5ml</i>	1	MO
<i>amantadine hcl oral tablet 100 mg</i>	1	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	MO
<i>entacapone oral tablet 200 mg</i>	1	MO
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	1	PA; LA
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	1	ST; MO
<b>Dopamine Agonists</b>		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	1	PA; LA; QL (60 ML per 28 days)
<i>bromocriptine mesylate oral capsule 5 mg</i>	1	MO
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	1	MO
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 3.75 mg</i>	1	MO
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	MO
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>Monoamine Oxidase B (Mao-B) Inhibitors</b>		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	MO
<i>selegiline hcl oral capsule 5 mg</i>	1	MO
<i>selegiline hcl oral tablet 5 mg</i>	1	MO
<b>ANTIPSYCHOTICS</b>		
<b>1St Generation/Typical</b>		
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	BvD; MO
<i>clozapine oral tablet 100 mg, 200 mg</i>	1	ST2; QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	1	QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	ST2; QL (120 EA per 30 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	MO
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	1	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml</i>	1	
<i>haloperidol decanoate intramuscular solution 50 mg/ml(1ml)</i>	1	MO
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	MO
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	MO
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	1	MO
<i>perphenazine oral tablet 16 mg, 2 mg</i>	1	MO
<i>perphenazine oral tablet 4 mg, 8 mg</i>	1	BvD; MO
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	MO
<i>prochlorperazine maleate oral tablet 10 mg</i>	1	BvD; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	ST2; QL (540 ML per 30 days)
<b>2Nd Generation/Atypical</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	1	ST2
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	1	ST2
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	1	ST2; QL (30 EA per 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	MO; QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	1	QL (90 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	1	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	1	ST2; QL (30 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST2; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	1	ST2; QL (60 EA per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	1	ST2
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	1	ST2
LATUDA ORAL TABLET 120 MG	1	ST2; MO; QL (30 EA per 30 days)
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG, 80 MG	1	ST2; MO; QL (60 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	1	PA2; LA
NUPLAZID ORAL TABLET 10 MG	1	PA2; LA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	1	QL (60 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>olanzapine oral tablet 20 mg</i>	1	MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	1	MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg</i>	1	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</i>	1	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	MO; QL (60 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	1	QL (30 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	1	MO; QL (1 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	MO
<i>quetiapine fumarate oral tablet 100 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 200 mg</i>	1	MO; QL (30 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	ST2; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	ST2
<i>risperidone oral solution 1 mg/ml</i>	1	MO; QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg</i>	1	MO; QL (120 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	1	ST2; MO; QL (60 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	1	ST2

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Drug Name	Drug Tier	Requirements/Limits
VRAYLAR ORAL CAPSULE 1.5 MG	1	ST2; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	1	ST2; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	1	ST2; QL (14 EA per 365 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	MO; QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	1	ST2
<b>ANTIVIRALS</b>		
<b><i>Anti-Cytomegalovirus (Cmv) Agents</i></b>		
valganciclovir hcl oral solution reconstituted 50 mg/ml	1	MO
valganciclovir hcl oral tablet 450 mg	1	
ZIRGAN OPHTHALMIC GEL 0.15 %	1	
<b><i>Antih hepatitis Agents</i></b>		
entecavir oral tablet 0.5 mg, 1 mg	1	PA; MO; QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	1	MO
lamivudine oral tablet 100 mg	1	MO; QL (90 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	1	PA; QL (30 EA per 30 days)
<b><i>Anti-Hepatitis B (Hbv) Agents</i></b>		
adefovir dipivoxil oral tablet 10 mg	1	PA; MO; QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	1	PA; QL (600 ML per 30 days)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	1	PA2
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	1	PA2
<b><i>Anti-Hepatitis C (Hcv) Agents, Direct Acting</i></b>		
sofosbuvir-velpatasvir oral tablet 400-100 mg	1	PA
VOSEVI ORAL TABLET 400-100-100 MG	1	PA
<b><i>Anti-Hepatitis C (Hcv) Agents, Other</i></b>		
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	1	PA

