

Stanford Health Care Advantage
2020 Formulary
List of Covered Drugs



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

00020019, 12

This formulary was updated on 03/01/2020. For more recent information or other questions, please contact Stanford Health Care Advantage Member Care Services, at 1-855-996-8422 or, for TTY users, 711, 8 am to 8 pm, seven days a week (except Thanksgiving and Christmas) from October 1 through March 31 and Monday through Friday (except holidays) from April 1 through September 30, or visit StanfordHealthCareAdvantage.org.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Stanford Health Care Advantage (HMO). When it refers to “plan” or “our plan,” it means Stanford Health Care Advantage Platinum or Stanford Health Care Advantage Gold.

This document includes a list of the drugs (formulary) for our plan which is current as of March 1, 2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

TABLE OF CONTENTS

WHAT IS THE STANFORD HEALTH CARE ADVANTAGE (HMO) FORMULARY?III

CAN THE FORMULARY (DRUG LIST) CHANGE?III

HOW DO I USE THE FORMULARY? IV

MEDICAL CONDITION IV

ALPHABETICAL LISTING IV

WHAT ARE GENERIC DRUGS? IV

ARE THERE ANY RESTRICTIONS ON MY COVERAGE?..... V

WHAT IF MY DRUG IS NOT ON THE FORMULARY? V

HOW DO I REQUEST AN EXCEPTION TO THE STANFORD HEALTH CARE ADVANTAGE (HMO) FORMULARY? VI

WHAT DO I DO BEFORE I CAN TALK TO MY DOCTOR ABOUT CHANGING MY DRUGS OR REQUESTING AN EXCEPTION? VI

FOR MORE INFORMATION..... VII

STANFORD HEALTH CARE ADVANTAGE (HMO)’S FORMULARY VII

What is the Stanford Health Care Advantage (HMO) Formulary?

A formulary is a list of covered drugs selected by Stanford Health Care Advantage (HMO) 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. Stanford Health Care Advantage (HMO) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Stanford Health Care Advantage (HMO) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

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

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

the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of 3/1/2020. To get updated information about the drugs covered by Stanford Health Care Advantage (HMO) please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted 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 Stanford Health Care Advantage (HMO) 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 Stanford Health Care Advantage (HMO) formulary?" on page VI for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Stanford Health Care Advantage (HMO) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Stanford Health Care Advantage (HMO). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Stanford Health Care Advantage (HMO).

- You can ask Stanford Health Care Advantage (HMO) 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 Stanford Health Care Advantage (HMO) Formulary?

You can ask Stanford Health Care Advantage (HMO) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, 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.

In circumstances where you are changing from one treatment setting to another, Stanford Health Care Advantage (HMO) will ensure a transition process for approving non-formulary Part D drugs. This process shall also apply to formulary Part D drugs that require prior authorization or step-therapy.

Examples of level of care changes include: you are discharged from a hospital to a home; you end your skilled nursing facility Medicare Part A stay and need to revert to your Part D plan formulary; you end a long-term care facility stay and return to the community; and, you are discharged from psychiatric hospitals with medication regimens that are highly individualized.

The pharmacy benefit manager for Stanford Health Care Advantage (HMO) will provide pharmacies with access to representatives of the plan who have the ability to override pharmacy claims processing issues. This access will allow pharmacies to obtain prescription claims overrides at the point-of-sale and ensure that members receive reliable access to medications.

For more information

For more detailed information about your Stanford Health Care Advantage (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Stanford Health Care Advantage (HMO), 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>.

Stanford Health Care Advantage (HMO)'s Formulary

The formulary below provides coverage information about the drugs covered by Stanford Health Care Advantage (HMO). If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

The information in the Requirements/Limits column tells you if Stanford Health Care Advantage (HMO) has any special requirements for coverage of your drug.

The second column of the chart lists the drug tier. Every drug on the plan’s Drug List is in one of six cost-sharing tiers. The tables on the below provide an explanation of each tier.

Network Retail Pharmacy Drug Tier Copayment Levels

Tier	Copay for up to a one-month supply	Copay for up to a three-month supply
Tier 1 (Preferred Generic)	\$5	\$15
Tier 2 (NON-Preferred Generic)	\$15	\$45
Tier 3 (Preferred Brand)	\$47	\$141
Tier 4 (NON-Preferred Brand Name)	\$100	\$300
Tier 5 (Specialty)	33% of cost (Platinum) 28% of cost (Gold)	Not available
Tier 6 (Select Care)	\$2	\$6

Network Mail Order Drug Tier Copayment Levels

Tier	Copay for up to a one-month supply	Copay for up to a three-month supply
Tier 1 (Preferred Generic)	\$5	\$10
Tier 2 (NON-Preferred Generic)	\$15	\$30
Tier 3 (Preferred Brand)	\$47	\$94
Tier 4 (NON-Preferred Brand Name)	\$100	\$200
Tier 5 (Specialty)	33% of cost (Platinum) 28% of cost (Gold)	Not available
Tier 6 (Select Care)	\$2	\$4

The following Utilization Management abbreviations may be found within the body of this document

COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from Stanford Health Care Advantage (HMO) before you fill your prescription for this drug. Without prior approval, Stanford Health Care Advantage (HMO) may not cover this drug.
PA BvD	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from Stanford Health Care Advantage (HMO) to determine whether this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, Stanford Health Care Advantage (HMO) may not cover this drug.
PA-HRM	Prior Authorization Restriction for High Risk Medications	This drug has been deemed by CMS to be potentially harmful and therefore, a High Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 years or older are required to get prior authorization from Stanford Health Care Advantage (HMO) before filling your prescription for this drug. Without prior approval, Stanford Health Care Advantage (HMO) may not cover this drug.
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member or if you have not taken this drug previously, you (or your physician) are required to get prior authorization from Stanford Health Care Advantage (HMO) before you fill your prescription for this drug. Without prior approval, Stanford Health Care Advantage (HMO) may not cover this drug.
QL	Quantity Limit Restriction	Stanford Health Care Advantage (HMO) limits the amount of this drug that is covered per prescription, or within a specific time frame.

ABBREVIATION	DESCRIPTION	EXPLANATION
ST	Step Therapy Restriction	Before Stanford Health Care Advantage (HMO) will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

The following additional coverage note abbreviations may be found within the body of this document

OTHER SPECIAL REQUIREMENTS FOR COVERAGE

ABBREVIATION	DESCRIPTION	EXPLANATION
Other Coverage Abbreviations		
EX	Excluded Part D Drug	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving <i>Extra Help</i> to pay for your prescriptions, <i>Extra Help</i> is not available to help pay for this drug
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 1-855-996-8422, 8a.m. to 8p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. Please dial 711 for TTY services.
GC	Gap Coverage	We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
NM	Non-Mail Order Drug	You may be able to receive greater than a 1-month supply of most of the drugs on your formulary via mail order at a reduced cost share. Drugs not available via your mail order benefit are noted with "NM" in the Requirements/Limits column of your formulary.

