



## **Integra Managed Care HMO**

### **2019 Formulary**

### **List of Covered Drugs**

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

HPMS Approved Formulary File Submission ID 19509, Version Number 4

This formulary was updated on 08/06/2018. For more recent information or other questions, please contact our Member Services number at 1-877-388-5195 (TTY users should call 711). Hours are Sunday through Saturday 8am to 8pm. NOTE: Between April 1 and September 30 Member Services hours for Saturday and Sunday will be operated by alternate technology. Or visit [www.integramanagedcare.com](http://www.integramanagedcare.com).

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Integra Managed Care.

This document includes a list of the drugs (formulary) for our plan which is current as of 08/06/2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

Integra Managed Care is an HMO plan with a Medicare contract and a contract with the New York State Medicaid program. Enrollment in Integra Managed Care depends on contract renewal.

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-877-388-5195. TTY users call 711.

Este documento puede estar disponible en un idioma que no sea Inglés. Para obtener información adicional, llámenos al 1-877-388-5195. Los usuarios de TTY deben llamar al 711.

#### **What is the Integra Managed Care Formulary?**

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

## Can the Formulary (drug list) change?

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Integra Managed Care’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug or move to a different cost-sharing tier. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of 8/06/2018. To get updated information about the drugs covered by Integra Managed Care, please contact us. Our contact information appears on the front and back cover pages.

In the event of non-maintenance changes to the formulary throughout the plan year, Integra Managed Care may make changes via errata sheets mailed to you. Additionally, you may visit our website for a link to the most current formulary

## How do I use the Formulary?

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

## **Medical Condition**

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

## **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 104. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

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

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

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

- **Prior Authorization:** Integra Managed Care requires your physician to get prior authorization for certain drugs. This means that you will need to get approval from Integra Managed Care before you fill your prescriptions. If you don't get approval, Integra Managed Care may not cover the drug.
- **Quantity Limits:** For certain drugs, when Integra Managed Care limits the amount of the drug that we will cover. For example, Integra Managed Care provides 30 units per prescription for atorvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Integra Managed Care requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 4. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Integra Managed Care to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Integra Managed Care formulary?” below for information about how to request an exception.

## **What are over-the counter (OTC) drugs?**

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan.

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

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, please contact Integra Managed Care. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that Integra Managed Care does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by us. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Integra Managed Care.
- You can ask Integra Managed Care to make an exception and cover your drug. See below for information about how to request an exception.

## **How do I request an exception to the Integra Managed Care Formulary?**

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

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

Generally, Integra Managed Care will only approve your request for an exception if the alternative drugs included on the plan’s formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

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

### **For more information**

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

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

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

### **Integra Managed Care's Formulary**

The formulary that begins on the next page provides coverage information about the drugs covered by Integra Managed Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 104.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., <BRAND NAME EXAMPLE>) and generic drugs are listed in lower-case italics (e.g., <generic example>).

The information in the Requirements/Limits column tells you if we have any special requirements for coverage of your drug.

## Integra 2019 (List of Covered Drugs)

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## List of Abbreviations

### 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.

**HRM:** High Risk Medication (PA required for ages 65 or over)

**LA:** This prescription drug is limited to certain pharmacies.

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

**PA1:** 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:** There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

**ST1:** 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.



## Integra 2019 (List of Covered Drugs)

Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS</b>		
<b>ANALGESICS</b>		
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	1	MO; QL (400 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	MO; QL (5000 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	1	MO; QL (400 per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	PA2; MO; HRM; QL (180 per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	1	PA2; MO; HRM; QL (180 per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	PA2; MO; HRM; QL (180 per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	PA2; MO; HRM; QL (370 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	PA2; MO; HRM; QL (180 per 30 days)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	PA1; MO; HRM
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	1	MO; QL (370 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	MO; QL (5500 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (370 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	1	MO; QL (150 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	MO; QL (180 per 30 days)
LORCET ORAL TABLET 5-325 MG	1	MO; QL (370 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (370 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	MO; QL (360 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	MO; QL (370 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	ST1; 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 solution 1.5 %</i>	1	MO
<i>diflunisal oral tablet 500 mg</i>	1	MO
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	MO
<b>IBU ORAL TABLET 600 MG, 800 MG</b>	1	MO
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	MO
<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 75 mg</i>	1	MO
<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>oxycodone-ibuprofen oral tablet 5-400 mg</i>	1	MO; QL (360 per 30 days)
<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

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Drug Name	Drug Tier	Requirements/Limits
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	1	MO; QL (240 per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1	MO; QL (80 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA1; MO; QL (180 per 30 days)
<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	ST1; MO; QL (10 per 30 days)
<i>hydromorphone hcl pf injection solution 50 mg/5ml</i>	1	BvD; MO; QL (240 per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	1	MO; QL (240 per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	MO; QL (600 per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	MO; QL (90 per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	1	MO; QL (3600 per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	1	MO; QL (2700 per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	1	MO; QL (180 per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg</i>	1	MO; QL (90 per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 60 mg, 80 mg</i>	1	MO; QL (60 per 30 days)
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	MO; QL (360 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA1; MO; QL (180 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	ST1; MO; QL (10 per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	1	MO; QL (1920 per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	1	MO; QL (360 per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	1	MO; QL (240 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	MO; QL (600 per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	1	MO; QL (3600 per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	1	MO; QL (2700 per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	1	MO; QL (180 per 30 days)
<i>oxycodone hcl oral capsule 5 mg</i>	1	MO; QL (180 per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	MO; QL (180 per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	1	MO; QL (1080 per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	MO; QL (180 per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	MO; QL (240 per 30 days)
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine external patch 5 %</i>	1	PA1; MO; QL (90 per 30 days)
<i>lidocaine hcl external gel 2 %</i>	1	MO; QL (30 per 30 days)
<i>lidocaine hcl external solution 4 %</i>	1	MO; QL (50 per 30 days)
<i>lidocaine viscous mouth/throat solution 2 %</i>	1	MO
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	MO; QL (30 per 30 days)
<b>ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS</b>		
<b>ALCOHOL DETERRENTS/ANTI-CRAVING</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	MO
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	MO
<i>naltrexone hcl oral tablet 50 mg</i>	1	MO
<b>OPIOID DEPENDENCE TREATMENTS</b>		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	1	MO; QL (240 per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1	MO; QL (80 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>naltrexone hcl oral tablet 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
SUBOXONE SUBLINGUAL FILM 12-3 MG	1	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	1	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	1	MO; QL (180 per 30 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG	1	MO; QL (90 per 30 days)
<b>OPIOID REVERSAL AGENTS</b>		
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	MO
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	MO
<b>SMOKING CESSATION AGENTS</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	MO; QL (60 per 30 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	1	MO; QL (56 per 28 days)
NICOTROL INHALATION INHALER 10 MG	1	MO
<b>ANTIBACTERIALS</b>		
<b>AMINOGLYCOSIDES</b>		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	BvD; MO
GENTAK OPHTHALMIC OINTMENT 0.3 %	1	MO
<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	MO
<i>gentamicin sulfate external cream 0.1 %</i>	1	MO
<i>gentamicin sulfate external ointment 0.1 %</i>	1	MO
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	BvD; MO
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	MO
<i>neomycin sulfate oral tablet 500 mg</i>	1	MO
<i>paromomycin sulfate oral capsule 250 mg</i>	1	MO
TOBI PODHALER INHALATION CAPSULE 28 MG	1	MO
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1	BvD; MO
<i>tobramycin ophthalmic solution 0.3 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	1	BvD; MO
<b>ANTIBACTERIALS, OTHER</b>		
<i>acetic acid otic solution 2 %</i>	1	MO
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	MO
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	MO
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	MO
<i>clindamycin phosphate external gel 1 %</i>	1	MO
<i>clindamycin phosphate external lotion 1 %</i>	1	MO
<i>clindamycin phosphate external solution 1 %</i>	1	MO
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	1	MO
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	BvD; MO
<i>clindamycin phosphate vaginal cream 2 %</i>	1	MO
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	1	BvD; MO
<i>daptomycin intravenous solution reconstituted 500 mg</i>	1	BvD; MO
<i>global alcohol prep ease pad 70 %</i>	1	MO
<i>linezolid intravenous solution 600 mg/300ml</i>	1	PA1; MO
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	1	PA1; MO
<i>linezolid oral tablet 600 mg</i>	1	PA1; MO
<i>methenamine hippurate oral tablet 1 gm</i>	1	MO
<i>metronidazole external cream 0.75 %</i>	1	MO
<i>metronidazole external gel 0.75 %, 1 %</i>	1	MO
<i>metronidazole external lotion 0.75 %</i>	1	MO
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	1	BvD; MO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	MO
<i>metronidazole vaginal gel 0.75 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>mupirocin external ointment 2 %</i>	1	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	1	PA1; MO; HRM; QL (30 per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	1	PA1; MO; HRM
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	1	MO; QL (30 per 30 days)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	1	PA1; MO; HRM
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	1	PA1; MO; HRM; QL (7590 per 120 days)
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	1	MO
SIVEXTRO ORAL TABLET 200 MG	1	MO
<i>tigecycline intravenous solution reconstituted 50 mg</i>	1	BvD; MO
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	MO
<i>trimethoprim oral tablet 100 mg</i>	1	MO
<i>vancomycin hcl intravenous solution reconstituted 10 gm, 1000 mg, 500 mg</i>	1	BvD; MO
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	1	MO
VANDAZOLE VAGINAL GEL 0.75 %	1	MO
XIFAXAN ORAL TABLET 200 MG, 550 MG	1	MO
<b>ANTIBACTERIALS</b>		
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	1	BvD; MO
<b>BETA-LACTAM, CEPHALOSPORINS</b>		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	1	MO
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	MO
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	1	MO
<i>cefadroxil oral capsule 500 mg</i>	1	MO
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1	MO
<i>cefadroxil oral tablet 1 gm</i>	1	MO