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Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	1	PA
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	1	PA2; QL (4 EA per 28 days)
<b>Antitherpetic Agents</b>		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	BvD
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	1	
<b>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors</b>		
ATRIPLA ORAL TABLET 600-200-300 MG	1	QL (30 EA per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG	1	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	1	QL (30 EA per 30 days)
EDURANT ORAL TABLET 25 MG	1	QL (30 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	1	MO; QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	1	MO; QL (480 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	1	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	1	QL (30 EA per 30 days)
INTELENCE ORAL TABLET 100 MG	1	QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	1	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	1	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	1	MO; QL (90 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	MO; QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	1	MO; QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	MO; QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	1	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SYMFI LO ORAL TABLET 400-300-300 MG	1	QL (30 EA per 30 days)
SYMFI ORAL TABLET 600-300-300 MG	1	QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	QL (30 EA per 30 days)
VIRAMUNE ORAL SUSPENSION 50 MG/5ML	1	MO; QL (1200 ML per 30 days)
<b><i>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors</i></b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	1	MO; QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	1	MO; QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	1	MO; QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	1	QL (60 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	1	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	1	QL (30 EA per 30 days)
<i>didanosine oral capsule delayed release 200 mg</i>	1	MO; QL (60 EA per 30 days)
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	1	MO; QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE 200 MG	1	MO; QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	1	MO; QL (680 ML per 28 days)
JULUCA ORAL TABLET 50-25 MG	1	QL (30 EA per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	1	MO; QL (900 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	1	MO; QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	1	MO; QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	MO; QL (60 EA per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg</i>	1	MO; QL (120 EA per 30 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	1	MO; QL (60 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	1	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	MO; QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	1	QL (30 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	1	QL (30 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	1	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine oral capsule 100 mg</i>	1	MO; QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	1	MO; QL (1680 ML per 28 days)
<i>zidovudine oral tablet 300 mg</i>	1	MO; QL (60 EA per 30 days)
<b><i>Anti-Hiv Agents, Other</i></b>		
BIKTARVY ORAL TABLET 50-200-25 MG	1	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	1	QL (30 EA per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	1	QL (60 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	1	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	1	MO; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	1	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	1	MO; QL (180 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	1	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	1	QL (360 ML per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	1	MO; QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG	1	MO; QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG, 300 MG	1	MO; QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	1	MO; QL (60 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	1	MO; QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	1	QL (45 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	1	QL (60 EA per 30 days)
TYBOST ORAL TABLET 150 MG	1	MO; QL (30 EA per 30 days)
<b><i>Anti-Hiv Agents, Protease Inhibitors</i></b>		
APTIVUS ORAL CAPSULE 250 MG	1	MO; QL (120 EA per 30 days)
APTIVUS ORAL SOLUTION 100 MG/ML	1	MO; QL (285 ML per 28 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	1	MO; QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	1	QL (60 EA per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	1	MO; QL (450 EA per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	1	MO; QL (270 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	1	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	1	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
INVIRASE ORAL TABLET 500 MG	1	QL (120 EA per 30 days)
KALETRA ORAL TABLET 100-25 MG	1	MO; QL (300 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG	1	QL (150 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	1	MO; QL (1575 ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	1	MO; QL (400 ML per 30 days)
NORVIR ORAL PACKET 100 MG	1	MO; QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	1	MO; QL (480 ML per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	1	QL (30 EA per 30 days)
PREZISTA ORAL TABLET 150 MG	1	MO; QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	1	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	1	MO; QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	1	QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	1	MO; QL (180 EA per 30 days)
<i>ritonavir oral tablet 100 mg</i>	1	MO; QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	1	MO; QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	1	QL (120 EA per 30 days)
<b>Anti-Influenza Agents</b>		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	1	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	1	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	1	
<i>rimantadine hcl oral tablet 100 mg</i>	1	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	1	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	1	
<b>ANXIOLYTICS</b>		
<b>Anxiolytics, Other</b>		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<b>Benzodiazepines</b>		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	1	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam oral tablet 1 mg</i>	1	QL (240 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	1	MO; QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	QL (180 EA per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	1	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	1	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	1	QL (600 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	QL (240 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	QL (150 EA per 30 days)
<b>BIPOLAR AGENTS</b>		
<b>Mood Stabilizers</b>		
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	1	ST2
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	MO
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	MO
<i>lithium carbonate oral tablet 300 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>lithium oral solution 8 meq/5ml</i>	1	MO
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	1	MO; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	1	MO; QL (90 EA per 30 days)

## BLOOD GLUCOSE REGULATORS

### Antidiabetic Agents, Supply

ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	
<i>global alcohol prep ease pad 70 %</i>	1	
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	1	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	

### Antidiabetic Agents

<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	MO
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	MO
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	MO
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	1	MO
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	1	MO
INVOKANA ORAL TABLET 100 MG, 300 MG	1	MO
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	1	MO

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Drug Name	Drug Tier	Requirements/Limits
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	1	MO
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	MO
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	MO
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	MO
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	MO
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	1	MO
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	1	MO
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	MO
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	MO
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	1	MO
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	1	MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	1	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	1	MO
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	1	MO

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Drug Name	Drug Tier	Requirements/Limits
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	1	MO
<b><i>Glycemic Agents</i></b>		
<i>diazoxide oral suspension 50 mg/ml</i>	1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	1	
GLUCAGON EMERGENCY INJECTION KIT 1 MG	1	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	1	
<b><i>Insulins</i></b>		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	MO
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	MO

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	MO
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	MO
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	MO
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	1	MO
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
<b>BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS</b>		
<b>Anticoagulants</b>		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG	1	MO
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	MO
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	1	QL (30 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	1	QL (24 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	1	QL (9 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	1	QL (12 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	1	QL (18 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	1	QL (11.2 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	1	QL (7 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	1	QL (5.6 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	1	QL (8.4 ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	BvD
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	MO
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	MO
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	1	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	1	
<b>Blood Formation Modifiers</b>		
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	1	PA
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	MO
PROMACTA ORAL PACKET 12.5 MG	1	PA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	1	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	1	PA; QL (60 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	1	PA; QL (30 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	1	PA; QL (12 ML per 28 days)
RETACRIT INJECTION SOLUTION 2000 UNIT/ML	1	PA; QL (23 ML per 30 days)
RETACRIT INJECTION SOLUTION 3000 UNIT/ML	1	PA; QL (16 ML per 30 days)
<i>tranexamic acid oral tablet 650 mg</i>	1	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	1	PA
<b>Platelet Modifying Agents</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	MO
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	MO
BRILINTA ORAL TABLET 60 MG, 90 MG	1	MO
CABLIVI INJECTION KIT 11 MG	1	PA; LA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	MO
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	MO
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	MO
<b>CARDIOVASCULAR AGENTS</b>		
<b><i>Alpha-Adrenergic Agonists</i></b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MO
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	MO
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	MO
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	MO
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<b><i>Alpha-Adrenergic Blocking Agents</i></b>		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (45 EA per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	1	MO; QL (60 EA per 30 days)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
<b><i>Angiotensin Ii Receptor Antagonists</i></b>		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	1	MO; QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	1	MO; QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	MO; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg, 25 mg</i>	1	MO; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 50 mg</i>	1	MO; QL (60 EA per 30 days)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	MO
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO; QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 320 mg</i>	1	MO; QL (30 EA per 30 days)
<i>valsartan oral tablet 40 mg, 80 mg</i>	1	MO; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>Angiotensin-Converting Enzyme (Ace) Inhibitors</b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	MO
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	MO
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	MO
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	MO
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO
<b>Antiarrhythmics</b>		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	MO
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	MO
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	1	MO
MULTAQ ORAL TABLET 400 MG	1	MO
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	1	MO
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	1	MO
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	1	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	MO
<b>Antihypertensive Combinations</b>		