ABBREVIATION	DESCRIPTION	EXPLANATION
HI	Home Infusion Drug	This prescription drug may be covered under our medical benefit. For more information, call Member Services at 1-855-996-8422, 8a.m. to 8p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. Please dial 711 for TTY services.

Table of Contents

Analgesics.....	3
Anesthetics.....	7
Anti-Addiction/Substance Abuse Treatment Agents.....	8
Antianxiety Agents.....	9
Antibacterials.....	10
Anticancer Agents.....	18
Anticholinergic Agents.....	30
Anticonvulsants.....	30
Antidementia Agents.....	34
Antidepressants.....	35
Antidiabetic Agents.....	38
Antifungals.....	43
Antigout Agents.....	44
Antihistamines.....	45
Anti-Infectives (Skin And Mucous Membrane).....	45
Antimigraine Agents.....	45
Antimycobacterials.....	47
Antinausea Agents.....	47
Antiparasite Agents.....	49
Antiparkinsonian Agents.....	50
Antipsychotic Agents.....	52
Antivirals (Systemic).....	57
Blood Products/Modifiers/Volume Expanders.....	63
Caloric Agents.....	67
Cardiovascular Agents.....	71
Central Nervous System Agents.....	81
Contraceptives.....	85
Dental And Oral Agents.....	92
Dermatological Agents.....	93
Devices.....	97
Enzyme Replacement/Modifiers.....	97
Eye, Ear, Nose, Throat Agents.....	99
Gastrointestinal Agents.....	103
Genitourinary Agents.....	107
Heavy Metal Antagonists.....	108
Hormonal Agents, Stimulant/Replacement/Modifying.....	109

Immunological Agents.....	116
Inflammatory Bowel Disease Agents.....	126
Irrigating Solutions.....	127
Metabolic Bone Disease Agents.....	127
Miscellaneous Therapeutic Agents.....	129
Ophthalmic Agents.....	131
Replacement Preparations.....	132
Respiratory Tract Agents.....	134
Skeletal Muscle Relaxants.....	139
Sleep Disorder Agents.....	140
Vasodilating Agents.....	140
Vitamins And Minerals.....	141