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

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Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	MO
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	MO
SUPRAX ORAL CAPSULE 400 MG	1	MO
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	1	BvD; MO
<b>BETA-LACTAM, OTHER</b>		
AZACTAM INJECTION SOLUTION RECONSTITUTED 2 GM	1	BvD; MO
<i>aztreonam injection solution reconstituted 1 gm</i>	1	MO
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	1	PA1; LA
<i>doripenem intravenous solution reconstituted 500 mg</i>	1	BvD; MO
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	1	BvD; MO
INVANZ INJECTION SOLUTION RECONSTITUTED 1 GM	1	BvD; MO
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	1	BvD; MO
<b>BETA-LACTAM, PENICILLINS</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	MO
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	MO
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	MO
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	1	MO
<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	MO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	BvD; MO
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	1	BvD; MO
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	1	BvD; MO
BACTOCILL IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/50ML	1	MO
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	1	MO
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	MO
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	1	BvD; MO
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	1	BvD; MO
<i>oxacillin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm</i>	1	MO
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	1	MO
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	1	BvD; MO
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	1	MO
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	1	BvD; MO
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	MO
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	MO
<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; MO
<b>MACROLIDES</b>		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	1	BvD; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral packet 1 gm</i>	1	MO
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	MO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	MO
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	MO
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	MO
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	MO
E.E.S. 400 ORAL TABLET 400 MG	1	MO
<i>ery external pad 2 %</i>	1	MO
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	1	MO
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	1	BvD; MO
ERYTHROCIN STEARATE ORAL TABLET 250 MG	1	MO
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	1	MO
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	MO
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	MO
<i>erythromycin external gel 2 %</i>	1	MO
<i>erythromycin external solution 2 %</i>	1	MO
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	MO
<b>QUINOLONES</b>		
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	1	MO
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	MO
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	MO
<i>ciprofloxacin hcl otic solution 0.2 %</i>	1	MO
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	1	BvD; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)</i>	1	MO
<i>gatifloxacin ophthalmic solution 0.5 %</i>	1	MO
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	1	BvD; MO
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	BvD; MO
<i>levofloxacin oral solution 25 mg/ml</i>	1	MO
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<b>MOXEZA OPHTHALMIC SOLUTION 0.5 %</b>	1	MO
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	1	BvD; MO
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	MO
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	MO
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	MO
<i>ofloxacin oral tablet 400 mg</i>	1	MO
<i>ofloxacin otic solution 0.3 %</i>	1	MO
<b>SULFONAMIDES</b>		
<i>silver sulfadiazine external cream 1 %</i>	1	MO
<b>SSD EXTERNAL CREAM 1 %</b>	1	MO
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	1	MO
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	MO
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	MO
<i>sulfadiazine oral tablet 500 mg</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	MO
<b>TETRACYCLINES</b>		
<b>DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG</b>	1	BvD; MO
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	MO
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	MO

## ANTICONVULSANTS

### ANTICONVULSANTS, OTHER

BRIVIACT ORAL SOLUTION 10 MG/ML	1	PA2; ST2; MO
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	PA2; ST2; MO
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	1	MO
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	1	MO
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	1	MO; QL (240 per 30 days)
<i>diazepam oral solution 1 mg/ml</i>	1	MO; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	1	MO; QL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<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
ROWEEPPRA ORAL TABLET 1000 MG, 750 MG	1	MO
ROWEEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG	1	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	1	ST2; MO

### CALCIUM CHANNEL MODIFYING AGENTS

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Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral solution 250 mg/5ml</i>	1	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO; QL (180 per 30 days)
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg</i>	1	MO
<i>lorazepam oral concentrate 2 mg/ml</i>	1	MO; QL (240 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO; QL (150 per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	1	ST2; MO; QL (480 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	1	ST2; MO; QL (60 per 30 days)
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	PA2; MO; HRM; QL (1500 per 30 days)
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	PA2; MO; HRM; QL (90 per 30 days)
<i>phenobarbital oral tablet 15 mg, 60 mg</i>	1	PA2; MO; HRM; QL (120 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	1	PA2; MO; HRM; QL (300 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
SABRIL ORAL TABLET 500 MG	1	PA2; LA; QL (180 per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	MO
<i>valproate sodium oral solution 250 mg/5ml</i>	1	MO
<i>valproic acid oral capsule 250 mg</i>	1	MO
<i>vigabatrin oral packet 500 mg</i>	1	PA2; MO; QL (180 per 30 days)
<b>GLUTAMATE REDUCING AGENTS</b>		
<i>felbamate oral suspension 600 mg/5ml</i>	1	MO
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	ST2; MO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST2; MO; QL (30 per 30 days)
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine starter kit-blue oral kit 25 (35) mg</i>	1	MO
<i>lamotrigine starter kit-green oral kit 25 (84)-100(14) mg</i>	1	MO
<i>lamotrigine starter kit-orange oral kit 25 (42)-100 (7) 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>		
APTOM ORAL TABLET 200 MG, 400 MG, 800 MG	1	ST2; MO; QL (30 per 30 days)
APTOM ORAL TABLET 600 MG	1	ST2; MO; QL (60 per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	1	ST2; MO; QL (2760 per 30 days)
BANZEL ORAL TABLET 200 MG	1	ST2; MO; QL (480 per 30 days)
BANZEL ORAL TABLET 400 MG	1	ST2; MO; QL (240 per 30 days)
<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
DILANTIN ORAL CAPSULE 30 MG	1	MO
EPITOL ORAL TABLET 200 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
<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
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	1	MO
VIMPAT ORAL SOLUTION 10 MG/ML	1	ST2; MO; QL (1395 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	1	ST2; MO; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	1	ST2; MO
<b>ANTIDEMENTIA AGENTS</b>		
<b>CHOLINESTERASE INHIBITORS</b>		
<i>donepezil hcl oral tablet 10 mg</i>	1	MO; QL (60 per 30 days)
<i>donepezil hcl oral tablet 23 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	1	MO; QL (60 per 30 days)
<i>donepezil hcl oral tablet dispersible 5 mg</i>	1	MO; QL (30 per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	MO; QL (30 per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	1	MO; QL (180 per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	MO; QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	MO; QL (60 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 per 30 days)
<b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST</b>		
<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 per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	MO; QL (60 per 30 days)
<i>memantine hcl oral tablet 5 (28)-10 (21) mg</i>	1	MO
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	1	MO
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	1	MO
<b>ANTIDEPRESSANTS</b>		
<b>ANTIDEPRESSANTS, OTHER</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	1	MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	1	MO; QL (1 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	MO; QL (750 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	1	MO; QL (90 per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	1	MO; QL (60 per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	MO; QL (120 per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	1	MO; QL (60 per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	1	MO; QL (180 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	1	MO; QL (120 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 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	1	MO; QL (45 per 30 days)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	MO; QL (30 per 30 days)
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 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 per 30 days)
<i>quetiapine fumarate oral tablet 200 mg</i>	1	MO; QL (30 per 30 days)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	MO
<b>MONOAMINE OXIDASE INHIBITORS</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	1	ST2; MO; QL (30 per 30 days)
MARPLAN ORAL TABLET 10 MG	1	ST2; MO; QL (180 per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	1	MO

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

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Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl oral tablet 100 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	MO; QL (30 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 per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	1	ST2; MO; QL (30 per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	1	ST2; MO; QL (30 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	PA2; MO; HRM
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	ST2; MO
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	1	PA2; MO; HRM
<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	PA2; MO; HRM
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	PA2; MO; HRM
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA2; MO; HRM
<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
SILENOR ORAL TABLET 3 MG, 6 MG	1	MO
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>ANTIEMETICS</b>		
<b>ANTIEMETICS, OTHER</b>		
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	BvD; MO
COMPRO RECTAL SUPPOSITORY 25 MG	1	MO
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	MO
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA1; MO; HRM
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	MO
<i>metoclopramide hcl oral tablet 10 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>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	BvD; MO
<i>prochlorperazine rectal suppository 25 mg</i>	1	MO
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA1; MO; HRM
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	MO; QL (4 per 12 days)
<b>EMETOGENIC THERAPY ADJUNCTS</b>		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	BvD; MO; QL (30 per 30 days)
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	1	BvD; MO; QL (12 per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	BvD; MO; QL (60 per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG	1	BvD; MO
<i>granisetron hcl oral tablet 1 mg</i>	1	BvD; MO; QL (60 per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	1	BvD; MO; QL (450 per 30 days)
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	BvD; MO
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	1	BvD; MO
SYNDROS ORAL SOLUTION 5 MG/ML	1	BvD; MO; QL (120 per 30 days)
VARUBI ORAL TABLET 90 MG	1	BvD; MO

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Drug Name	Drug Tier	Requirements/Limits
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGALS</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	BvD; MO
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	1	BvD; MO
<i>amphotericin b injection solution reconstituted 50 mg</i>	1	BvD; MO
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	1	BvD; MO
<i>ciclopirox external solution 8 %</i>	1	MO
<i>ciclopirox olamine external cream 0.77 %</i>	1	MO
<i>ciclopirox olamine external suspension 0.77 %</i>	1	MO
<i>clotrimazole external cream 1 %</i>	1	MO
<i>clotrimazole external solution 1 %</i>	1	MO
<i>clotrimazole mouth/throat lozenge 10 mg</i>	1	MO
<i>econazole nitrate external cream 1 %</i>	1	MO
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	1	BvD; MO
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	BvD; MO
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	MO
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	MO
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	MO
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	MO
<i>griseofulvin microsize oral tablet 500 mg</i>	1	MO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	MO
<i>itraconazole oral capsule 100 mg</i>	1	PA1; MO
JUBLIA EXTERNAL SOLUTION 10 %	1	MO
<i>ketoconazole external cream 2 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole external shampoo 2 %</i>	1	MO
<i>ketoconazole oral tablet 200 mg</i>	1	MO
NATACYN OPHTHALMIC SUSPENSION 5 %	1	MO
NOXAFIL ORAL SUSPENSION 40 MG/ML	1	PA1; MO; QL (840 per 28 days)
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	1	PA1; MO
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	1	MO
<i>nystatin external cream 100000 unit/gm</i>	1	MO
<i>nystatin external ointment 100000 unit/gm</i>	1	MO
<i>nystatin external powder 100000 unit/gm</i>	1	MO
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	MO
<i>nystatin oral tablet 500000 unit</i>	1	MO
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	1	MO
<i>terbinafine hcl oral tablet 250 mg</i>	1	MO; QL (90 per 365 days)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	MO
<i>terconazole vaginal suppository 80 mg</i>	1	MO
<i>voriconazole intravenous solution reconstituted 200 mg</i>	1	BvD; MO
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	1	PA1; MO
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	PA1; MO; QL (120 per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	1	PA2; MO; QL (120 per 30 days)
<b>ANTIGOUT AGENTS</b>		
<b>ANTIGOUT AGENTS</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>colchicine oral tablet 0.6 mg</i>	1	MO
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	MO
<i>probenecid oral tablet 500 mg</i>	1	MO
ULORIC ORAL TABLET 40 MG, 80 MG	1	ST1; MO