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	MO
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	1	MO; QL (30 EA per 30 days)
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg</i>	1	MO; QL (45 EA per 30 days)
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	MO; QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	MO; QL (30 EA per 30 days)
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	MO; QL (30 EA per 30 days)
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MO
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	MO; QL (30 EA per 30 days)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	MO
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	MO
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	PA; MO
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	MO
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	MO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	MO; QL (30 EA per 30 days)
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	1	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	MO
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	1	MO; QL (30 EA per 30 days)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	MO; QL (30 EA per 30 days)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	MO; QL (30 EA per 30 days)
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	MO
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	1	MO
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MO
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	MO
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	MO
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	MO
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	1	MO
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<b>Calcium Channel Blocking Agents</b>		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	1	MO; QL (60 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	1	MO; QL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	1	MO; QL (30 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	MO; QL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg</i>	1	MO; QL (30 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	MO
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	MO
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	MO; QL (60 EA per 30 days)
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	MO
KATERZIA ORAL SUSPENSION 1 MG/ML	1	MO
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	MO
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	1	MO; QL (60 EA per 30 days)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	1	MO; QL (30 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg</i>	1	MO; QL (60 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	1	MO; QL (30 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	1	MO; QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG	1	MO; QL (30 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	1	MO; QL (60 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG, 420 MG	1	MO; QL (30 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 300 mg</i>	1	MO; QL (30 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 200 mg, 240 mg, 360 mg</i>	1	MO; QL (60 EA per 30 days)
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	MO
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	MO
<b>Cardiovascular Agents, Other</b>		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	1	MO; QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	MO
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	1	PA; LA
CORLANOR ORAL SOLUTION 5 MG/5ML	1	PA; MO
CORLANOR ORAL TABLET 5 MG, 7.5 MG	1	PA; MO
DIGITEK ORAL TABLET 125 MCG, 250 MCG	1	MO; QL (30 EA per 30 days)
DIGOX ORAL TABLET 125 MCG, 250 MCG	1	MO; QL (30 EA per 30 days)
<i>digoxin oral solution 0.05 mg/ml</i>	1	MO; QL (255 ML per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	MO; QL (30 EA per 30 days)
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	1	PA; LA; QL (180 EA per 30 days)
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	1	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	1	PA; LA; QL (4 ML per 28 days)
VYNDAMAX ORAL CAPSULE 61 MG	1	PA; LA; QL (30 EA per 30 days)
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	MO
<b>Diuretics, Loop</b>		
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	1	BvD
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	MO
<b>Diuretics, Potassium-Sparing</b>		
<i>amiloride hcl oral tablet 5 mg</i>	1	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	MO
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<b>Diuretics, Thiazide</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg</i>	1	MO; QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 43 mg</i>	1	MO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate oral capsule 150 mg</i>	1	MO; QL (30 EA per 30 days)
<i>fenofibrate oral capsule 50 mg</i>	1	MO; QL (60 EA per 30 days)
<i>fenofibrate oral tablet 145 mg, 160 mg</i>	1	MO; QL (30 EA per 30 days)
<i>fenofibrate oral tablet 40 mg, 48 mg, 54 mg</i>	1	MO; QL (60 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	1	MO
<b><i>Dyslipidemics, Hmg Coa Reductase Inhibitors</i></b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO; QL (30 EA per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	1	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (45 EA per 30 days)
<i>lovastatin oral tablet 20 mg</i>	1	MO; QL (30 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>	1	MO; QL (60 EA per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO; QL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	MO; QL (30 EA per 30 days)
<b><i>Dyslipidemics, Other</i></b>		
<i>cholestyramine light oral powder 4 gm/dose</i>	1	MO
<i>cholestyramine oral packet 4 gm</i>	1	MO
<i>colesevelam hcl oral packet 3.75 gm</i>	1	MO
<i>colesevelam hcl oral tablet 625 mg</i>	1	MO
<i>colestipol hcl oral packet 5 gm</i>	1	MO
<i>colestipol hcl oral tablet 1 gm</i>	1	MO
<i>ezetimibe oral tablet 10 mg</i>	1	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	1	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1	MO
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	MO
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML	1	PA; MO
PREVALITE ORAL PACKET 4 GM	1	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	1	PA; MO
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	1	PA; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	1	PA; MO
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	1	MO
<b>Vasodilators, Direct-Acting Arterial/Venous</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	MO
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	1	MO
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	MO; QL (30 EA per 30 days)
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	1	MO
<b>Vasodilators, Direct-Acting Arterial</b>		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	MO
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	MO; QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	1	MO; QL (180 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1	MO; QL (360 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	MO; QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	1	MO; QL (150 EA per 30 days)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines</b>		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	ST; MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg</i>	1	MO; QL (240 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 5 mg</i>	1	MO; QL (120 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	1	MO; QL (90 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	1	MO; QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	1	MO; QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO; QL (90 EA per 30 days)
<b>Central Nervous System, Other</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	1	PA; LA; QL (120 EA per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA; MO
<i>riluzole oral tablet 50 mg</i>	1	MO
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	1	PA; LA
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; QL (120 EA per 30 days)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	1	
<b>Fibromyalgia Agents</b>		
<i>pregabalin oral capsule 150 mg</i>	1	MO; QL (90 EA per 30 days)
<i>pregabalin oral capsule 75 mg</i>	1	MO; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	1	QL (110 EA per 365 days)
<b>Multiple Sclerosis Agents</b>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	1	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	1	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	1	PA
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	1	PA; QL (60 EA per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	1	PA
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	1	PA
MAYZENT ORAL TABLET 0.25 MG	1	PA; QL (210 EA per 30 days)
MAYZENT ORAL TABLET 2 MG	1	PA; QL (30 EA per 30 days)
TECFIDERA ORAL 120 & 240 MG	1	PA
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	1	PA
<b>DENTAL AND ORAL AGENTS</b>		
<b>Dental And Oral Agents</b>		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	MO
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	1	
<b>DERMATOLOGICAL AGENTS</b>		
<b>Dermatological Agents</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	PA
<i>alclometasone dipropionate external cream 0.05 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	
<i>amcinonide external cream 0.1 %</i>	1	
<i>amcinonide external ointment 0.1 %</i>	1	
<i>ammonium lactate external cream 12 %</i>	1	
<i>ammonium lactate external lotion 12 %</i>	1	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	1	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	
<i>betamethasone dipropionate external cream 0.05 %</i>	1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	
<i>betamethasone valerate external cream 0.1 %</i>	1	
<i>betamethasone valerate external lotion 0.1 %</i>	1	
<i>betamethasone valerate external ointment 0.1 %</i>	1	
<i>calcipotriene external solution 0.005 %</i>	1	
CLARAVIS ORAL CAPSULE 20 MG, 30 MG, 40 MG	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	1	
<i>clindamycin phosphate external gel 1 %</i>	1	
<i>clindamycin phosphate external lotion 1 %</i>	1	
<i>clindamycin phosphate external solution 1 %</i>	1	
<i>clobetasol propionate e external cream 0.05 %</i>	1	
<i>clobetasol propionate external cream 0.05 %</i>	1	
<i>clobetasol propionate external gel 0.05 %</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clobetasol propionate external ointment 0.05 %</i>	1	
<i>clobetasol propionate external solution 0.05 %</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	
<i>desonide external cream 0.05 %</i>	1	
<i>desonide external lotion 0.05 %</i>	1	
<i>desonide external ointment 0.05 %</i>	1	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone external gel 0.05 %</i>	1	
<i>desoximetasone external ointment 0.25 %</i>	1	
<i>diflorasone diacetate external cream 0.05 %</i>	1	
<i>ery external pad 2 %</i>	1	
<i>erythromycin external gel 2 %</i>	1	
<i>erythromycin external solution 2 %</i>	1	
<b>EUCRISA EXTERNAL OINTMENT 2 %</b>	1	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	
<i>fluocinolone acetonide external solution 0.01 %</i>	1	
<i>fluocinonide emulsified base external cream 0.05 %</i>	1	
<i>fluocinonide external gel 0.05 %</i>	1	
<i>fluocinonide external ointment 0.05 %</i>	1	
<i>fluocinonide external solution 0.05 %</i>	1	
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
<i>gentamicin sulfate external cream 0.1 %</i>	1	
<i>gentamicin sulfate external ointment 0.1 %</i>	1	
<i>halobetasol propionate external cream 0.05 %</i>	1	
<i>halobetasol propionate external ointment 0.05 %</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
<i>hydrocortisone ace-pramoxine rectal cream 1-1 %</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	1	
<i>imiquimod external cream 5 %</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>metronidazole external cream 0.75 %</i>	1	
<i>metronidazole external gel 0.75 %, 1 %</i>	1	
<i>metronidazole external lotion 0.75 %</i>	1	
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
<i>mupirocin external ointment 2 %</i>	1	
<b>MYORISAN ORAL CAPSULE 30 MG</b>	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
<b>PICATO EXTERNAL GEL 0.015 %, 0.05 %</b>	1	
<i>pimecrolimus external cream 1 %</i>	1	
<i>podofilox external solution 0.5 %</i>	1	
<i>prednicarbate external cream 0.1 %</i>	1	
<i>prednicarbate external ointment 0.1 %</i>	1	
<b>PROCTO-MED HC EXTERNAL CREAM 2.5 %</b>	1	
<b>PROCTO-MED HC RECTAL CREAM 2.5 %</b>	1	
<b>PROCTO-PAK EXTERNAL CREAM 1 %</b>	1	
<b>PROCTO-PAK RECTAL CREAM 1 %</b>	1	