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution</i> 120-12 mg/5 ml	1	GC; NDS; NM; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet</i> 300-15 mg	2	NDS; NM; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet</i> (Tylenol-Codeine #3) 300-30 mg	2	NDS; NM; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet</i> (Tylenol-Codeine #4) 300-60 mg	2	NDS; NM; QL (180 per 30 days)
<i>buprenorphine hcl injection solution</i> (Buprenex) 0.3 mg/ml	2	
<i>buprenorphine hcl injection syringe</i> 0.3 mg/ml	2	
<i>butalbital-acetaminophen-caff oral</i> (Esgic) <i>tablet 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral</i> (Fiorinal) <i>capsule 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral</i> <i>tablet 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30</i> <i>mg, 60 mg</i>	2	NDS; NM; QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg</i>	2	NDS; NM; QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-</i> <i>325 mg</i>	2	NDS; NM; QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	2	NDS; NM; QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a</i> (Actiq) <i>handle 1,200 mcg, 1,600 mcg, 200</i> <i>mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; NM; NDS; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour</i> (Duragesic) <i>100 mcg/1hr, 12 mcg/1hr, 25 mcg/1hr,</i> <i>50 mcg/1hr, 75 mcg/1hr</i>	2	NDS; NM; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral</i> <i>solution 7.5-325 mg/15 ml</i>	2	NDS; NM; QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral</i> (Lorcet HD) <i>tablet 10-325 mg</i>	2	NDS; NM; QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral</i> <i>tablet 2.5-325 mg</i>	2	NDS; NM; QL (240 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i> (Lorcet (hydrocodone))	2	NDS; NM; QL (240 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i> (Lorcet Plus)	2	NDS; NM; QL (180 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	NDS; NM; QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	2	NDS; NM; QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	2	NDS; NM; QL (180 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	5	PA; NM; NDS; QL (30 per 30 days)
<i>lorcet (hydrocodone) oral tablet 5-325 mg</i>	2	NDS; NM; QL (240 per 30 days)
<i>lorcet hd oral tablet 10-325 mg</i>	2	NDS; NM; QL (180 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	NDS; NM; QL (180 per 30 days)
<i>methadone injection solution 10 mg/ml</i>	2	
<i>methadone oral solution 10 mg/5 ml</i>	2	NDS; NM; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	NDS; NM; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i> (Dolophine)	2	NDS; NM; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i> (Dolophine)	2	NDS; NM; QL (180 per 30 days)
<i>methadose oral tablet, soluble 40 mg</i>	2	NDS; NM; QL (30 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	NDS; NM; QL (180 per 30 days)
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	2	
<i>morphine intravenous syringe 10 mg/ml</i>	4	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>morphine oral solution 10 mg/5 ml</i>	2	NDS; NM; QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	NDS; NM; QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	NDS; NM; QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	4	NDS; NM; QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	2	NDS; NM; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	2	NDS; NM; QL (90 per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	NDS; NM; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	3	NDS; NM; QL (181 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	2	NDS; QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg</i>	2	NDS; NM; QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	2	NDS; NM; QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	2	NDS; NM; QL (120 per 30 days)
<i>oxycodone oral tablet 5 mg</i> (Roxicodone)	2	NDS; NM; QL (180 per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (OxyContin)	3	NDS; NM; QL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	2	NDS; NM; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	2	NDS; NM; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	2	NDS; NM; QL (240 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	NDS; NM; QL (360 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	NDS; NM; QL (60 per 30 days)
<i>tramadol oral tablet 50 mg</i> (Ultram)	1	GC; NDS; NM; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	2	NDS; NM; QL (300 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	3	NDS; NM; QL (60 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	3	NDS; NM; QL (120 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	3	NDS; NM; QL (240 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	4	
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i> (Celebrex)	2	QL (60 per 30 days)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	2	PA
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Voltaren-XR)	2	
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	2	
<i>diclofenac sodium topical drops 1.5 %</i>	2	QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i> (Voltaren)	2	
<i>diclofenac sodium topical gel 3 %</i> (Solaraze)	2	PA; QL (100 per 28 days)
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>etodolac oral tablet 400 mg</i> (Lodine)	2	
<i>etodolac oral tablet 500 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	2	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	GC
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	1	GC
<i>indomethacin oral capsule 25 mg</i>	1	GC; QL (240 per 30 days)
<i>indomethacin oral capsule 50 mg</i>	1	GC; QL (120 per 30 days)
<i>ketorolac oral tablet 10 mg</i>	2	QL (20 per 30 days)
<i>mefenamic acid oral capsule 250 mg</i>	2	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	4	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	1	GC
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	GC
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	GC
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i> (EC-Naprosyn)	2	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	5	PA; NM; NDS; QL (224 per 28 days)
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
VOLTAREN TOPICAL GEL 1 %	2	
Anesthetics		
Local Anesthetics		
<i>glydo mucous membrane jelly in applicator 2 %</i>	2	QL (30 per 30 days)
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine-MPF)	1	GC
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine (pf) intravenous solution 20 mg/ml (2 %)</i> (Xylocaine (Cardiac) (PF))	1	GC
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine)	1	GC
<i>lidocaine hcl mucous membrane jelly 2 %</i>	2	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine topical adhesive patch,medicated 5 %</i> (Lidoderm)	2	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	2	PA; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	PA; QL (30 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	3	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet,delayed release (drlec) 333 mg</i>	2	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg</i> (Suboxone)	2	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg</i> (Suboxone)	2	QL (30 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	3	QL (336 per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	QL (336 per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	3	
<i>disulfiram oral tablet 250 mg, 500 mg</i> (Antabuse)	2	
LUCEMYRA ORAL TABLET 0.18 MG	5	NM; NDS; QL (228 per 14 days)
<i>naloxone injection solution 0.4 mg/ml</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	
<i>naltrexone oral tablet 50 mg</i>	2	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	QL (4 per 30 days)
NICOTROL INHALATION CARTRIDGE 10 MG	4	QL (1008 per 90 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	5	NM; NDS
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	QL (60 per 30 days)
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	GC; NDS; NM; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	GC; NDS; NM; QL (150 per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	GC; NDS; NM; QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	GC; NDS; NM; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	GC; NDS; NM; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	NDS; NM; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	NDS; NM; QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	2	NDS; NM; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	2	NDS; NM; QL (180 per 30 days)
<i>diazepam 5 mg/ml oral conc 5 mg/ml</i>	2	NDS; NM; QL (1200 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	2	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	2	QL (10 per 28 days)
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	2	NDS; NM; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	NDS; NM; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	GC; NDS; NM; QL (120 per 30 days)
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	1	GC; QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	2	QL (2 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	GC; NDS; NM; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	GC; NDS; NM; QL (150 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	1	GC; NDS; NM; QL (30 per 30 days)
Antibacterials		
Aminoglycosides		
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	5	PA BvD; NM; NDS
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin oral tablet 500 mg</i>	1	GC
<i>streptomycin intramuscular recon soln 1 gram</i>	2	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	NM; NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl (Tobi) inhalation solution for nebulization 300 mg/5 ml</i>	5	PA BvD; NM; NDS
<i>tobramycin sulfate injection solution 40 mg/ml</i>	2	
<i>tobramycin with nebulizer inhalation (Kitabis Pak) solution for nebulization 300 mg/5 ml</i>	5	PA BvD; NM; NDS
Antibacterials, Miscellaneous		
<i>baciiim intramuscular recon soln 50,000 unit</i>	2	
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	2	
<i>clindamycin hcl oral capsule 150 mg, (Cleocin HCl) 300 mg, 75 mg</i>	1	GC
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	2	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	2	
<i>clindamycin phosphate injection (Cleocin) solution 150 mg/ml</i>	2	
<i>clindamycin phosphate intravenous (Cleocin) solution 600 mg/4 ml</i>	2	
<i>colistin (colistimethate na) injection (Coly-Mycin M recon soln 150 mg Parenteral)</i>	5	PA BvD; NM; NDS
<i>daptomycin intravenous recon soln (Cubicin) 500 mg</i>	5	NM; NDS
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	4	
<i>linezolid 600 mg/300 ml-0.9% nacl 600 mg/300 ml</i>	5	NM; NDS
<i>linezolid in dextrose 5% intravenous (Zyvox) piggyback 600 mg/300 ml</i>	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	5	NM; NDS
<i>linezolid oral tablet 600 mg</i> (Zyvox)	2	
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i> (Flagyl)	1	GC
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> (Macrochantin)	2	QL (120 per 30 days)
<i>nitrofurantoin monohydlm-cryst oral capsule 100 mg</i> (Macrobid)	2	QL (60 per 30 days)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	2	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	5	NM; NDS
<i>trimethoprim oral tablet 100 mg</i>	1	GC
<i>vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	2	PA BvD
<i>vancomycin oral capsule 125 mg, 250 mg</i> (Vancocin)	2	
XIFAXAN ORAL TABLET 200 MG	5	PA; NM; NDS; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NM; NDS
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefditoren pivoxil oral tablet 200 mg</i>	4	
<i>cefditoren pivoxil oral tablet 400 mg</i> (Spectracef)	4	
<i>cefepime injection recon soln 1 gram, 2 gram</i> (Maxipime)	2	
<i>cefixime oral capsule 400 mg</i> (Suprax)	2	
<i>cefotaxime injection recon soln 1 gram</i>	2	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)	2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i> (Keflex)	1	GC
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	2	
<i>azithromycin oral packet 1 gram</i> (Zithromax)	4	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	2	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>	1	GC
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	GC
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
DIFICID ORAL TABLET 200 MG	5	ST; NM; NDS; QL (20 per 10 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; NM; LA; NDS
<i>ertapenem injection recon soln 1 gram</i> (Invanz)	2	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	2	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i> (Merrem)	2	