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Drug Name	Drug Tier	Requirements/Limits
<b>ANTI-INFLAMMATORY AGENTS</b>		
<b>GLUCOCORTICOIDS</b>		
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	MO
<i>betamethasone dipropionate external cream 0.05 %</i>	1	MO
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	MO
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	MO
<i>betamethasone valerate external cream 0.1 %</i>	1	MO
<i>betamethasone valerate external lotion 0.1 %</i>	1	MO
<i>betamethasone valerate external ointment 0.1 %</i>	1	MO
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	1	MO
<i>cortisone acetate oral tablet 25 mg</i>	1	MO
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	1	MO
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	MO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	MO
<i>hydrocortisone ace-pramoxine rectal cream 1-1 %</i>	1	MO
<i>hydrocortisone oral tablet 20 mg, 5 mg</i>	1	MO
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	MO
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	MO
<i>prednisolone oral solution 15 mg/5ml</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	MO
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	MO
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1	MO
<i>prednisone oral solution 5 mg/5ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	MO
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	MO
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	MO
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	ST1; 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>diflunisal oral tablet 500 mg</i>	1	MO
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	MO
<b>IBU ORAL TABLET 600 MG, 800 MG</b>	1	MO
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	MO
<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 75 mg</i>	1	MO
<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>oxycodone-ibuprofen oral tablet 5-400 mg</i>	1	MO; QL (360 per 30 days)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<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
<b>ANTIMIGRAINE AGENTS</b>		
<b>ERGOT ALKALOIDS</b>		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	MO
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	MO; QL (40 per 28 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	1	MO
<b>PROPHYLACTIC</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
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 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
<i>valproate sodium oral solution 250 mg/5ml</i>	1	MO
<i>valproic acid oral capsule 250 mg</i>	1	MO
<b>SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS</b>		
<i>naratriptan hcl oral tablet 2.5 mg</i>	1	MO; QL (9 per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg</i>	1	MO; QL (12 per 30 days)
<i>rizatriptan benzoate oral tablet 5 mg</i>	1	MO; QL (24 per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	1	MO; QL (12 per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>	1	MO; QL (24 per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	1	MO; QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO; QL (9 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	MO; QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	1	MO; QL (4.5 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg</i>	1	MO; QL (12 per 30 days)
<i>zolmitriptan oral tablet 5 mg</i>	1	MO; QL (6 per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg</i>	1	MO; QL (12 per 30 days)
<i>zolmitriptan oral tablet dispersible 5 mg</i>	1	MO; QL (6 per 30 days)
<b>ANTIMYASTHENIC AGENTS</b>		
<b>PARASYMPATHOMIMETICS</b>		
<i>guanidine hcl oral tablet 125 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<b>ANTIMYCOBACTERIALS</b>		
<b>ANTIMYCOBACTERIALS, OTHER</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	MO
PRIFTIN ORAL TABLET 150 MG	1	MO
<i>rifabutin oral capsule 150 mg</i>	1	MO
<b>ANTITUBERCULARS</b>		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	MO
<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	MO
<i>pyrazinamide oral tablet 500 mg</i>	1	MO
<i>rifampin intravenous solution reconstituted 600 mg</i>	1	BvD; MO
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	MO
RIFATER ORAL TABLET 50-120-300 MG	1	MO
SIRTURO ORAL TABLET 100 MG	1	PA1; MO
TRECTOR ORAL TABLET 250 MG	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>ANTINEOPLASTICS</b>		
<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	BvD; MO
HEXALEN ORAL CAPSULE 50 MG	1	PA2; MO
LEUKERAN ORAL TABLET 2 MG	1	MO
MATULANE ORAL CAPSULE 50 MG	1	PA2; LA
VALCHLOR EXTERNAL GEL 0.016 %	1	PA2; MO; QL (60 per 14 days)
<b>ANTIANDROGENS</b>		
<i>bicalutamide oral tablet 50 mg</i>	1	MO
ERLEADA ORAL TABLET 60 MG	1	PA2; LA
<i>flutamide oral capsule 125 mg</i>	1	MO
<i>nilutamide oral tablet 150 mg</i>	1	MO; QL (60 per 30 days)
XTANDI ORAL CAPSULE 40 MG	1	PA2; LA; QL (120 per 30 days)
YONSA ORAL TABLET 125 MG	1	PA2; MO; QL (120 per 30 days)
ZYTIGA ORAL TABLET 250 MG, 500 MG	1	PA2; MO; QL (120 per 30 days)
<b>ANTIANGIOGENIC AGENTS</b>		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA2; LA; QL (21 per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	1	PA2; LA; QL (28 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 200 MG, 50 MG	1	PA2; MO; QL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG	1	PA2; MO; QL (60 per 30 days)
<b>ANTIESTROGENS/MODIFIERS</b>		
EMCYT ORAL CAPSULE 140 MG	1	MO
FARESTON ORAL TABLET 60 MG	1	PA2; MO; QL (30 per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	1	PA2; MO
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	MO
<b>ANTIMETABOLITES</b>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	MO
<i>hydroxyurea oral capsule 500 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
LONSURF ORAL TABLET 15-6.14 MG	1	PA2; LA; QL (150 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	1	PA2; LA
PURIXAN ORAL SUSPENSION 2000 MG/100ML	1	LA
TABLOID ORAL TABLET 40 MG	1	PA2; MO
<b>ANTINEOPLASTICS, OTHER</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	MO
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	1	PA2; LA; QL (28 per 28 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	1	PA2; MO; QL (4 per 28 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	1	PA2; MO
<b>ANTINEOPLASTICS</b>		
GLEOSTINE ORAL CAPSULE 10 MG	1	MO
LYNPARZA ORAL CAPSULE 50 MG	1	PA2; LA; QL (448 per 28 days)
LYNPARZA ORAL TABLET 100 MG	1	PA2; LA; QL (180 per 30 days)
LYNPARZA ORAL TABLET 150 MG	1	PA2; LA; QL (120 per 30 days)
MESNEX ORAL TABLET 400 MG	1	MO
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA2; MO
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA2; LA
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
ZEJULA ORAL CAPSULE 100 MG	1	PA2; LA; QL (90 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; QL (60 per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>ENZYME INHIBITORS</b>		
FARYDAK ORAL CAPSULE 10 MG	1	PA2; MO; QL (60 per 30 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	1	PA2; MO; QL (30 per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA2; MO; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG	1	PA2; LA; QL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	1	PA2; LA; QL (60 per 30 days)
KISQALI 200 DOSE ORAL TABLET 200 MG	1	PA2; MO; QL (30 per 30 days)
KISQALI 400 DOSE ORAL TABLET 200 MG	1	PA2; MO
KISQALI 600 DOSE ORAL TABLET 200 MG	1	PA2; MO
KISQALI FEMARA 200 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA2; MO
KISQALI FEMARA 400 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA2; MO
KISQALI FEMARA 600 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA2; MO
VERZENIO ORAL TABLET 100 MG, 150 MG, 50 MG	1	PA2; LA; QL (60 per 30 days)
VERZENIO ORAL TABLET 200 MG	1	PA2; LA; QL (30 per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	1	PA2; MO; QL (120 per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA2; LA; QL (60 per 30 days)
<b>MOLECULAR TARGET INHIBITORS</b>		
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	1	PA2; MO; QL (30 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	1	PA2; MO
ALUNBRIG ORAL TABLET 180 MG	1	PA2; LA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA2; LA; QL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	1	PA2; LA; QL (60 per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	1	PA2; LA; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	1	PA2; MO; QL (120 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA2; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA2; LA
CALQUENCE ORAL CAPSULE 100 MG	1	PA2; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA2; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA2; LA; QL (30 per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	1	PA2; LA; QL (56 per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	1	PA2; LA; QL (112 per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	1	PA2; LA; QL (84 per 28 days)
COTELLIC ORAL TABLET 20 MG	1	PA2; MO; QL (63 per 28 days)
ERIVEDGE ORAL CAPSULE 150 MG	1	PA2; MO; QL (28 per 28 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA2; LA; QL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	1	PA2; LA; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	1	PA2; LA; QL (30 per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	1	PA2; MO; QL (180 per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	1	PA2; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	1	PA2; LA; QL (120 per 30 days)
IMBRUVICA ORAL TABLET 140 MG	1	PA2; LA; QL (120 per 30 days)
IMBRUVICA ORAL TABLET 280 MG	1	PA2; LA; QL (60 per 30 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	1	PA2; LA; QL (30 per 30 days)
INLYTA ORAL TABLET 1 MG	1	PA2; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA2; MO; QL (60 per 30 days)
IRESSA ORAL TABLET 250 MG	1	PA2; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA2; LA; QL (60 per 30 days)
LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 MG	1	PA2; MO; QL (60 per 30 days)
LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 MG	1	PA2; MO; QL (90 per 30 days)
LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) MG	1	PA2; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA 24 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) & 4 MG	1	PA2; MO; QL (60 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA2; MO; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA2; MO; QL (30 per 30 days)
NERLYNX ORAL TABLET 40 MG	1	PA2; LA; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	1	PA2; LA; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA2; MO
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA1; LA
RYDAPT ORAL CAPSULE 25 MG	1	PA2; MO; QL (240 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	1	PA2; MO; QL (60 per 30 days)
SPRYCEL ORAL TABLET 140 MG	1	PA2; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	1	PA2; MO; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA2; LA; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	PA2; MO; QL (28 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG	1	PA2; MO; QL (180 per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	1	PA2; MO; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA2; LA
TARCEVA ORAL TABLET 100 MG, 150 MG	1	PA2; MO; QL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	1	PA2; MO; QL (90 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	1	PA2; MO; QL (120 per 30 days)
TYKERB ORAL TABLET 250 MG	1	PA2; MO; QL (180 per 30 days)
VOTRIENT ORAL TABLET 200 MG	1	PA2; MO; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA2; MO; QL (60 per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA2; MO; QL (240 per 30 days)
ZYKADIA ORAL CAPSULE 150 MG	1	PA2; MO; QL (150 per 30 days)
<b>RETINOIDS</b>		
<i>bexarotene oral capsule 75 mg</i>	1	PA2; MO; QL (300 per 30 days)
PANRETIN EXTERNAL GEL 0.1 %	1	MO
TARGRETIN EXTERNAL GEL 1 %	1	PA2; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	MO
<i>tretinoin external gel 0.01 %, 0.025 %</i>	1	MO
<i>tretinoin oral capsule 10 mg</i>	1	MO
<b>TREATMENT ADJUNCTS</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	MO
<b>ANTIPARASITICS</b>		
<b>ANTHELMINTICS</b>		
ALBENZA ORAL TABLET 200 MG	1	MO
EMVERM ORAL TABLET CHEWABLE 100 MG	1	MO
<i>ivermectin oral tablet 3 mg</i>	1	MO
<b>ANTIPROTOZOALS</b>		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	1	MO; QL (150 per 30 days)
ALINIA ORAL TABLET 500 MG	1	MO; QL (40 per 30 days)
<i>atovaquone oral suspension 750 mg/5ml</i>	1	MO
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	1	MO
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	1	MO
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	MO
COARTEM ORAL TABLET 20-120 MG	1	MO
DARAPRIM ORAL TABLET 25 MG	1	MO
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	MO
<i>mefloquine hcl oral tablet 250 mg</i>	1	MO
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	1	BvD; MO
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG	1	BvD; MO
<i>primaquine phosphate oral tablet 26.3 mg</i>	1	MO
<i>quinine sulfate oral capsule 324 mg</i>	1	PA1; MO