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Drug Name	Drug Tier	Requirements/Limits
PROCTOSOL HC EXTERNAL CREAM 2.5 %	1	
PROCTOSOL HC RECTAL CREAM 2.5 %	1	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	1	
PROCTOZONE-HC RECTAL CREAM 2.5 %	1	
RECTIV RECTAL OINTMENT 0.4 %	1	
REGRANEX EXTERNAL GEL 0.01 %	1	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	1	
<i>selenium sulfide external lotion 2.5 %</i>	1	
<i>silver sulfadiazine external cream 1 %</i>	1	
SSD EXTERNAL CREAM 1 %	1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	
<i>tazarotene external cream 0.1 %</i>	1	
TAZORAC EXTERNAL CREAM 0.05 %	1	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	1	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	1	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
TRIDERM EXTERNAL CREAM 0.1 %	1	
UCERIS RECTAL FOAM 2 MG/ACT	1	
<b>ELECTROLYTES/MINERALS/METALS/VITAMINS</b>		
<b><i>Electrolyte/Mineral Replacement</i></b>		
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.45 %, 5-0.9 %</i>	1	BvD
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	1	BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	1	BvD
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	MO
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	MO
KLOR-CON ORAL PACKET 20 MEQ	1	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	MO
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	BvD
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	1	MO
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	MO
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>	1	BvD
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	BvD
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml</i>	1	BvD
<i>potassium chloride oral packet 20 meq</i>	1	MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	MO
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	BvD
<b><i>Electrolyte/Mineral/Metal Modifiers</i></b>		
CHEMET ORAL CAPSULE 100 MG	1	