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Drug Name	Drug Tier	Requirements/Limits
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	GC
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	GC
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	GC
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	GC
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)	1	GC
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
<i>nafcillin 1 gml 50 ml inj 1 gram/50 ml</i>	2	
<i>nafcillin injection recon soln 1 gram</i>	2	
<i>nafcillin injection recon soln 10 gram</i>	5	NM; NDS
<i>nafcillin injection recon soln 2 gram</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g potassium injection recon (Pfizerpen-G) soln 20 million unit</i>	2	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	GC
<i>pfizerpen-g injection recon soln 20 million unit</i>	2	
<i>piperacillin-tazobactam intravenous (Zosyn) recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	PA BvD
Quinolones		
BAXDELA ORAL TABLET 450 MG	5	PA; NM; NDS; QL (28 per 14 days)
<i>ciprofloxacin hcl oral tablet 250 mg, (Cipro) 500 mg</i>	1	GC
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	GC
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>ciprofloxacin oral (Cipro) suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg</i>	1	GC
<i>levofloxacin oral tablet 500 mg, 750 (Levaquin) mg</i>	1	GC
<i>moxifloxacin oral tablet 400 mg</i>	2	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	GC
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	GC
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	4	
Tetracyclines		
<i>doxy-100 intravenous recon soln 100 mg</i>	2	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	2	
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	2	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	2	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	
<i>doxycycline monohydrate oral tablet 50 mg</i>	2	
<i>minocycline oral capsule 100 mg, 75 mg</i>	2	
<i>minocycline oral capsule 50 mg</i> (Minocin)	2	
<i>mondoxyne nl oral capsule 100 mg, 50 mg</i>	2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
Anticancer Agents		
Anticancer Agents		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	NM; NDS
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	5	PA NSO; NM; NDS
<i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	PA BvD
<i>adrucil intravenous solution 2.5 gram/50 ml, 500 mg/10 ml</i>	2	PA BvD
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	5	PA NSO; NM; NDS; QL (112 per 28 days)
AFINITOR ORAL TABLET 10 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	5	NM; NDS
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	5	PA NSO; NM; NDS; QL (3 per 28 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA NSO; NM; NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	GC
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	NM; NDS
<i>arsenic trioxide intravenous solution 2 mg/ml</i> (Trisenox)	5	NM; NDS
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	5	NM; NDS
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	5	PA NSO; NM; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
BESPONSА INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	5	PA NSO; NM; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NM; NDS; QL (420 per 30 days)
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	2	
BLINCYTO INTRAVENOUS KIT 35 MCG	5	PA NSO; NM; NDS
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	5	PA NSO; NM; NDS
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>clofarabine intravenous solution 20</i> (Clolar) <i>mg/20 ml</i>	5	NM; NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NM; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; NM; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon</i> <i>soln 1 gram, 2 gram, 500 mg</i>	5	PA BvD; NM; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	2	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; LA; NDS
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50</i> (Dacogen) <i>mg</i>	5	NM; NDS
<i>doxorubicin intravenous solution 10</i> (Adriamycin) <i>mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50</i> <i>mg/25 ml</i>	2	PA BvD
<i>doxorubicin, peg-liposomal</i> (Doxil) <i>intravenous suspension 2 mg/ml</i>	5	PA BvD; NM; NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	
EMCYT ORAL CAPSULE 140 MG	5	NM; NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	5	PA NSO; NM; NDS
ENHERTU INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 mg</i> (Tarceva)	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i> (Tarceva)	5	PA NSO; NM; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution 20</i> (Toposar) <i>mg/ml</i>	2	
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA NSO; NM; NDS
<i>floxuridine injection recon soln 0.5</i> <i>gram</i>	2	PA BvD
<i>fluorouracil intravenous solution 1</i> <i>gram/20 ml, 5 gram/100 ml</i>	2	PA BvD
<i>fluorouracil intravenous solution 500</i> (Atracil) <i>mg/10 ml</i>	2	PA BvD
<i>flutamide oral capsule 125 mg</i>	2	
<i>fulvestrant intramuscular syringe</i> (Faslodex) <i>250 mg/5 ml</i>	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	5	PA NSO; NM; NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG, 5 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG	5	NM; NDS
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NM; NDS; QL (5 per 21 days)
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG, 440 MG	5	PA NSO; NM; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	2	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	
<i>ifosfamide-mesna intravenous kit 1-1 gram, 3,000-1,000 mg</i>	2	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	2	PA NSO; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	2	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	5	PA NSO; NM; NDS; QL (4 per 365 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	5	PA NSO; NM; NDS; QL (8 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IRESSA ORAL TABLET 250 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	5	NM; NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS; QL (8 per 21 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NM; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NM; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NM; NDS; QL (63 per 28 days)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	5	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA NSO; NM; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	2	
LEUKERAN ORAL TABLET 2 MG	4	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS; QL (7 per 21 days)
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NM; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NM; NDS; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	NM; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
MATULANE ORAL CAPSULE 50 MG	5	NM; NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	PA BvD
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	PA BvD
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	PA BvD
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	5	PA NSO; NM; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NM; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NM; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	5	PA NSO; NM; NDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NM; NDS
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	5	PA NSO; NM; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NM; NDS; QL (56 per 28 days)
POLIVY INTRAVENOUS RECON SOLN 140 MG	5	PA NSO; NM; NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	5	PA NSO; NM; NDS; QL (100 per 21 days)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	5	NM; NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NM; NDS
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; LA; NDS; QL (28 per 28 days)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NM; NDS
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	5	PA NSO; NM; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (224 per 28 days)
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	5	PA NSO; NM; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NM; NDS
TABLOID ORAL TABLET 40 MG	4	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA NSO; NM; LA; NDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	
TARGRETIN TOPICAL GEL 1 %	5	PA NSO; NM; NDS; QL (60 per 28 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	5	PA NSO; NM; NDS
TEMODAR INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NM; NDS
<i>thiotepa injection recon soln 15 mg</i> (Tepadina)	5	NM; NDS
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>toposar intravenous solution 20 mg/ml</i>	2	
<i>toremifene oral tablet 60 mg</i> (Fareston)	5	NM; NDS
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	5	PA NSO; NM; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	5	NM; NDS; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	NM; NDS; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	5	NM; NDS; QL (1 per 28 days)
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	5	NM; NDS
TRUXIMA INTRAVENOUS CONCENTRATE 10 MG/ML	5	PA NSO; NM; NDS
TURALIO ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TYKERB ORAL TABLET 250 MG	5	PA NSO; NM; NDS
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	5	PA NSO; NM; NDS
<i>valrubicin intravesical solution 40 mg/ml</i> (Valstar)	5	NM; NDS
VELCADE INJECTION RECON SOLN 3.5 MG	5	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; NM; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	3	PA NSO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; NM; LA; NDS