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Drug Name	Drug Tier	Requirements/Limits
<b>PEDICULICIDES/SCABICIDES</b>		
<i>malathion external lotion 0.5 %</i>	1	MO
<i>permethrin external cream 5 %</i>	1	MO
<b>ANTIPARKINSON AGENTS</b>		
<b>ANTICHOLINERGICS</b>		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA1; MO; HRM
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	1	PA1; MO; HRM
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	PA1; MO; HRM
<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-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
<b>ANTIPARKINSON AGENTS</b>		
<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
<b>DOPAMINE AGONISTS</b>		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	1	PA1; LA; QL (60 per 28 days)
<i>bromocriptine mesylate oral capsule 5 mg</i>	1	MO
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	MO
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	1	PA1; LA
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

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Drug Name	Drug Tier	Requirements/Limits
<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
<b>DOPAMINE PRECURSORS/ L-AMINO ACID DECARBOXYLASE INHIBITORS</b>		
<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
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	1	ST1; MO
<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>fluphenazine decanoate injection solution 25 mg/ml</i>	1	MO
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	MO
<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	MO
<i>haloperidol lactate injection solution 5 mg/ml, 5 mg/ml(1 ml prefilled syringe)</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<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>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, 5 mg</i>	1	BvD; MO
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	PA2; MO; HRM
<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
<b>2ND GENERATION/ATYPICAL</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	1	MO; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	1	MO; QL (1 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	MO; QL (750 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	1	MO; QL (90 per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	1	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST2; MO; QL (60 per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	1	ST2; MO; QL (60 per 30 days)
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	1	ST2; MO; QL (18 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	1	MO

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Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	1	MO
LATUDA ORAL TABLET 120 MG	1	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG, 80 MG	1	MO; QL (60 per 30 days)
NUPLAZID ORAL TABLET 17 MG	1	ST2; LA
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine fumarate oral tablet 200 mg</i>	1	MO; QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	MO; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	1	MO; QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg</i>	1	MO; QL (120 per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	1	PA2; ST2; MO; HRM; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VRAYLAR ORAL CAPSULE 1.5 MG	1	ST2; MO; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	1	ST2; MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	1	ST2; MO
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO; QL (60 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	1	PA2; ST2; MO; HRM; QL (2 per 28 days)
<b>TREATMENT-RESISTANT</b>		
<i>clozapine oral tablet 100 mg, 200 mg</i>	1	ST2; MO; QL (120 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	1	MO; QL (120 per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	ST2; MO; QL (120 per 30 days)
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG	1	ST2; MO; QL (120 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	ST2; MO; QL (540 per 30 days)
<b>ANTISPASTICITY AGENTS</b>		
<b>ANTISPASTICITY AGENTS</b>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	MO
<b>ANTIVIRALS</b>		
<b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>		
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	1	MO
<i>valganciclovir hcl oral tablet 450 mg</i>	1	MO
ZIRGAN OPHTHALMIC GEL 0.15 %	1	MO
<b>ANTI-HEPATITIS B (HBV) AGENTS</b>		
<i>adefovir dipivoxil oral tablet 10 mg</i>	1	PA1; MO; QL (30 per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	PA1; MO; QL (30 per 30 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	1	MO
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	1	PA2; MO

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Drug Name	Drug Tier	Requirements/Limits
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	1	PA2; MO
<i>lamivudine oral solution 10 mg/ml</i>	1	MO; QL (900 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>lamivudine oral tablet 150 mg</i>	1	MO; QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	1	MO; QL (30 per 30 days)
RIBASPHERE ORAL CAPSULE 200 MG	1	MO
RIBASPHERE ORAL TABLET 200 MG	1	MO
<i>ribavirin oral capsule 200 mg</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	MO; QL (30 per 30 days)
VEMLIDY ORAL TABLET 25 MG	1	PA1; MO; QL (30 per 30 days)
VIREAD ORAL POWDER 40 MG/GM	1	MO; QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO; QL (30 per 30 days)
<b>ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING</b>		
MAVYRET ORAL TABLET 100-40 MG	1	PA1; MO
VOSEVI ORAL TABLET 400-100-100 MG	1	PA1; MO
<b>ANTI-HEPATITIS C (HCV) AGENTS, OTHERS</b>		
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	1	PA2; MO
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	1	PA2; MO
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	1	PA1; MO
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	1	PA1; MO
RIBASPHERE ORAL CAPSULE 200 MG	1	MO
RIBASPHERE ORAL TABLET 200 MG	1	MO
<i>ribavirin oral capsule 200 mg</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	1	PA2; MO; QL (4 per 28 days)
<b>ANTIHERPETIC AGENTS</b>		
<i>acyclovir oral capsule 200 mg</i>	1	MO
<i>acyclovir oral suspension 200 mg/5ml</i>	1	MO
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	MO
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	BvD; MO
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	MO
<i>trifluridine ophthalmic solution 1 %</i>	1	MO
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	1	MO
<b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b>		
BIKTARVY ORAL TABLET 50-200-25 MG	1	MO; QL (30 per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	1	MO; QL (60 per 30 days)
ISENTRESS ORAL PACKET 100 MG	1	MO; QL (60 per 30 days)
ISENTRESS ORAL TABLET 400 MG	1	MO; QL (120 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	1	MO; QL (180 per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	1	MO; QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG, 50 MG	1	MO; QL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG	1	MO; QL (45 per 30 days)
<b>ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)</b>		
COMPLERA ORAL TABLET 200-25-300 MG	1	MO; QL (30 per 30 days)
EDURANT ORAL TABLET 25 MG	1	MO; QL (30 per 30 days)
<i>efavirenz oral capsule 200 mg</i>	1	MO; QL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	1	MO; QL (480 per 30 days)
<i>efavirenz oral tablet 600 mg</i>	1	MO; QL (30 per 30 days)
INTELENCE ORAL TABLET 100 MG, 25 MG	1	MO; QL (120 per 30 days)
INTELENCE ORAL TABLET 200 MG	1	MO; QL (60 per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	1	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	MO; QL (30 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	MO; QL (60 per 30 days)
RESCRIPTOR ORAL TABLET 100 MG	1	MO; QL (360 per 30 days)
RESCRIPTOR ORAL TABLET 200 MG	1	MO; QL (180 per 30 days)
VIRAMUNE ORAL SUSPENSION 50 MG/5ML	1	MO; QL (1200 per 30 days)
<b>ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	1	MO; QL (960 per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	1	MO; QL (60 per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	1	MO; QL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	1	MO; QL (60 per 30 days)
ATRIPLA ORAL TABLET 600-200-300 MG	1	MO; QL (30 per 30 days)
DESCOVY ORAL TABLET 200-25 MG	1	MO; QL (30 per 30 days)
<i>didanosine oral capsule delayed release 200 mg</i>	1	MO; QL (60 per 30 days)
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	1	MO; QL (30 per 30 days)
EMTRIVA ORAL CAPSULE 200 MG	1	MO; QL (30 per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	1	MO; QL (680 per 28 days)
JULUCA ORAL TABLET 50-25 MG	1	MO; QL (30 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	1	MO; QL (900 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>lamivudine oral tablet 150 mg</i>	1	MO; QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	1	MO; QL (30 per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	MO; QL (60 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	1	MO; QL (30 per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg</i>	1	MO; QL (120 per 30 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
SYMFI LO ORAL TABLET 400-300-300 MG	1	MO; QL (30 per 30 days)
SYMFI ORAL TABLET 600-300-300 MG	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	MO; QL (30 per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	1	MO; QL (30 per 30 days)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	1	MO; QL (90 per 30 days)
VIDEX ORAL SOLUTION RECONSTITUTED 4 GM	1	MO; QL (1200 per 30 days)
VIREAD ORAL POWDER 40 MG/GM	1	MO; QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO; QL (30 per 30 days)
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML	1	MO; QL (2480 per 30 days)
<i>zidovudine oral capsule 100 mg</i>	1	MO; QL (180 per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	1	MO; QL (1680 per 28 days)
<i>zidovudine oral tablet 300 mg</i>	1	MO; QL (60 per 30 days)
<b>ANTI-HIV AGENTS, OTHER</b>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	1	MO; QL (60 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	1	MO; QL (1800 per 30 days)
SELZENTRY ORAL TABLET 150 MG	1	MO; QL (240 per 30 days)
SELZENTRY ORAL TABLET 25 MG, 300 MG	1	MO; QL (120 per 30 days)
SELZENTRY ORAL TABLET 75 MG	1	MO; QL (60 per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	1	MO; QL (30 per 30 days)
TYBOST ORAL TABLET 150 MG	1	MO; QL (30 per 30 days)
<b>ANTI-HIV AGENTS, PROTEASE INHIBITORS</b>		
APTIVUS ORAL CAPSULE 250 MG	1	MO; QL (120 per 30 days)
APTIVUS ORAL SOLUTION 100 MG/ML	1	MO; QL (285 per 28 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	1	MO; QL (60 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	1	MO; QL (450 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	1	MO; QL (270 per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	1	MO; QL (30 per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	1	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
INVIRASE ORAL CAPSULE 200 MG	1	MO; QL (300 per 30 days)
INVIRASE ORAL TABLET 500 MG	1	MO; QL (120 per 30 days)
KALETRA ORAL TABLET 100-25 MG	1	MO; QL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	1	MO; QL (150 per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	1	MO; QL (1575 per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	1	MO; QL (400 per 30 days)
NORVIR ORAL CAPSULE 100 MG	1	MO; QL (360 per 30 days)
NORVIR ORAL PACKET 100 MG	1	MO; QL (360 per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	1	MO; QL (480 per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	1	MO; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	1	MO; QL (360 per 30 days)
PREZISTA ORAL TABLET 150 MG	1	MO; QL (240 per 30 days)
PREZISTA ORAL TABLET 600 MG	1	MO; QL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	1	MO; QL (480 per 30 days)
PREZISTA ORAL TABLET 800 MG	1	MO; QL (30 per 30 days)
REYATAZ ORAL PACKET 50 MG	1	MO; QL (180 per 30 days)
<i>ritonavir oral tablet 100 mg</i>	1	MO; QL (360 per 30 days)
VIRACEPT ORAL TABLET 250 MG	1	MO; QL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	1	MO; QL (120 per 30 days)
<b>ANTI-INFLUENZA AGENTS</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>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	1	MO
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	1	MO
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	1	MO
<i>rimantadine hcl oral tablet 100 mg</i>	1	MO
<b>ANXIOLYTICS</b>		