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Drug Name	Drug Tier	Requirements/Limits
CLOVIQUE ORAL CAPSULE 250 MG	1	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	1	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	1	PA; LA
FERRIPROX ORAL TABLET 1000 MG, 500 MG	1	PA; LA
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	1	
KIONEX ORAL SUSPENSION 15 GM/60ML	1	
LOKELMA ORAL PACKET 10 GM, 5 GM	1	MO
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	1	BvD
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	1	BvD
SAMSCA ORAL TABLET 15 MG, 30 MG	1	QL (60 EA per 30 days)
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
SPS ORAL SUSPENSION 15 GM/60ML	1	
<i>trientine hcl oral capsule 250 mg</i>	1	PA
<b>Nutrients</b>		
AMINOSYN II INTRAVENOUS SOLUTION 10 %	1	BvD
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %, 7 %	1	BvD
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	1	BvD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	1	BvD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	1	BvD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	1	BvD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	1	BvD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	1	BvD

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	1	BvD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	1	BvD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	1	BvD
<i>dextrose intravenous solution 10 %, 5 %</i>	1	BvD
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %	1	BvD
HEPATAMINE INTRAVENOUS SOLUTION 8 %	1	BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	1	BvD
ISOLYTE-S INTRAVENOUS SOLUTION	1	BvD
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %	1	BvD
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	1	BvD
<i>nutrilipid intravenous emulsion 20 %</i>	1	BvD
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	1	BvD
PLASMA-LYTE A INTRAVENOUS SOLUTION	1	BvD
PREMASOL INTRAVENOUS SOLUTION 10 %	1	BvD
PROCALAMINE INTRAVENOUS SOLUTION 3 %	1	BvD
PROSOL INTRAVENOUS SOLUTION 20 %	1	BvD
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	1	BvD
TPN ELECTROLYTES INTRAVENOUS SOLUTION	1	BvD
TRAVASOL INTRAVENOUS SOLUTION 10 %	1	BvD
TROPHAMINE INTRAVENOUS SOLUTION 10 %	1	BvD