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Drug Name	Drug Tier	Requirements/Limits
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)	2	
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NM; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
VOTRIENT ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	5	PA BvD; NM; NDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	5	PA NSO; NM; NDS; QL (20 per 28 days)
XPOVIO ORAL TABLET 160 MG/WEEK (20 MG X 8)	5	PA NSO; NM; NDS; QL (32 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	5	PA NSO; NM; NDS; QL (12 per 28 days)
XPOVIO ORAL TABLET 80 MG/WEEK (20 MG X 4)	5	PA NSO; NM; NDS; QL (16 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NM; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NM; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	4	QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	QL (1 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	5	NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ZYKADIA ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
ZYTIGA ORAL TABLET 250 MG, 500 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
Anticholinergic Agents		
Antimuscarinics/Antispasmodics		
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	4	
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	5	ST; NM; NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	ST; NM; NDS; QL (60 per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	5	ST; NM; NDS
BANZEL ORAL TABLET 200 MG, 400 MG	5	ST; NM; NDS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	4	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	5	NM; NDS; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	NM; NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
CELONTIN ORAL CAPSULE 300 MG	4	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	2	PA NSO; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	2	PA NSO; QL (60 per 30 days)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	4	
DIASTAT RECTAL KIT 2.5 MG	4	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diasat AcuDial)	4	
<i>diazepam rectal kit 2.5 mg</i> (Diasat)	4	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> (Depakote)	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NM; NDS
<i>epitol oral tablet 200 mg</i>	2	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	2	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fosphenytoin injection solution 100 mg per 2 ml, 500 mg per 10 ml</i> (Cerebyx)	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	ST; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	ST; NM; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	ST; NM; NDS; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	GC; QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	1	GC; QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	2	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	2	QL (120 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	GC
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	2	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	4	ST