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Drug Name	Drug Tier	Requirements/Limits
<b>ANXIOLYTICS, OTHER</b>		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	MO
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	PA2; MO; HRM
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	PA2; MO; HRM
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	MO
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA1; MO; HRM
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	MO; QL (120 per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	1	MO
<b>BENZODIAZEPINES</b>		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	1	MO; QL (300 per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	1	MO; QL (120 per 30 days)
<i>alprazolam oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	MO; QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	MO; QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	MO; QL (180 per 30 days)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	1	MO
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	1	MO
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	1	MO; QL (240 per 30 days)
<i>diazepam oral solution 1 mg/ml</i>	1	MO; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam oral tablet 2 mg</i>	1	MO; QL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	MO; QL (240 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO; QL (150 per 30 days)
<b>SSRIS/ SNRIS</b>		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	MO; QL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; QL (45 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; QL (60 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<b>PAXIL ORAL SUSPENSION 10 MG/5ML</b>	1	MO; QL (900 per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	MO; QL (300 per 30 days)
<i>sertraline hcl oral tablet 100 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	1	MO; QL (90 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 per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO
<b>BIPOLAR AGENTS</b>		
<b>BIPOLAR AGENTS, OTHER</b>		
<b>GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG</b>	1	ST2; MO; QL (18 per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine oral tablet dispersible 15 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine fumarate oral tablet 200 mg</i>	1	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	MO; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	1	MO; QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg</i>	1	MO; QL (120 per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	1	PA2; ST2; MO; HRM; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	1	ST2; MO; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	1	ST2; MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	1	ST2; MO
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO; QL (60 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	1	PA2; ST2; MO; HRM; QL (2 per 28 days)
<b>MOOD STABILIZERS</b>		
<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</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
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<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
EPITOL ORAL TABLET 200 MG	1	MO
<i>lamotrigine er oral tablet extended release 24 hour 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</i>	1	MO
<i>lamotrigine starter kit-blue oral kit 25 (35) mg</i>	1	MO
<i>lamotrigine starter kit-green oral kit 25 (84)-100(14) mg</i>	1	MO
<i>lamotrigine starter kit-orange oral kit 25 (42)-100 (7) mg</i>	1	MO
<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
<i>lithium oral solution 8 meq/5ml</i>	1	MO
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	1	MO
<i>valproate sodium oral solution 250 mg/5ml</i>	1	MO
<i>valproic acid oral capsule 250 mg</i>	1	MO

## BLOOD GLUCOSE REGULATORS

### ANTIDIABETIC AGENTS

<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>colesevelam hcl oral tablet 625 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

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Drug Name	Drug Tier	Requirements/Limits
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
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 SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.25 OR 0.5 MG/DOSE, 1 MG/DOSE	1	MO
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	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
WELCHOL ORAL PACKET 3.75 GM	1	MO
<b>BLOOD GLUCOSE REGULATORS</b>		
<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
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
<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-metformin hcl oral tablet 1-500 mg, 2-500 mg</i>	1	MO
<b>GLYCEMIC AGENTS</b>		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	1	MO
GLUCAGON EMERGENCY INJECTION KIT 1 MG	1	MO
KORLYM ORAL TABLET 300 MG	1	PA2; MO
PROGLYCEM ORAL SUSPENSION 50 MG/ML	1	MO
<b>INSULINS</b>		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	MO
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	MO
<i>cvs gauze sterile pad 2"x2"</i>	1	MO
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	MO
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	MO
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	1	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO

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Drug Name	Drug Tier	Requirements/Limits
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 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	MO
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	MO
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
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	1	MO
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	MO
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/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
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS</b>		
<b>ANTICOAGULANTS</b>		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	MO
ELIQUIS STARTER PACK ORAL TABLET 5 MG	1	MO
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	1	MO; QL (30 per 30 days)
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	1	MO; QL (24 per 30 days)
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	1	MO; QL (9 per 30 days)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	1	MO; QL (12 per 30 days)
<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	1	MO; QL (18 per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	1	MO; QL (11.2 per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	1	MO; QL (7 per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	1	MO; QL (5.6 per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	1	MO; QL (8.4 per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	BvD; MO
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, 20 MG	1	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	1	MO
<b>BLOOD FORMATION MODIFIERS</b>		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED 250 MCG	1	PA1; MO
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	1	PA1; MO; QL (14 per 30 days)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	1	PA1; MO; QL (14 per 30 days)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 20000 UNIT/ML, 4000 UNIT/ML	1	PA1; MO; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 2000 UNIT/ML	1	PA1; MO; QL (23 per 30 days)
PROCRIT INJECTION SOLUTION 3000 UNIT/ML	1	PA1; MO; QL (16 per 30 days)
PROCRIT INJECTION SOLUTION 40000 UNIT/ML	1	PA1; MO; QL (12 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	1	PA1; MO; QL (60 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	1	PA1; MO; QL (30 per 30 days)
<b>HEMOSTASIS AGENTS</b>		
<i>tranexamic acid oral tablet 650 mg</i>	1	MO
<b>PLATELET MODIFYING AGENTS</b>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	MO
BRILINTA ORAL TABLET 60 MG	1	MO
BRILINTA ORAL TABLET 90 MG	1	MO; QL (60 per 30 days)
<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>ALPHA-ADRENERGIC AGONISTS</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MO
<i>clonidine hcl 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	PA1; MO; HRM

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Drug Name	Drug Tier	Requirements/Limits
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	1	PA1; LA; QL (180 per 30 days)
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (45 per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	1	MO; QL (60 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>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	1	MO; QL (60 per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	1	MO; QL (30 per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	PA1; MO
<i>eprosartan mesylate oral tablet 600 mg</i>	1	MO; QL (30 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	MO; QL (30 per 30 days)
<i>losartan potassium oral tablet 100 mg, 25 mg</i>	1	MO; QL (30 per 30 days)
<i>losartan potassium oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 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 per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO; QL (30 per 30 days)
<i>valsartan oral tablet 160 mg, 320 mg</i>	1	MO; QL (30 per 30 days)
<i>valsartan oral tablet 40 mg, 80 mg</i>	1	MO; QL (90 per 30 days)
<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

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Drug Name	Drug Tier	Requirements/Limits
<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	PA1; MO; HRM
<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
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
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	1	MO
<i>sotalol hcl (af) oral tablet 120 mg</i>	1	MO
<i>sotalol hcl oral tablet 160 mg, 240 mg, 80 mg</i>	1	MO
<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

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Drug Name	Drug Tier	Requirements/Limits
<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, 50 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
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 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>		
AFEDITAB CR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG	1	MO; QL (60 per 30 days)
<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 per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	1	MO; QL (30 per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	1	MO; QL (30 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 per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg</i>	1	MO; QL (30 per 30 days)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<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 per 30 days)
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	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 per 30 days)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	1	MO; QL (30 per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	1	MO; QL (30 per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	1	MO; QL (60 per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG	1	MO; QL (30 per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 300 mg</i>	1	MO; QL (30 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 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>		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	1	MO
DIGITEK ORAL TABLET 125 MCG	1	MO; QL (30 per 30 days)
DIGITEK ORAL TABLET 250 MCG	1	PA1; MO; HRM; QL (30 per 30 days)
DIGOX ORAL TABLET 125 MCG	1	MO; QL (30 per 30 days)
DIGOX ORAL TABLET 250 MCG	1	PA1; MO; HRM; QL (30 per 30 days)
<i>digoxin oral solution 0.05 mg/ml</i>	1	PA1; MO; HRM; QL (255 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>digoxin oral tablet 125 mcg</i>	1	MO; QL (30 per 30 days)
<i>digoxin oral tablet 250 mcg</i>	1	PA1; MO; HRM; QL (30 per 30 days)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	MO
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	1	ST1; MO
TEKTURNA ORAL TABLET 150 MG, 300 MG	1	MO; QL (30 per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA1; LA
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	1	PA1; LA
<b>CARDIOVASCULAR AGENTS</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 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 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 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
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	MO; QL (30 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 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 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	MO
DEMSER ORAL CAPSULE 250 MG	1	MO
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	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 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 per 30 days)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	MO
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 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 per 30 days)
<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 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 per 30 days)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	MO; QL (30 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 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<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	MO
<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; MO
<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>torsemide 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>chlorothiazide oral tablet 250 mg, 500 mg</i>	1	MO
<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>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	MO; QL (30 per 30 days)
<i>methyclothiazide oral tablet 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 per 30 days)
<i>fenofibrate micronized oral capsule 43 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate oral capsule 150 mg</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate oral capsule 50 mg</i>	1	MO; QL (60 per 30 days)
<i>fenofibrate oral tablet 145 mg, 160 mg</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate oral tablet 40 mg, 48 mg, 54 mg</i>	1	MO; QL (60 per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	1	MO
<b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO; QL (30 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 per 30 days)
<i>lovastatin oral tablet 20 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 40 mg</i>	1	MO; QL (60 per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO; QL (30 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 per 30 days)
<b>DYSLIPIDEMICS, OTHER</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 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	1	PA1; MO
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	1	PA1; LA
<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

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Drug Name	Drug Tier	Requirements/Limits
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML	1	PA1; MO
PREVALITE ORAL PACKET 4 GM	1	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	1	PA1; MO
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	1	PA1; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	1	PA1; MO
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	1	MO
WELCHOL ORAL PACKET 3.75 GM	1	MO
<b>VASODILATORS, DIRECT-ACTING ARTERIAL/ VENOUS</b>		
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	1	MO
<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
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	1	MO; QL (30 per 30 days)
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 per 30 days)
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	1	MO
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.4 MG	1	MO
RECTIV RECTAL OINTMENT 0.4 %	1	MO
<b>VASODILATORS, DIRECT-ACTING ARTERIAL</b>		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<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 per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	1	MO; QL (180 per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	MO; QL (120 per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1	MO; QL (360 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	MO; QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	1	MO; QL (150 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	ST1; MO; QL (30 per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>dexmethylphenidate hcl oral tablet 5 mg</i>	1	MO; QL (120 per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	1	MO; QL (90 per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	1	MO; QL (90 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	1	MO; QL (900 per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	1	MO; QL (1800 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO; QL (90 per 30 days)
<b>CENTRAL NERVOUS SYSTEM, OTHER</b>		
BUTISOL SODIUM ORAL TABLET 30 MG	1	PA2; MO; HRM
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA1; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>riluzole oral tablet 50 mg</i>	1	MO
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA1; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	1	PA1; MO; QL (120 per 30 days)
<b>FIBROMYALGIA AGENTS</b>		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG	1	MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 200 MG, 225 MG, 300 MG	1	MO; QL (60 per 30 days)
LYRICA ORAL CAPSULE 75 MG	1	MO; QL (120 per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	1	MO; QL (900 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	MO; QL (60 per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	1	MO; QL (110 per 365 days)
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG	1	PA1; LA; QL (60 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	1	PA1; MO; QL (30 per 30 days)
AVONEX INTRAMUSCULAR KIT 30 MCG	1	PA1; MO
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	1	PA1; MO
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	1	PA1; MO
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA1; MO; QL (15 per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	1	PA1; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	1	PA1; MO; QL (12 per 28 days)
GILENYA ORAL CAPSULE 0.5 MG	1	PA1; MO; QL (28 per 28 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA1; MO; QL (30 per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA1; MO; QL (12 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML	1	PA1; MO
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML	1	PA1; MO
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	1	PA1; MO
TECFIDERA ORAL 120 & 240 MG	1	PA1; MO
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	1	PA1; MO; QL (60 per 30 days)