## GASTROINTESTINAL AGENTS

### *Antispasmodics, Gastrointestinal*

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Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<b>Gastrointestinal Agents, Other</b>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	1	MO
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	MO
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
GATTEX SUBCUTANEOUS KIT 5 MG	1	PA; LA
<i>loperamide hcl oral capsule 2 mg</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	MO
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	QL (30 EA per 30 days)
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	1	PA; MO
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	MO
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	1	MO
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	MO
<i>cimetidine oral tablet 400 mg</i>	1	MO
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<b>Irritable Bowel Syndrome Agents</b>		
<i>alosetron hcl oral tablet 0.5 mg</i>	1	MO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>alosetron hcl oral tablet 1 mg</i>	1	QL (60 EA per 30 days)
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	1	MO; QL (60 EA per 30 days)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	MO; QL (30 EA per 30 days)
<b>Laxatives</b>		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	1	
<i>constulose oral solution 10 gm/15ml</i>	1	MO
<i>enulose oral solution 10 gm/15ml</i>	1	MO
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	1	
<i>generlac oral solution 10 gm/15ml</i>	1	MO
<i>lactulose oral solution 10 gm/15ml</i>	1	MO
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	1	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	1	
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	1	
<b>Protectants</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	MO
<i>sucralfate oral suspension 1 gm/10ml</i>	1	MO
<i>sucralfate oral tablet 1 gm</i>	1	MO
<b>Proton Pump Inhibitors</b>		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	1	ST; MO
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	1	MO
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	MO
<b>GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
<b>Enzyme Replacement/Modifiers</b>		
CARBAGLU ORAL TABLET 200 MG	1	PA; LA
CYSTADANE ORAL POWDER	1	
ENDARI ORAL PACKET 5 GM	1	LA
GALAFOLD ORAL CAPSULE 123 MG	1	PA; LA; QL (14 EA per 28 days)
KUVAN ORAL PACKET 100 MG, 500 MG	1	PA; LA
KUVAN ORAL TABLET SOLUBLE 100 MG	1	PA; LA
<i>levocarnitine oral solution 1 gm/10ml</i>	1	BvD; MO
<i>levocarnitine oral tablet 330 mg</i>	1	BvD; MO
<i>miglustat oral capsule 100 mg</i>	1	PA; LA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	1	PA; LA
RAVICTI ORAL LIQUID 1.1 GM/ML	1	PA; LA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	1	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA; MO
XURIDEN ORAL PACKET 2 GM	1	PA
<b>GENTOURINARY AGENTS</b>		
<b>Antispasmodics, Urinary</b>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	1	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	1	MO
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	MO; QL (60 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	1	MO; QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	1	MO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	MO; QL (30 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	1	MO
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	MO; QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	MO; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	MO; QL (60 EA per 30 days)
<b>Genitourinary Agents, Other</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg, 50 mg</i>	1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	PA; LA
ELMIRON ORAL CAPSULE 100 MG	1	
<b>Phosphate Binders</b>		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	1	PA; MO
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	MO
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	1	MO
<i>sevelamer carbonate oral packet 0.8 gm</i>	1	QL (540 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	1	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	1	MO; QL (540 EA per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500 MG	1	MO
<b>Vaginal Products</b>		
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	MO
<i>estradiol vaginal tablet 10 mcg</i>	1	MO
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	1	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	1	
INTRAROSA VAGINAL INSERT 6.5 MG	1	PA; MO
<i>metronidazole vaginal gel 0.75 %</i>	1	
OSPHENA ORAL TABLET 60 MG	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
VANDAZOLE VAGINAL GEL 0.75 %	1	
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)</b>		
<b><i>Glucocorticoids/Mineralocorticoids</i></b>		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	1	
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	1	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	
<i>prednisolone oral solution 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1	
<i>prednisone oral solution 5 mg/5ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	
<b><i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i></b>		
<i>cortisone acetate oral tablet 25 mg</i>	1	
DEMSER ORAL CAPSULE 250 MG	1	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)</b>		
<b>Anabolic Steroids</b>		
ANADROL-50 ORAL TABLET 50 MG	1	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	PA
<b>Androgens</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	1	MO
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>methyltestosterone oral capsule 10 mg</i>	1	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	MO
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	MO
<i>testosterone transdermal solution 30 mg/act</i>	1	MO
<b>Contraceptives</b>		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	1	MO
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	MO
APRI ORAL TABLET 0.15-30 MG-MCG	1	MO
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	MO
AUBRA ORAL TABLET 0.1-20 MG-MCG	1	MO
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	MO
BALZIVA ORAL TABLET 0.4-35 MG-MCG	1	MO
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	MO
CAZIANTE ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1	MO
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	1	MO

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Drug Name	Drug Tier	Requirements/Limits
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	MO
CYRED ORAL TABLET 0.15-30 MG-MCG	1	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	MO
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	1	MO
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	1	MO
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	1	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	MO
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	MO
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	MO
FALMINA ORAL TABLET 0.1-20 MG-MCG	1	MO
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	1	MO
GIANVI ORAL TABLET 3-0.02 MG	1	MO
INTROVALE ORAL TABLET 0.15-0.03 MG	1	MO
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	1	MO
JASMIEL ORAL TABLET 3-0.02 MG	1	MO
JULEBER ORAL TABLET 0.15-30 MG-MCG	1	MO
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	MO

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Drug Name	Drug Tier	Requirements/Limits
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	1	MO
KURVELO ORAL TABLET 0.15-30 MG-MCG	1	MO
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
LARISSIA ORAL TABLET 0.1-20 MG-MCG	1	MO
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	MO
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	MO
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	1	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	MO
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	1	MO
LORYNA ORAL TABLET 3-0.02 MG	1	MO
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	1	MO
LUTERA ORAL TABLET 0.1-20 MG-MCG	1	MO
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	MO
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	1	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO

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Drug Name	Drug Tier	Requirements/Limits
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
MILI ORAL TABLET 0.25-35 MG-MCG	1	MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	MO
NIKKI ORAL TABLET 3-0.02 MG	1	MO
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	1	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	MO
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	MO
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	1	MO
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	MO
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	MO
OCELLA ORAL TABLET 3-0.03 MG	1	MO
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	1	MO
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	MO
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	1	MO
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	1	MO
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	1	MO
SETLAKIN ORAL TABLET 0.15-0.03 MG	1	MO
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	1	MO
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	MO
SYEDA ORAL TABLET 3-0.03 MG	1	MO
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	1	MO

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Drug Name	Drug Tier	Requirements/Limits
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	1	MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG	1	MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1	MO
VIENVA ORAL TABLET 0.1-20 MG-MCG	1	MO
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	1	MO
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	1	MO
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	1	MO
<b>Estrogens</b>		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	MO
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	1	MO
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	1	MO
<b>Progestins</b>		
CAMILA ORAL TABLET 0.35 MG	1	MO

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Drug Name	Drug Tier	Requirements/Limits
DEBLITANE ORAL TABLET 0.35 MG	1	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	1	BvD
ERRIN ORAL TABLET 0.35 MG	1	MO
INCASSIA ORAL TABLET 0.35 MG	1	MO
LYZA ORAL TABLET 0.35 MG	1	MO
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>megestrol acetate oral suspension 40 mg/ml</i>	1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	1	MO
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	
NORA-BE ORAL TABLET 0.35 MG	1	MO
<i>norethindrone acetate oral tablet 5 mg</i>	1	MO
<i>norethindrone oral tablet 0.35 mg</i>	1	MO
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	MO
PREMARIN VAGINAL CREAM 0.625 MG/GM	1	MO
PREMPHASE ORAL TABLET 0.625-5 MG	1	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	MO
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	MO
SHAROBEL ORAL TABLET 0.35 MG	1	MO
<b>Selective Estrogen Receptor Modifying Agents</b>		
<i>raloxifene hcl oral tablet 60 mg</i>	1	MO; QL (30 EA per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	1	PA2; MO
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	MO
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	MO
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	1	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	1	MO
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML	1	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	1	PA
ORILISSA ORAL TABLET 150 MG, 200 MG	1	PA