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Drug Name	Drug Tier	Requirements/Limits
PEGANONE ORAL TABLET 250 MG	4	
<i>phenobarbital oral elixir 20 mg/5 ml</i> (4 mg/ml)	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	2	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	2	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	2	QL (90 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	2	QL (900 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	
SABRIL ORAL TABLET 500 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	ST; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	GC
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA NSO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> (Gabitril)	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>topiramate oral capsule, sprinkle, er</i> (Qudexy XR) 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	4	
<i>topiramate oral tablet</i> 100 mg, 200 mg, 25 mg, 50 mg (Topamax)	1	GC
<i>valproate sodium intravenous solution</i> 500 mg/5 ml (100 mg/ml)	2	
<i>valproic acid (as sodium salt) oral solution</i> 250 mg/5 ml	2	
<i>valproic acid oral capsule</i> 250 mg	2	
<i>vigabatrin oral powder in packet</i> 500 mg (Vigadrone)	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet</i> 500 mg (Sabril)	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet</i> 500 mg	5	PA NSO; NM; NDS; QL (180 per 30 days)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	3	QL (200 per 5 days)
VIMPAT ORAL SOLUTION 10 MG/ML	3	QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	QL (60 per 30 days)
<i>zonisamide oral capsule</i> 100 mg, 25 mg (Zonegran)	2	
<i>zonisamide oral capsule</i> 50 mg	2	
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet</i> 10 mg, 5 mg (Aricept)	1	GC; QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating</i> 10 mg, 5 mg	2	QL (30 per 30 days)
<i>galantamine oral capsule, ext rel. pellets</i> 24 hr 16 mg, 24 mg, 8 mg (Razadyne ER)	2	QL (30 per 30 days)
<i>galantamine oral solution</i> 4 mg/ml	2	QL (200 per 30 days)
<i>galantamine oral tablet</i> 12 mg, 4 mg, 8 mg (Razadyne)	2	QL (60 per 30 days)
<i>memantine oral capsule, sprinkle, er</i> 24hr 14 mg, 21 mg, 28 mg, 7 mg (Namenda XR)	2	QL (30 per 30 days)
<i>memantine oral solution</i> 2 mg/ml	2	QL (360 per 30 days)
<i>memantine oral tablet</i> 10 mg, 5 mg (Namenda)	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	3	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	QL (30 per 30 days)
<i>rivastigmine tartrate oral capsule</i> 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24</i> (Exelon) <i>hour 13.3 mg/24 hour, 4.6 mg/24 hr,</i> <i>9.5 mg/24 hr</i>	2	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100</i> <i>mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150</i> <i>mg, 25 mg, 50 mg</i>	2	
<i>bupropion hcl oral tablet 100 mg, 75</i> <i>mg</i>	2	
<i>bupropion hcl oral tablet extended</i> (Wellbutrin XL) <i>release 24 hr 150 mg, 300 mg</i>	2	
<i>bupropion hcl oral tablet sustained-</i> (Wellbutrin SR) <i>release 12 hr 100 mg, 150 mg, 200</i> <i>mg</i>	2	
<i>citalopram oral solution 10 mg/5 ml</i>	2	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 20 mg,</i> (Celexa) <i>40 mg</i>	1	GC; QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50</i> (Anafranil) <i>mg, 75 mg</i>	2	
<i>desipramine oral tablet 10 mg, 25</i> (Norpramin) <i>mg</i>	2	
<i>desipramine oral tablet 100 mg, 150</i> <i>mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine succinate oral tablet</i> (Pristiq) <i>extended release 24 hr 100 mg, 25</i> <i>mg, 50 mg</i>	2	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg,</i> <i>150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	2	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	NM; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	1	GC
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	1	GC
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	2	
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	2	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine oral</i> (Remeron SolTab) <i>tablet, disintegrating 15 mg, 30 mg,</i> <i>45 mg</i>	2	
<i>nefazodone oral tablet 100 mg, 150</i> <i>mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25</i> (Pamelor) <i>mg, 50 mg, 75 mg</i>	1	GC
<i>nortriptyline oral solution 10 mg/5</i> <i>ml</i>	2	
<i>paroxetine hcl oral tablet 10 mg, 20</i> (Paxil) <i>mg, 30 mg, 40 mg</i>	1	GC
PAXIL ORAL SUSPENSION 10 MG/5 ML	4	
<i>perphenazine-amitriptyline oral</i> <i>tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-</i> <i>25 mg, 4-50 mg</i>	2	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	
<i>sertraline oral tablet 100 mg, 25 mg,</i> (Zoloft) <i>50 mg</i>	1	GC
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA NSO; NM; NDS
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	2	
<i>trazodone oral tablet 100 mg, 150</i> <i>mg, 50 mg</i>	1	GC
<i>trazodone oral tablet 300 mg</i>	2	
<i>trimipramine oral capsule 100 mg,</i> <i>25 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended</i> (Effexor XR) <i>release 24hr 150 mg</i>	2	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended</i> (Effexor XR) <i>release 24hr 37.5 mg, 75 mg</i>	2	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25</i> <i>mg, 37.5 mg, 50 mg, 75 mg</i>	2	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	5	NM; NDS
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	2	QL (90 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	ST; QL (30 per 30 days)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	ST; QL (60 per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	3	ST; QL (120 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	ST; QL (60 per 30 days)
INVOKANA ORAL TABLET 100 MG	3	ST; QL (60 per 30 days)
INVOKANA ORAL TABLET 300 MG	3	ST; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	ST; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	4	ST; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	4	ST; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	4	ST; QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	5	PA; NM; NDS; QL (112 per 28 days)
<i>metformin oral tablet 1,000 mg</i> (Glucophage)	6	GC; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i> (Glucophage)	6	GC; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i> (Glucophage)	6	GC; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i> (Glucophage XR)	6	GC; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i> (Glucophage XR)	6	GC; QL (60 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML)	3	QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	6	GC; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	2	QL (120 per 30 days)
<i>repaglinide oral tablet 1 mg</i> (Prandin)	2	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i> (Prandin)	2	QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	5	PA; NM; NDS; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	PA; NM; NDS; QL (10.8 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5- 1,000 MG, 5-500 MG	3	ST; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	ST; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	ST; QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	4	ST; QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	3	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	QL (9 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	QL (24 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70- 30)	3	QL (40 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	QL (40 per 28 days)
NOVOLOG MIX 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	ST; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	QL (13.5 per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	3	QL (18 per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	ST; QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i> (Amaryl)	6	GC; QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i> (Amaryl)	6	GC; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i> (Glucotrol)	6	GC; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i> (Glucotrol)	6	GC; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL)	2	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i> (Glucotrol XL)	2	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	2	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	2	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	2	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	2	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	6	GC
<i>tolazamide oral tablet 250 mg</i>	2	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>tolazamide oral tablet 500 mg</i>	2	QL (60 per 30 days)
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	5	PA BvD; NM; NDS
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	5	PA BvD; NM; NDS
<i>amphotericin b injection recon soln 50 mg</i>	2	PA BvD
<i>casprofungin intravenous recon soln 50 mg, 70 mg</i> (Cancidas)	5	NM; NDS
<i>ciclopirox topical cream 0.77%</i> (Ciclodan)	2	
<i>ciclopirox topical solution 8%</i> (Ciclodan)	2	
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
<i>clotrimazole topical cream 1%</i> (Antifungal (clotrimazole))	1	GC
<i>clotrimazole-betamethasone topical cream 1-0.05%</i> (Lotrisone)	2	
<i>econazole topical cream 1%</i>	2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	2	PA BvD
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	5	NM; NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	2	
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2%</i>	2	
<i>ketoconazole topical shampoo 2%</i> (Nizoral)	2	
<i>miconazole-3 vaginal suppository 200 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	5	NM; NDS
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	5	NM; NDS
<i>nyamyc topical powder 100,000 unit/gram</i>	2	
<i>nystatin oral suspension 100,000 unit/ml</i>	2	
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	
<i>nystatin topical ointment 100,000 unit/gram</i>	2	
<i>nystatin topical powder 100,000 (Nyamyc) unit/gram</i>	2	
<i>nystop topical powder 100,000 unit/gram</i>	2	
<i>posaconazole oral tablet, delayed (Noxafil) release (drlec) 100 mg</i>	5	NM; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	GC
<i>voriconazole intravenous recon soln (Vfend IV) 200 mg</i>	5	PA BvD; NM; NDS
<i>voriconazole oral suspension for (Vfend) reconstitution 200 mg/5 ml (40 mg/ml)</i>	5	NM; NDS
<i>voriconazole oral tablet 200 mg, 50 (Vfend) mg</i>	5	NM; NDS
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg, 300 (Zyloprim) mg</i>	1	GC
<i>colchicine oral tablet 0.6 mg (Colcrys)</i>	4	PA; QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg (Uloric)</i>	2	QL (30 per 30 days)
MITIGARE ORAL CAPSULE 0.6 MG	2	QL (60 per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Antihistamines		
Antihistamines		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	2	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Diphen)	1	GC
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	GC
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	2	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	GC
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	GC
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	2	
<i>metronidazole vaginal gel 0.75 %</i> (Metrogel Vaginal)	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	3	PA; QL (2 per 30 days)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
<i>dihydroergotamine injection solution</i> (D.H.E.45) 1 mg/ml	5	NM; NDS; QL (24 per 28 days)
<i>dihydroergotamine nasal spray, non-aerosol</i> 0.5 mg/pump act. (4 mg/ml) (Migranal)	5	NM; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	2	QL (20 per 28 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	2	QL (12 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	2	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating</i> 10 mg (Maxalt-MLT)	2	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating</i> 5 mg	2	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol</i> 20 mg/actuation (Imitrex)	2	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol</i> 5 mg/actuation (Imitrex)	2	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet</i> 100 mg, 25 mg, 50 mg (Imitrex)	1	GC; QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i> 6 mg/0.5 ml (Imitrex STATdose Refill)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i> 4 mg/0.5 ml, 6 mg/0.5 ml (Imitrex STATdose Pen)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i> 6 mg/0.5 ml (Imitrex)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe</i> 6 mg/0.5 ml	2	QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