## DENTAL AND ORAL AGENTS

### DENTAL AND ORAL AGENTS

<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	MO
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	MO
<i>doxycycline monohydrate oral tablet 50 mg</i>	1	MO
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	1	MO
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	MO
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	1	MO

## DERMATOLOGICAL AGENTS

### DERMATOLOGICAL AGENTS

<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	PA1; MO
<i>ammonium lactate external lotion 12 %</i>	1	MO
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	1	MO
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	MO
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	MO
<i>calcipotriene external solution 0.005 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
CLARAVIS ORAL CAPSULE 20 MG, 30 MG, 40 MG	1	MO
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	1	MO
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	MO
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	MO
<i>diclofenac sodium transdermal gel 1 %</i>	1	PA1; MO
<i>doxycycline hyclate oral capsule 50 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	MO
ELIDEL EXTERNAL CREAM 1 %	1	ST1; MO
EUCRISA EXTERNAL OINTMENT 2 %	1	MO
<i>fluorouracil external cream 5 %</i>	1	MO
<i>fluorouracil external solution 2 %, 5 %</i>	1	MO
<i>fluticasone propionate external cream 0.05 %</i>	1	MO
<i>fluticasone propionate external ointment 0.005 %</i>	1	MO
<i>imiquimod external cream 5 %</i>	1	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	MO
MYORISAN ORAL CAPSULE 30 MG	1	MO
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	MO
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	MO
PICATO EXTERNAL GEL 0.015 %, 0.05 %	1	MO
<i>podofilox external solution 0.5 %</i>	1	MO
<i>prednicarbate external cream 0.1 %</i>	1	MO
<i>psorcon external cream 0.05 %</i>	1	MO
REGRANEX EXTERNAL GEL 0.01 %	1	PA1; MO

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Drug Name	Drug Tier	Requirements/Limits
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	1	MO
<i>selenium sulfide external lotion 2.5 %</i>	1	MO
<i>tazarotene external cream 0.1 %</i>	1	MO
TOLAK EXTERNAL CREAM 4 %	1	MO
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	MO
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	1	MO
VALCHLOR EXTERNAL GEL 0.016 %	1	PA2; MO; QL (60 per 14 days)
<b>ELECTROLYTES/MINERALS/METALS/VITAMINS</b>		
<b>ELECTROLYTE/ MINERAL REPLACEMENT</b>		
CARBAGLU ORAL TABLET 200 MG	1	PA1; LA
ISOLYTE-S INTRAVENOUS SOLUTION	1	BvD; MO
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 TABLET EXTENDED RELEASE 8 MEQ	1	MO
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	BvD; MO
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	1	BvD; MO
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	1	BvD; MO
PLASMA-LYTE A INTRAVENOUS SOLUTION	1	BvD; MO
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	MO
<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; MO
<i>potassium chloride intravenous solution 2 meq/ml (20 ml), 20 meq/100ml</i>	1	BvD; MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	MO
<i>sodium chloride injection solution 2.5 meq/ml</i>	1	BvD; MO
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	BvD; MO
<i>sodium chloride irrigation solution 0.9 %</i>	1	MO
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/180ML	1	MO
<b>ELECTROLYTE/MINERAL/METAL MODIFIERS</b>		
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 7 %	1	BvD; MO
AMINOSYN-RF INTRAVENOUS SOLUTION 5.2 %	1	BvD; MO
CHEMET ORAL CAPSULE 100 MG	1	MO
DEPEN TITRATABS ORAL TABLET 250 MG	1	MO
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG	1	PA1; LA
FERRIPROX ORAL SOLUTION 100 MG/ML	1	PA1; LA
FERRIPROX ORAL TABLET 500 MG	1	PA1; LA
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %	1	BvD; MO
KIONEX ORAL SUSPENSION 15 GM/60ML	1	MO
KLOR-CON ORAL PACKET 20 MEQ	1	MO
SAMSCA ORAL TABLET 15 MG, 30 MG	1	MO; QL (60 per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
SPS ORAL SUSPENSION 15 GM/60ML	1	MO
<i>trientine hcl oral capsule 250 mg</i>	1	PA1; MO

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Drug Name	Drug Tier	Requirements/Limits
VELPHORO ORAL TABLET CHEWABLE 500 MG	1	MO
<b>ELECTROLYTES/MINERALS/METALS/VITAMINS</b>		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 8.5 %	1	BvD; MO
AMINOSYN II/ELECTROLYTES INTRAVENOUS SOLUTION 8.5 %	1	BvD; MO
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 8.5 %	1	BvD; MO
AMINOSYN-HBC INTRAVENOUS SOLUTION 7 %	1	BvD; MO
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %, 7 %	1	BvD; MO
CLINIMIX E/DEXTROSE (2.75/10) INTRAVENOUS SOLUTION 2.75 %	1	BvD; MO
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	1	BvD; MO
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	1	BvD; MO
CLINIMIX E/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %	1	BvD; MO
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	1	BvD; MO
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	1	BvD; MO
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	1	BvD; MO
CLINIMIX E/DEXTROSE (5/25) INTRAVENOUS SOLUTION 5 %	1	BvD; MO
CLINIMIX/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	1	BvD; MO
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	1	BvD; MO
CLINIMIX/DEXTROSE (4.25/20) INTRAVENOUS SOLUTION 4.25 %	1	BvD; MO
CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %	1	BvD; MO

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	1	BvD; MO
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	1	BvD; MO
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	1	BvD; MO
CLINIMIX/DEXTROSE (5/25) INTRAVENOUS SOLUTION 5 %	1	BvD; MO
<i>dextrose intravenous solution 10 %, 5 %</i>	1	BvD; MO
<i>dextrose-nacl intravenous solution 10-0.2 %, 10- 0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	1	BvD; MO
HEPATAMINE INTRAVENOUS SOLUTION 8 %	1	BvD; MO
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	1	BvD; MO
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	1	MO
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	1	MO
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.33 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; MO
<i>levocarnitine oral solution 1 gm/10ml</i>	1	BvD; MO
<i>levocarnitine oral tablet 330 mg</i>	1	BvD; MO
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %	1	BvD; MO
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	1	BvD; MO
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	1	BvD; MO
<i>nutrilipid intravenous emulsion 20 %</i>	1	BvD; MO
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>	1	BvD; MO

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Drug Name	Drug Tier	Requirements/Limits
PREMASOL INTRAVENOUS SOLUTION 10 %, 6 %	1	BvD; MO
PROCALAMINE INTRAVENOUS SOLUTION 3 %	1	BvD; MO
PROSOL INTRAVENOUS SOLUTION 20 %	1	BvD; MO
TPN ELECTROLYTES INTRAVENOUS SOLUTION	1	BvD; MO
TRAVASOL INTRAVENOUS SOLUTION 10 %	1	BvD; MO
TROPHAMINE INTRAVENOUS SOLUTION 10 %	1	BvD; MO
<b>VITAMINS</b>		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	BvD; MO
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 TABLET EXTENDED RELEASE 8 MEQ	1	MO
<b>GASTROINTESTINAL AGENTS</b>		
<b>ANTISPASMODICS, GASTROINTESTINAL</b>		
<i>dicyclomine hcl oral capsule 10 mg</i>	1	MO
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	MO
<i>dicyclomine hcl oral tablet 20 mg</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	MO; QL (4 per 12 days)
<b>GASTROINTESTINAL AGENTS, OTHER</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	MO
ENDARI ORAL PACKET 5 GM	1	LA
GATTEX SUBCUTANEOUS KIT 5 MG	1	PA1; LA
<i>loperamide hcl oral capsule 2 mg</i>	1	MO
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	MO
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	MO
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	MO; QL (30 per 30 days)
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	1	PA1; MO
PROCTOZONE-HC RECTAL CREAM 2.5 %	1	MO
UCERIS RECTAL FOAM 2 MG/ACT	1	MO
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	MO
XIFAXAN ORAL TABLET 200 MG	1	MO
<b>GASTROINTESTINAL AGENTS</b>		
UCERIS RECTAL FOAM 2 MG/ACT	1	MO
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>		
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	1	MO
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	1	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<b>IRRITABLE BOWEL SYNDROME AGENTS</b>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (60 per 30 days)
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	1	MO
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	1	MO
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	MO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	MO; QL (30 per 30 days)
UCERIS RECTAL FOAM 2 MG/ACT	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>LAXATIVES</b>		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM-GM/160ML	1	MO
<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	MO
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	1	MO
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	1	MO
<i>generlac oral solution 10 gm/15ml</i>	1	MO
<i>lactulose oral solution 10 gm/15ml</i>	1	MO
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	1	MO
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	MO
<i>polyethylene glycol 3350 oral powder</i>	1	MO
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM	1	MO
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	1	MO
<b>PROTECTANTS</b>		
CARAFATE ORAL SUSPENSION 1 GM/10ML	1	MO
<i>misoprostol oral tablet 100 mcg, 200 mcg</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	ST1; MO
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	1	MO
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	1	MO
<i>omeprazole oral capsule delayed release 10 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole oral capsule delayed release 20 mg</i>	1	MO
<i>omeprazole oral capsule delayed release 40 mg</i>	1	MO; QL (120 per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	1	MO; QL (90 per 30 days)

## GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

## GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	1	MO
CYSTADANE ORAL POWDER	1	MO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	PA1; LA
KUVAN ORAL PACKET 100 MG, 500 MG	1	PA1; LA
KUVAN ORAL TABLET SOLUBLE 100 MG	1	PA1; LA
<i>miglustat oral capsule 100 mg</i>	1	PA1; LA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	1	PA1; LA
RAVICTI ORAL LIQUID 1.1 GM/ML	1	PA1; LA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA1; MO
XURIDEN ORAL PACKET 2 GM	1	PA1; MO
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000 UNIT, 5000-24000 UNIT	1	MO