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

### *Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)*

EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	MO
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO

## HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

### *Hormonal Agents, Suppressant (Pituitary)*

KORLYM ORAL TABLET 300 MG	1	PA2; LA
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Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA; MO
<i>octreotide acetate injection solution 500 mcg/ml</i>	1	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	1	PA; LA; QL (60 ML per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	1	PA2; QL (1 ML per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; LA; QL (60 EA per 30 days)
SYNAREL NASAL SOLUTION 2 MG/ML	1	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	1	PA2

## HORMONAL AGENTS, SUPPRESSANT (THYROID)

### Antithyroid Agents

<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet 50 mg</i>	1	MO

## IMMUNOLOGICAL AGENTS

### Immune Suppressants

AZASAN ORAL TABLET 100 MG, 75 MG	1	BvD; MO
<i>azathioprine oral tablet 50 mg</i>	1	BvD; MO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	1	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	1	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	BvD; MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	BvD; MO
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	BvD; MO
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	1	BvD; MO
<i>everolimus oral tablet 0.25 mg</i>	1	PA2; MO; QL (60 EA per 30 days)
<i>everolimus oral tablet 0.5 mg</i>	1	PA2; QL (120 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>everolimus oral tablet 0.75 mg</i>	1	PA2; QL (60 EA per 30 days)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	BvD; MO
GENGRAF ORAL SOLUTION 100 MG/ML	1	BvD; MO
<i>methotrexate oral tablet 2.5 mg</i>	1	BvD
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	BvD
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	BvD; MO
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	1	BvD
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	BvD; MO
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	1	BvD; MO
PROGRAF ORAL PACKET 0.2 MG, 1 MG	1	BvD; MO
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	1	BvD; MO
SANDIMMUNE ORAL SOLUTION 100 MG/ML	1	BvD; MO
<i>sirolimus oral solution 1 mg/ml</i>	1	BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	BvD; MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	BvD; MO
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	1	BvD
XATMEP ORAL SOLUTION 2.5 MG/ML	1	BvD
ZORTRESS ORAL TABLET 1 MG	1	PA2; QL (60 EA per 30 days)
<b><i>Immunomodulators</i></b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	1	PA2; LA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	1	PA; LA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	1	PA

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	1	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	1	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	1	PA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	1	PA
HUMIRA PEN SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	1	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	1	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	1	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	1	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	MO
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	1	BvD
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	1	BvD
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	1	BvD
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	1	PA
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	1	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	1	PA

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	1	PA
<b>Vaccines</b>		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	1	
<i>bcg vaccine injection injectable</i>	1	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	1	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	1	BvD
ENGRIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	1	BvD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 1440 EL U/ML 1 ML, 720 EL U/0.5ML, 720 EL U/0.5ML 0.5 ML	1	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	1	BvD
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	
IPOLE INJECTION INJECTABLE	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MENACTRA INTRAMUSCULAR INJECTABLE	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
PEDIARIX INTRAMUSCULAR SUSPENSION	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL INTRAMUSCULAR SUSPENSION	1	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	BvD
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	1	BvD
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	
ROTATEQ ORAL SOLUTION	1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	BvD; MO
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	1	BvD
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	1	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	1	

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Drug Name	Drug Tier	Requirements/Limits
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	1	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	1	
YF-VAX SUBCUTANEOUS INJECTABLE	1	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	1	

## INFLAMMATORY BOWEL DISEASE AGENTS

### Aminosalicylates

APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	1	MO
<i>balsalazide disodium oral capsule 750 mg</i>	1	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	1	MO
<i>mesalamine rectal enema 4 gm</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	MO
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	MO