Antimycobacterials		
Antimycobacterials		
CAPASTAT INJECTION RECON SOLN 1 GRAM	4	
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol oral tablet 100 mg</i>	2	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	2	
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	GC
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	4	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	2	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	2	
<i>rifampin oral capsule 150 mg, 300 mg</i> (Rifadin)	2	
SIRTURO ORAL TABLET 100 MG	5	PA; NM; NDS
TRECTOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	4	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	4	PA BvD
<i>aprepitant oral capsule 125 mg</i>	2	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i> (Emend)	2	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	2	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	2	PA BvD; QL (6 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML	4	QL (36 per 28 days)
<i>compro rectal suppository 25 mg</i>	2	
<i>dimenhydrinate injection solution 50 mg/ml</i>	2	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	2	PA; QL (60 per 30 days)
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN 150 MG	4	QL (2 per 28 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	4	PA BvD; QL (6 per 28 days)
<i>fosaprepitant intravenous recon soln 150 mg</i> (Emend (fosaprepitant))	2	QL (2 per 28 days)
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	2	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	2	
<i>granisetron hcl oral tablet 1 mg</i>	2	PA BvD
<i>meclizine oral tablet 12.5 mg</i>	2	
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	2	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	GC
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	GC
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	2	
<i>ondansetron hcl oral tablet 24 mg</i>	2	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i> (Zofran)	2	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	PA BvD
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i>	2	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine rectal suppository</i> (Compro) 25 mg	2	
<i>promethazine injection solution</i> 25 (Phenergan) mg/ml, 50 mg/ml	2	
<i>promethazine oral tablet</i> 12.5 mg, 25 mg, 50 mg	1	GC
<i>promethazine rectal suppository</i> (Phenadoz) 12.5 mg, 25 mg	2	
<i>promethazine rectal suppository</i> 50 (Promethegan) mg	2	
<i>promethegan rectal suppository</i> 12.5 mg, 25 mg, 50 mg	2	
<i>scopolamine base transdermal patch</i> (Transderm-Scop) 3 day 1 mg over 3 days	2	QL (10 per 30 days)
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	4	QL (10 per 30 days)
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet</i> 200 mg (Albenza)	5	NM; NDS
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	5	NM; NDS
ALINIA ORAL TABLET 500 MG	5	NM; NDS
<i>atovaquone oral suspension</i> 750 (Mepron) mg/5 ml	5	NM; NDS
<i>atovaquone-proguanil oral tablet</i> (Malarone) 250-100 mg	2	
<i>atovaquone-proguanil oral tablet</i> (Malarone Pediatric) 62.5-25 mg	2	
<i>chloroquine phosphate oral tablet</i> 250 mg, 500 mg	2	
COARTEM ORAL TABLET 20- 120 MG	4	
DARAPRIM ORAL TABLET 25 MG	5	PA; NM; NDS
<i>hydroxychloroquine oral tablet</i> 200 (Plaquenil) mg	2	
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NM; NDS; QL (84 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	
KRINTAFEL ORAL TABLET 150 MG	4	
<i>mefloquine oral tablet 250 mg</i>	2	
NEBUPENT INHALATION RECON SOLN 300 MG	4	PA BvD
<i>paromomycin oral capsule 250 mg</i>	2	
PENTAM INJECTION RECON SOLN 300 MG	4	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	2	PA BvD
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	2	
PRIMAQUINE ORAL TABLET 26.3 MG	2	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	5	PA; NM; NDS; QL (60 per 30 days)
<i>benztropine injection solution 2 mg/2 ml</i> (Cogentin)	2	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	2	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet)	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> (Sinemet CR)	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	4	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	4	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone oral</i> (Stalevo 125) <i>tablet 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone oral</i> (Stalevo 150) <i>tablet 37.5-150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone oral</i> (Stalevo 200) <i>tablet 50-200-200 mg</i>	4	
<i>entacapone oral tablet 200 mg</i> (Comtan)	2	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	5	PA; NM; NDS; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	5	PA; NM; NDS; QL (30 per 30 days)
INBRIJA 42 MG INHALATION CAP 42 MG	5	PA; NM; NDS; QL (300 per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	5	PA; NM; NDS; QL (300 per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	4	ST; QL (30 per 30 days)
<i>pramipexole oral tablet 0.125 mg,</i> (Mirapex) <i>0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5</i> <i>mg</i>	1	GC
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	2	
<i>ropinirole oral tablet 0.25 mg, 3 mg,</i> (Requip) <i>5 mg</i>	2	
<i>ropinirole oral tablet 0.5 mg, 1 mg, 2</i> <i>mg, 4 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>trihexyphenidyl oral elixir 0.4</i> <i>mg/ml</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5</i> <i>mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
XADAGO ORAL TABLET 100 MG, 50 MG	5	PA; NM; NDS; QL (30 per 30 days)
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	NM; NDS; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	NM; NDS; QL (1 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	NM; NDS; QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	2	QL (30 per 30 days)
<i>aripiprazole oral tablet 2 mg</i> (Abilify)	2	QL (60 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	5	ST; NM; NDS; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	5	ST; NM; NDS; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	NM; NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NM; NDS; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NM; NDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NM; NDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NM; NDS; QL (3.2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
CAPLYTA ORAL CAPSULE 42 MG	5	ST; NM; NDS; QL (30 per 30 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	2	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet 100 mg</i> (Clozaril)	2	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i> (Clozaril)	2	QL (135 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i> (Clozaril)	2	QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	ST; QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating 150 mg</i>	2	ST; QL (180 per 30 days)
<i>clozapine oral tablet, disintegrating 200 mg</i>	5	ST; NM; NDS; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	ST; NM; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	4	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	4	QL (6 per 28 days)
<i>haloperidol dec 50 mg/ml vial mdv</i> (Haldol Decanoate) 50 mg/ml	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i> (Haldol Decanoate)	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i> (Haldol Decanoate)	2	
<i>haloperidol lactate injection solution 5 mg/ml</i> (Haldol)	2	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NM; NDS; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NM; NDS; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NM; NDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NM; NDS; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	NM; NDS; QL (0.875 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	NM; NDS; QL (1.315 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NM; NDS; QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	NM; NDS; QL (2.625 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	3	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>molindone oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	2	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln (Zyprexa) 10 mg</i>	2	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg (Zyprexa)</i>	2	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating (Zyprexa Zydis) 10 mg, 15 mg, 20 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg (Invega)</i>	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg (Invega)</i>	2	QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg (Invega)</i>	5	NM; NDS; QL (30 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTEND REL SYR KIT 120 MG, 90 MG	5	NM; NDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg (Seroquel)</i>	2	QL (90 per 30 days)
REXULTI ORAL TABLET 0.25 MG	5	ST; NM; NDS; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	5	ST; NM; NDS; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	5	ST; NM; NDS; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	4	QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	NM; NDS; QL (4 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	1	GC; QL (60 per 30 days)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	1	GC; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg, 4 mg</i>	2	QL (120 per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	5	ST; NM; NDS; QL (60 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NM; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NM; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	QL (60 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NM; NDS; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NM; NDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	2	
<i>abacavir oral tablet 300 mg</i> (Ziagen)	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	2	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	5	NM; NDS
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	5	NM; NDS
APTIVUS ORAL CAPSULE 250 MG	5	NM; NDS
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i> (Reyataz)	5	NM; NDS
ATRIPLA ORAL TABLET 600- 200-300 MG	5	NM; NDS
BIKTARVY ORAL TABLET 50- 200-25 MG	5	NM; NDS
CIMDUO ORAL TABLET 300- 300 MG	5	NM; NDS
COMPLERA ORAL TABLET 200-25-300 MG	5	NM; NDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	4	
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NM; NDS
DESCOVY ORAL TABLET 200- 25 MG	5	NM; NDS
<i>didanosine oral capsule, delayed release(drlec) 125 mg, 250 mg</i> (Videx EC)	2	
<i>didanosine oral capsule, delayed release(drlec) 200 mg, 400 mg</i>	2	
DOVATO ORAL TABLET 50- 300 MG	5	NM; NDS
EDURANT ORAL TABLET 25 MG	5	NM; NDS
<i>efavirenz oral capsule 200 mg</i> (Sustiva)	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz oral capsule 50 mg</i> (Sustiva)	2	
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	5	NM; NDS
EMTRIVA ORAL CAPSULE 200 MG	4	
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
EVOTAZ ORAL TABLET 300-150 MG	5	NM; NDS
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	5	NM; NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NM; NDS
INTELENCE ORAL TABLET 100 MG, 200 MG	5	NM; NDS
INTELENCE ORAL TABLET 25 MG	4	
INVIRASE ORAL TABLET 500 MG	5	NM; NDS
ISENTRESS HD ORAL TABLET 600 MG	5	NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	
ISENTRESS ORAL TABLET 400 MG	5	NM; NDS
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	4	
JULUCA ORAL TABLET 50-25 MG	5	NM; NDS
KALETRA ORAL TABLET 100-25 MG	4	
KALETRA ORAL TABLET 200-50 MG	5	NM; NDS
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine-zidovudine oral tablet</i> (Combivir) <i>150-300 mg</i>	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-</i> (Kaletra) <i>100 mg/5 ml</i>	2	
<i>nevirapine oral suspension 50 mg/5</i> (Viramune) <i>ml</i>	2	
<i>nevirapine oral tablet 200 mg</i> (Viramune)	2	
<i>nevirapine oral tablet extended</i> <i>release 24 hr 100 mg</i>	2	
<i>nevirapine oral tablet extended</i> (Viramune XR) <i>release 24 hr 400 mg</i>	2	
NORVIR ORAL CAPSULE 100 MG	4	
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200- 25-25 MG	5	NM; NDS
PIFELTRO ORAL TABLET 100 MG	5	NM; NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NM; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NM; NDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	5	NM; NDS
PREZISTA ORAL TABLET 75 MG	4	
RESCRIPTOR ORAL TABLET 200 MG	4	
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	4	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NM; NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	2	