## GENTOURINARY AGENTS

## ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	1	MO
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You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
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 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 per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	1	MO; QL (60 per 30 days)
<b>BENIGN PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (45 per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	1	MO; QL (60 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 per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	1	MO; QL (30 per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	MO; QL (60 per 30 days)
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
<b>GENITOURINARY AGENTS, OTHER</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	MO
DEPEN TITRATABS ORAL TABLET 250 MG	1	MO
ELMIRON ORAL CAPSULE 100 MG	1	MO
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)</i>	1	MO
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	1	PA1; MO
<b>PHOSPHATE BINDERS</b>		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	1	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

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Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate oral packet 0.8 gm</i>	1	MO; QL (540 per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	1	MO; QL (180 per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	1	MO; QL (540 per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500 MG	1	MO
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)</b>		
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)</b>		
<i>amcinonide external cream 0.1 %</i>	1	MO
<i>amcinonide external ointment 0.1 %</i>	1	MO
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	MO
<i>betamethasone dipropionate external cream 0.05 %</i>	1	MO
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	MO
<i>betamethasone valerate external cream 0.1 %</i>	1	MO
<i>betamethasone valerate external lotion 0.1 %</i>	1	MO
<i>betamethasone valerate external ointment 0.1 %</i>	1	MO
<i>clobetasol propionate e external cream 0.05 %</i>	1	MO
<i>clobetasol propionate external cream 0.05 %</i>	1	MO
<i>clobetasol propionate external gel 0.05 %</i>	1	MO
<i>clobetasol propionate external ointment 0.05 %</i>	1	MO
<i>clobetasol propionate external solution 0.05 %</i>	1	MO
<i>cortisone acetate oral tablet 25 mg</i>	1	MO
<i>desonide external cream 0.05 %</i>	1	MO
<i>desonide external lotion 0.05 %</i>	1	MO
<i>desonide external ointment 0.05 %</i>	1	MO
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	1	MO
<i>desoximetasone external gel 0.05 %</i>	1	MO
<i>desoximetasone external ointment 0.25 %</i>	1	MO
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	MO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	MO
<i>diflorasone diacetate external cream 0.05 %</i>	1	MO
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	MO
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	1	MO
<i>fluocinolone acetonide external solution 0.01 %</i>	1	MO
<i>fluocinolone acetonide otic oil 0.01 %</i>	1	MO
<i>fluocinonide emulsified base external cream 0.05 %</i>	1	MO
<i>fluocinonide external gel 0.05 %</i>	1	MO
<i>fluocinonide external ointment 0.05 %</i>	1	MO
<i>fluocinonide external solution 0.05 %</i>	1	MO
<i>fluticasone propionate external cream 0.05 %</i>	1	MO
<i>fluticasone propionate external ointment 0.005 %</i>	1	MO
<i>halobetasol propionate external cream 0.05 %</i>	1	MO
<i>halobetasol propionate external ointment 0.05 %</i>	1	MO
<i>hydrocortisone external cream 2.5 %</i>	1	MO
<i>hydrocortisone external lotion 2.5 %</i>	1	MO
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>hydrocortisone valerate external cream 0.2 %</i>	1	MO
<i>hydrocortisone valerate external ointment 0.2 %</i>	1	MO
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	MO
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	MO
<i>mometasone furoate external cream 0.1 %</i>	1	MO
<i>mometasone furoate external ointment 0.1 %</i>	1	MO
<i>prednicarbate external ointment 0.1 %</i>	1	MO
<i>prednisolone oral solution 15 mg/5ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	MO
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	1	MO
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1	MO
<i>prednisone oral solution 5 mg/5ml</i>	1	MO
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	MO
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	MO
PROCTO-PAK RECTAL CREAM 1 %	1	MO
PROCTOZONE-HC RECTAL CREAM 2.5 %	1	MO
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	MO
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
TRIDERM EXTERNAL CREAM 0.1 %	1	MO
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)</b>		
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)</b>		
<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	PA1; LA
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	1	PA1; MO

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Drug Name	Drug Tier	Requirements/Limits
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PROSTAGLANDINS)</b>		
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PROSTAGLANDINS)</b>		
<i>misoprostol oral tablet 200 mcg</i>	1	MO
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)</b>		
<b>ANABOLIC STEROIDS</b>		
ANADROL-50 ORAL TABLET 50 MG	1	MO
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	PA1; MO
<b>ANDROGENS</b>		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	1	PA1; MO
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	1	PA1; MO
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	MO
<i>methyltestosterone oral capsule 10 mg</i>	1	MO
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	PA1; MO
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	PA1; MO
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	1	PA1; MO
<i>testosterone transdermal solution 30 mg/act</i>	1	PA1; MO
<b>ESTROGENS</b>		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA1; MO; HRM
<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	PA1; MO; HRM
<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	PA1; MO; HRM
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	MO
<i>estradiol vaginal tablet 10 mcg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	1	PA1; MO; HRM
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)</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
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	MO
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	1	MO
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	MO
CAZIENT ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1	MO
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	1	MO
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
DEBLITANE ORAL TABLET 0.35 MG	1	MO
DELYLA ORAL TABLET 0.1-20 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

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Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	MO
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	1	MO
ENPRESSE-28 ORAL TABLET	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
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
INTRAROSA VAGINAL INSERT 6.5 MG	1	PA1; MO
INTROVALE ORAL TABLET 0.15-0.03 MG	1	MO
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	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
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	1	MO
KIMIDESS ORAL TABLET 0.15-0.02/0.01 MG (21/5)	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

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Drug Name	Drug Tier	Requirements/Limits
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	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</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
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
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
MILI ORAL TABLET 0.25-35 MG-MCG	1	MO
MONONESSA ORAL TABLET 0.25-35 MG-MCG	1	MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	MO
NECON 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	MO
NIKKI ORAL TABLET 3-0.02 MG	1	MO
NORA-BE ORAL TABLET 0.35 MG	1	MO
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<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
NORLYROC ORAL TABLET 0.35 MG	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
NUVARING VAGINAL RING 0.12-0.015 MG/24HR	1	MO
OCELLA ORAL TABLET 3-0.03 MG	1	MO
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	1	MO
OSPHENA ORAL TABLET 60 MG	1	PA1; 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
PREMPHASE ORAL TABLET 0.625-5 MG	1	PA1; MO; HRM
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	1	MO
QUASENSE ORAL TABLET 0.15-0.03 MG	1	MO
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	1	MO
SETLAKIN ORAL TABLET 0.15-0.03 MG	1	MO
SHAROBEL ORAL TABLET 0.35 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

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Drug Name	Drug Tier	Requirements/Limits
TARINA FE 1/20 ORAL TABLET 1-20 MG-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
TRINESSA (28) 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	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
VESTURA ORAL TABLET 3-0.02 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
ZENCHENT ORAL TABLET 0.4-35 MG-MCG	1	MO
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	1	MO
<b>PROGESTINS</b>		
CAMILA ORAL TABLET 0.35 MG	1	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	1	BvD; MO
ERRIN ORAL TABLET 0.35 MG	1	MO
JOLIVETTE ORAL TABLET 0.35 MG	1	MO
LYZA ORAL TABLET 0.35 MG	1	MO
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	MO
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	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, 625 mg/5ml</i>	1	PA2; MO; HRM
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	PA2; MO; HRM
<i>norethindrone acetate oral tablet 5 mg</i>	1	MO
<i>norethindrone oral tablet 0.35 mg</i>	1	MO
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	MO
<b>SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS</b>		
OSPHENA ORAL TABLET 60 MG	1	PA1; MO
<i>raloxifene hcl oral tablet 60 mg</i>	1	MO; QL (30 per 30 days)
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)</b>		
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)</b>		
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

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Drug Name	Drug Tier	Requirements/Limits
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL)</b>		
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL)</b>		
LYSODREN ORAL TABLET 500 MG	1	MO
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</b>		
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</b>		
<i>bromocriptine mesylate oral capsule 5 mg</i>	1	MO
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	MO
<i>cabergoline oral tablet 0.5 mg</i>	1	MO
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	PA2; MO
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	1	PA2; MO; QL (1 per 30 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	1	PA2; MO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	1	PA2; MO; QL (1 per 28 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	1	PA2; MO
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	1	PA2; MO
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA2; MO
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA1; MO
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	1	PA1; LA; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	1	PA2; MO; QL (1 per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA1; LA; QL (60 per 30 days)
SYNAREL NASAL SOLUTION 2 MG/ML	1	PA1; MO
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	1	PA2; MO

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Drug Name	Drug Tier	Requirements/Limits
<b>HORMONAL AGENTS, SUPPRESSANT (THYROID)</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet 50 mg</i>	1	MO
<b>IMMUNOLOGICAL AGENTS</b>		
<b>ANGIOEDEMA AGENTS</b>		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	1	PA1; LA
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	1	PA1; MO
<b>IMMUNE SUPPRESSANTS</b>		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG	1	PA2; MO; QL (30 per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	1	PA2; MO; QL (60 per 30 days)
AFINITOR ORAL TABLET 2.5 MG	1	PA2; MO; QL (30 per 30 days)
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	1	BvD; MO
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	PA1; MO
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	1	PA1; MO
<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
DEPEN TITRATABS ORAL TABLET 250 MG	1	MO
ELIDEL EXTERNAL CREAM 1 %	1	ST1; MO
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	1	PA1; MO

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	1	PA1; MO
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	1	PA1; MO
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	BvD; MO
GENGRAF ORAL SOLUTION 100 MG/ML	1	BvD; MO
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 40 MG/0.8ML (6 PACK), 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	1	PA1; MO
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	1	PA1; MO
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	1	PA1; MO
HUMIRA PEN-PS/UV STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	1	PA1; MO
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	PA1; MO
<i>mercaptopurine oral tablet 50 mg</i>	1	MO
<i>methotrexate oral tablet 2.5 mg</i>	1	BvD; MO
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	BvD; MO
<i>methotrexate sodium injection solution 250 mg/10ml</i>	1	BvD; MO
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	BvD; MO
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	1	BvD; MO
<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
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	1	PA1; MO