## METABOLIC BONE DISEASE AGENTS

### Metabolic Bone Disease Agents

<i>alendronate sodium oral tablet 10 mg</i>	1	MO; QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	BvD; MO
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	BvD; MO
<i>calcitriol oral solution 1 mcg/ml</i>	1	BvD; MO
<i>cinacalcet hcl oral tablet 30 mg</i>	1	BvD; MO; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	1	BvD; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	1	BvD; QL (120 EA per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	BvD; MO
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	1	PA; QL (2.4 ML per 28 days)
FORTEO SUBCUTANEOUS SOLUTION PEN- INJECTOR 600 MCG/2.4ML	1	PA; QL (2.4 ML per 28 days)
<i>ibandronate sodium oral tablet 150 mg</i>	1	MO; QL (1 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	1	LA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	BvD; MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	1	MO; QL (1 ML per 180 days)
<i>risedronate sodium oral tablet 150 mg</i>	1	MO; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 EA per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	1	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	1	PA; QL (2 ML per 28 days)
<b>MISCELLANEOUS</b>		
<i>Miscellaneous</i>		
<i>cvs gauze sterile pad 2"x2"</i>	1	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	MO
PLAQUENIL ORAL TABLET 200 MG	1	MO
<b>OPHTHALMIC AGENTS</b>		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate ophthalmic solution 1 %</i>	1	MO
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	1	PA
RESTASIS OPHTHALMIC EMULSION 0.05 %	1	MO; QL (60 EA per 30 days)
<i>Ophthalmic Anti-Allergy Agents</i>		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
BEPREVE OPHTHALMIC SOLUTION 1.5 %	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	1	
PAZEO OPHTHALMIC SOLUTION 0.7 %	1	
<i>Ophthalmic Antiglaucoma Agents</i>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	1	
AZOPT OPHTHALMIC SUSPENSION 1 %	1	MO
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	MO
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	1	MO
<i>carteolol hcl ophthalmic solution 1 %</i>	1	MO
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	1	MO
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	MO
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	1	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	MO
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	1	MO
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	1	MO
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)</i>	1	MO
<b>Ophthalmic Anti-Infectives</b>		
AZASITE OPHTHALMIC SOLUTION 1 %	1	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	1	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	1	
GENTAK OPHTHALMIC OINTMENT 0.3 %	1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
MOXEZA OPHTHALMIC SOLUTION 0.5 %	1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
<i>trifluridine ophthalmic solution 1 %</i>	1	
<b>Ophthalmic Anti-Inflammatories</b>		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	1	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	1	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	1	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	
DUREZOL OPHTHALMIC EMULSION 0.05 %	1	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	1	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1	
LOTEMAX OPHTHALMIC GEL 0.5 %	1	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	1	
LOTEMAX SM OPHTHALMIC GEL 0.38 %	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	
PROLENSA OPHTHALMIC SOLUTION 0.07 %	1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	1	
<b>Ophthalmic Prostaglandin And Prostamide Analogs</b>		
<i>latanoprost ophthalmic solution 0.005 %</i>	1	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	1	MO
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	1	MO
VYZULTA OPHTHALMIC SOLUTION 0.024 %	1	MO
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	1	MO
<b>OTIC AGENTS</b>		
<b>Otic Agents</b>		
<i>acetic acid otic solution 2 %</i>	1	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	1	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	1	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	1	
<i>fluocinolone acetonide otic oil 0.01 %</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin otic solution 0.3 %</i>	1	
<b>RESPIRATORY TRACT AGENTS</b>		
<b><i>Antihistamines</i></b>		
<i>cetirizine hcl oral solution 1 mg/ml</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	
<b><i>Anti-Inflammatories, Inhaled Corticosteroids</i></b>		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	1	MO; QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	1	MO; QL (2 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	1	MO; QL (2 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	1	MO; QL (2 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	1	MO; QL (26 GM per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	1	BvD; MO
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	1	MO; QL (60 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	1	MO; QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	1	MO; QL (21.2 GM per 30 days)
<b><i>Antileukotrienes</i></b>		
<i>montelukast sodium oral packet 4 mg</i>	1	MO; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet 10 mg</i>	1	MO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	MO; QL (60 EA per 30 days)
<b>Bronchodilators, Anticholinergic</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	BvD
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	BvD; MO
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	1	MO; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	1	MO; QL (4 GM per 30 days)
<b>Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)</b>		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	1	MO; QL (30 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; MO; QL (90 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	1	MO
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	MO
<i>theophylline oral solution 80 mg/15ml</i>	1	MO
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	1	MO; QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	BvD; MO
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	MO
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	1	MO; QL (4 GM per 20 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	BvD; MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	1	MO; QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	1	MO; QL (36 GM per 30 days)
<b>Nasal Agents</b>		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	1	QL (30 ML per 25 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	QL (50 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	QL (16 GM per 30 days)
<i>ipratropium bromide nasal solution 0.03 %</i>	1	MO; QL (60 ML per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	1	MO; QL (30 ML per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	QL (34 GM per 30 days)
<b>Pulmonary Antihypertensives</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; LA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; LA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	1	PA; LA; QL (90 EA per 30 days)
TRACLEER ORAL TABLET SOLUBLE 32 MG	1	PA; LA; QL (120 EA per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; LA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	1	PA; LA; QL (400 EA per 365 days)
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET ORAL CAPSULE 267 MG	1	PA
ESBRIET ORAL TABLET 801 MG	1	PA
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; LA
<b>Respiratory Tract Agents, Other</b>		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1	MO; QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	1	MO; QL (12 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	1	MO; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	1	MO; QL (60 EA per 30 days)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	BvD; MO
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	1	PA
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	1	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	1	PA
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	1	MO; QL (1 EA per 30 days)
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	1	PA; LA
KALYDECO ORAL TABLET 150 MG	1	PA; LA
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	1	PA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	1	PA; LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	1	PA; LA
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	BvD

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Drug Name	Drug Tier	Requirements/Limits
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	1	MO; QL (4 GM per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	1	PA; LA
TOBI PODHALER INHALATION CAPSULE 28 MG	1	PA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	1	MO; QL (60 EA per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	1	PA; LA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	1	PA; LA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	1	PA; LA

## SKELETAL MUSCLE RELAXANTS

### *Skeletal Muscle Relaxants*

<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
<i>metaxalone oral tablet 800 mg</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	MO

## SLEEP DISORDER AGENTS

### *Benzodiazepines*

<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	QL (120 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	1	QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	1	QL (120 EA per 30 days)

### *Gaba Receptor Modulators*

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Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 5 mg</i>	1	QL (60 EA per 30 days)
<b><i>Sleep Disorders, Other</i></b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; MO
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	1	QL (30 EA per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	1	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	PA; MO
<i>ramelteon oral tablet 8 mg</i>	1	QL (30 EA per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	1	QL (30 EA per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	1	PA; MO; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	1	PA; LA; QL (540 ML per 30 days)

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