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Drug Name	Drug Tier	Requirements/Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	1	PA1; MO
RAPAMUNE ORAL SOLUTION 1 MG/ML	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 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
XATMEP ORAL SOLUTION 2.5 MG/ML	1	BvD; MO
ZORTRESS ORAL TABLET 0.25 MG	1	PA2; MO; QL (60 per 30 days)
ZORTRESS ORAL TABLET 0.5 MG	1	PA2; MO; QL (120 per 30 days)
<b>IMMUNIZING AGENTS, PASSIVE</b>		
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	1	BvD; MO
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	1	BvD; MO
<b>IMMUNOLOGICAL AGENTS</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	MO
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	1	PA2; LA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	1	PA1; LA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	MO
<b>VACCINES</b>		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	MO
ADACEL INTRAMUSCULAR SUSPENSION 5- 2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF- MCG/0.5	1	MO
<i>bcg vaccine injection injectable</i>	1	MO
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	MO

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Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	1	MO
DAPTACEL INTRAMUSCULAR SUSPENSION 15-23-5 LF-MCG/0.5	1	MO
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	1	BvD; MO
ENGRIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	1	BvD; MO
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	MO
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	MO
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	MO
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	1	BvD; MO
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	MO
IPOLE INJECTION INJECTABLE	1	MO
IXIARO INTRAMUSCULAR SUSPENSION	1	MO
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	1	MO
MENACTRA INTRAMUSCULAR INJECTABLE	1	MO
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	MO
M-M-R II SUBCUTANEOUS INJECTABLE	1	MO
PEDIARIX INTRAMUSCULAR SUSPENSION	1	MO
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	1	MO
PROQUAD SUBCUTANEOUS INJECTABLE	1	MO
QUADRACEL INTRAMUSCULAR SUSPENSION	1	MO
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	BvD; MO

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Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	1	BvD; MO
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	MO
ROTATEQ ORAL SOLUTION	1	MO
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG	1	MO
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	1	BvD; MO
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i>	1	BvD; MO
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	MO
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	1	BvD; MO
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	1	MO
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	1	MO
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	1	MO
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	1	MO
YF-VAX SUBCUTANEOUS INJECTABLE	1	MO
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	1	MO; QL (1 per 365 days)
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>		
<b>AMINOSALICYLATES</b>		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	1	MO; QL (120 per 30 days)
<i>balsalazide disodium oral capsule 750 mg</i>	1	MO
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>GLUCOCORTICOIDS</b>		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	1	MO
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	MO
COLOCORT RECTAL ENEMA 100 MG/60ML	1	MO
<i>cortisone acetate oral tablet 25 mg</i>	1	MO
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	1	MO
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	MO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	MO
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	MO
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	MO
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	MO
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	MO
<i>prednisolone oral solution 15 mg/5ml</i>	1	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	MO
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	1	MO
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1	MO
<i>prednisone oral solution 5 mg/5ml</i>	1	MO
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	MO
PROCTOSOL HC RECTAL CREAM 2.5 %	1	MO
<b>SULFONAMIDES</b>		
<i>sulfasalazine oral tablet 500 mg</i>	1	MO
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>METABOLIC BONE DISEASE AGENTS</b>		
<b>METABOLIC BONE DISEASE AGENTS</b>		
<i>alendronate sodium oral tablet 10 mg, 40 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 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>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	BvD; MO
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	1	PA1; MO; QL (2.4 per 28 days)
<i>ibandronate sodium oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	1	PA1; LA; HRM
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	BvD; MO
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML	1	ST1; MO; QL (1 per 180 days)
<i>risedronate sodium oral tablet 150 mg</i>	1	MO; QL (1 per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 per 28 days)
SENSIPAR ORAL TABLET 30 MG	1	BvD; MO; QL (30 per 30 days)
SENSIPAR ORAL TABLET 60 MG	1	BvD; MO; QL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	1	BvD; MO; QL (120 per 30 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	1	PA1; MO
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	1	PA1; MO; QL (2 per 28 days)
<b>OPHTHALMIC AGENTS</b>		
<b>OPHTHALMIC AGENTS, OTHER</b>		
<i>atropine sulfate ophthalmic solution 1 %</i>	1	MO
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
RESTASIS OPHTHALMIC EMULSION 0.05 %	1	MO; QL (60 per 30 days)
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	MO
<b>OPHTHALMIC AGENTS</b>		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	MO
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	MO
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	1	MO
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	MO
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	MO
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	MO
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	MO
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	MO
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	MO
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	MO
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	MO
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	1	MO
<b>OPHTHALMIC ANTI-ALLERGY AGENTS</b>		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	MO
BEPREVE OPHTHALMIC SOLUTION 1.5 %	1	MO
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	MO
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	1	MO
PAZEO OPHTHALMIC SOLUTION 0.7 %	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>OPHTHALMIC ANTIGLAUCOMA AGENTS</b>		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	MO
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	MO
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>levobunolol hcl ophthalmic solution 0.5 %</i>	1	MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	MO
<i>metipranolol ophthalmic solution 0.3 %</i>	1	MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	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-INFLAMMATORIES</b>		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	MO
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	MO
DUREZOL OPHTHALMIC EMULSION 0.05 %	1	MO
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	MO
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	MO
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	1	MO
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
LOTEMAX OPHTHALMIC GEL 0.5 %	1	MO
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	1	MO
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	1	MO
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	MO
PROLENSA OPHTHALMIC SOLUTION 0.07 %	1	MO
<b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>		
<i>latanoprost ophthalmic solution 0.005 %</i>	1	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	1	MO
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	1	MO; QL (2.5 per 25 days)
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS</b>		
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	1	MO
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	MO
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	MO
<i>ofloxacin oral tablet 300 mg</i>	1	MO
<b>RESPIRATORY TRACT/ PULMONARY AGENTS</b>		
<b>ANTI-HISTAMINES</b>		
ASTEPRO NASAL SOLUTION 0.15 %	1	MO; QL (30 per 25 days)
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	1	MO; QL (30 per 25 days)
<i>cetirizine hcl oral solution 1 mg/ml</i>	1	MO
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	MO
<i>desloratadine oral tablet 5 mg</i>	1	MO
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	MO
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA1; MO; HRM
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	1	MO
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	MO
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA1; MO; HRM
<b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1	MO; QL (60 per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	1	MO; QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	1	MO; QL (30 per 30 days)
ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	1	MO
ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	1	MO
ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	1	MO
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	1	MO
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	1	MO; QL (60 per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	1	MO; QL (24 per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	1	MO; QL (11 per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	MO; QL (16 per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	MO; QL (34 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>ANTILEUKOTRIENES</b>		
<i>montelukast sodium oral packet 4 mg</i>	1	MO; QL (30 per 30 days)
<i>montelukast sodium oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	MO; QL (60 per 30 days)
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>		
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	BvD; MO
<i>ipratropium bromide nasal solution 0.03 %</i>	1	MO; QL (60 per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	1	MO; QL (30 per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	1	MO; QL (30 per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	1	MO; QL (4 per 30 days)
<b>BRONCHODILATORS, SYMPATHOMIMETIC</b>		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1	MO; QL (60 per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	1	MO; QL (12 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</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
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	1	MO
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	MO
<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 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	1	MO; QL (60 per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	1	MO
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	1	MO; QL (36 per 30 days)
<b>CYSTIC FIBROSIS AGENTS</b>		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	1	PA1; LA
KALYDECO ORAL PACKET 50 MG, 75 MG	1	PA1; MO
KALYDECO ORAL TABLET 150 MG	1	PA1; LA
ORKAMBI ORAL TABLET 100-125 MG	1	PA1; LA
ORKAMBI ORAL TABLET 200-125 MG	1	PA1; LA; QL (120 per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	PA1; MO
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	1	PA1; LA
TOBI PODHALER INHALATION CAPSULE 28 MG	1	MO
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	BvD; MO
<b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	1	MO; QL (30 per 30 days)
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 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>PULMONARY ANTIHYPERTENSIVES</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA1; LA; QL (90 per 30 days)
LETAIRIS ORAL TABLET 10 MG, 5 MG	1	PA1; LA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OPSUMIT ORAL TABLET 10 MG	1	PA1; LA; QL (90 per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA1; MO; QL (90 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	1	PA1; LA; QL (60 per 30 days)
TRACLEER ORAL TABLET SOLUBLE 32 MG	1	PA1; LA; QL (120 per 30 days)
<b>PULMONARY FIBROSIS AGENTS</b>		
ESBRIET ORAL TABLET 267 MG, 801 MG	1	PA1; MO
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA1; LA
<b>RESPIRATORY TRACT AGENTS, OTHER</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	BvD; MO
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	1	PA1; LA
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	1	MO; QL (4 per 30 days)
<b>RESPIRATORY TRACT/ PULMONARY AGENTS</b>		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1	MO; QL (60 per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	1	MO; QL (12 per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	1	MO
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT	1	MO; QL (30 per 25 days)
ESBRIET ORAL TABLET 267 MG, 801 MG	1	PA1; MO
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	BvD; MO
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA1; LA
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	PA1; MO
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	1	PA1; MO

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Drug Name	Drug Tier	Requirements/Limits
<b>SKELETAL MUSCLE RELAXANTS</b>		
<b>SKELETAL MUSCLE RELAXANTS</b>		
<i>carisoprodol oral tablet 250 mg</i>	1	MO; QL (120 per 30 days)
<i>carisoprodol oral tablet 350 mg</i>	1	PA1; MO; HRM
<i>chlorzoxazone oral tablet 500 mg</i>	1	MO
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	PA1; MO; HRM
<i>metaxalone oral tablet 800 mg</i>	1	PA1; MO; HRM
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	PA1; MO; HRM
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	PA1; MO; HRM
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	MO
<b>SLEEP DISORDER AGENTS</b>		
<b>GABA RECEPTOR MODULATORS</b>		
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	1	MO; QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	1	MO; QL (120 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	PA1; MO; HRM; QL (90 per 365 days)
<i>zaleplon oral capsule 5 mg</i>	1	MO; QL (90 per 365 days)
<i>zolpidem tartrate oral tablet 10 mg</i>	1	PA1; MO; HRM; QL (30 per 30 days)
<i>zolpidem tartrate oral tablet 5 mg</i>	1	PA1; MO; HRM; QL (60 per 30 days)
<b>SLEEP DISORDERS, OTHER</b>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	1	MO; QL (30 per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	1	PA2; MO; HRM
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	PA2; MO; HRM
HETLIOZ ORAL CAPSULE 20 MG	1	PA1; MO; QL (30 per 30 days)
NUVIGIL ORAL TABLET 200 MG	1	PA1; MO
XYREM ORAL SOLUTION 500 MG/ML	1	PA1; LA; QL (540 per 30 days)

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# Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-388-5195. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-388-5195. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-388-5195。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-388-5195。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kamisa 1-877-388-5195. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-388-5195. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-388-5195 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-388-5195. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-388-5195번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-388-5195. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.



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**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-388-5195. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

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Washington, D.C. 20201  
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