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Drug Name	Drug Tier	Requirements/Limits
SELZENTRY ORAL SOLUTION 20 MG/ML	4	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	NM; NDS
SELZENTRY ORAL TABLET 25 MG	4	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NM; NDS
SYMFI LO ORAL TABLET 400-300-300 MG	5	NM; NDS
SYMFI ORAL TABLET 600-300-300 MG	5	NM; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NM; NDS
TEMIXYS ORAL TABLET 300-300 MG	5	NM; NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NM; NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NM; NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NM; NDS
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	5	NM; NDS
VEMLIDY ORAL TABLET 25 MG	5	NM; NDS; QL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	4	
VIDEX EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 125 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NM; NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NM; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NM; NDS
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	
<i>zidovudine oral tablet 300 mg</i>	2	
Antivirals, Miscellaneous		
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	2	PA BvD
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	2	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	2	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	2	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	QL (540 per 180 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	5	PA; NM; NDS; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	5	PA; NM; NDS; QL (672 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NM; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	2	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	PA; NM; NDS
XOFLUZA ORAL TABLET 20 MG, 40 MG	4	QL (4 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL TABLET 400-100 MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	5	PA; NM; NDS; QL (28 per 28 days)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> (Harvoni)	5	PA; NM; NDS; QL (28 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; NM; NDS; QL (84 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sofosbuvir-velpatasvir oral tablet</i> (Epclusa) 400-100 mg	5	PA; NM; NDS; QL (28 per 28 days)
SOVALDI ORAL TABLET 200 MG, 400 MG	5	PA; NM; NDS; QL (28 per 28 days)
TECHNIVIE ORAL TABLET 12.5-75-50 MG	5	PA; NM; NDS; QL (56 per 28 days)
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	5	PA; NM; NDS
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NM; NDS; QL (28 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	5	PA; NM; NDS; QL (30 per 30 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	PA NSO; NM; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	5	PA NSO; NM; NDS
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	NM; NDS
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	NM; NDS
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA NSO; NM; NDS
Nucleosides And Nucleotides		
<i>acyclovir oral capsule</i> 200 mg	2	
<i>acyclovir oral suspension</i> 200 mg/5 ml (Zovirax)	2	
<i>acyclovir oral tablet</i> 400 mg, 800 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	2	PA BvD
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	5	NM; NDS
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>ganciclovir sodium intravenous recon soln 500 mg</i> (Cytovene)	2	PA BvD
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD
<i>ribasphere oral capsule 200 mg</i>	2	
<i>ribasphere oral tablet 600 mg</i>	5	NM; NDS
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	5	PA BvD; NM; NDS
<i>ribavirin oral capsule 200 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	5	NM; NDS
Blood		
Products/Modifiers/Volume		
Expanders		
Anticoagulants		
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	4	QL (43 per 42 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	QL (60 per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	2	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	5	NM; NDS
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 2.5 mg/0.5 ml	2	
<i>heparin (porcine) injection cartridge</i> 5,000 unit/ml (1 ml)	2	
<i>heparin (porcine) injection solution</i> 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	2	
<i>heparin (porcine) injection syringe</i> 5,000 unit/ml	2	
<i>heparin, porcine (pf) injection solution</i> 1,000 unit/ml	2	
<i>heparin, porcine (pf) injection syringe</i> 5,000 unit/0.5 ml	2	
<i>jantoven oral tablet</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	GC
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	4	ST; QL (60 per 30 days)
<i>warfarin oral tablet</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Jantoven)	1	GC
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days)
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
Blood Formation Modifiers		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; NM; NDS; QL (20 per 30 days)
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	5	PA; NM; NDS; QL (15 per 30 days)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA; NM; NDS; QL (15 per 30 days)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5	PA; NM; NDS; QL (15 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; NM; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; NM; NDS; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	5	NM; NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	5	NM; NDS
MULPLETA ORAL TABLET 3 MG	5	PA; NM; NDS; QL (7 per 7 days)
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	5	PA; NM; NDS
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	NM; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	5	PA; NM; NDS; QL (12 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; NM; NDS; QL (6 per 28 days)
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; NM; NDS; QL (360 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; NM; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; NM; NDS; QL (120 per 30 days)
PROMACTA ORAL TABLET 50 MG	5	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 75 MG	5	PA; NM; NDS; QL (60 per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	2	PA; QL (6 per 28 days)
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	NM; NDS
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
Hematologic Agents, Miscellaneous		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	
<i>anagrelide oral capsule 1 mg</i>	2	
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	5	PA; NM; NDS
<i>protamine intravenous solution 10 mg/ml</i>	2	
SIKLOS ORAL TABLET 1,000 MG, 100 MG	4	PA
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA; NM; NDS; QL (60 per 30 days)
<i>tranexamic acid intravenous solution</i> (Cyklokapron) 1,000 mg/10 ml (100 mg/ml)	2	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	2	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er (Aggrenox) multiphase 12 hr 25-200 mg</i>	2	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 75 mg (Plavix)</i>	1	GC
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>prasugrel oral tablet 10 mg, 5 mg (Effient)</i>	2	QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN II 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	4	PA BvD
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN-PF 7 % (SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	4	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 5%/D25W SULFITE- FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%-D25W SULF- FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 5%-D20W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINOLIPID INTRAVENOUS EMULSION 20 %	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 10 % in water (d10w)</i> <i>intravenous parenteral solution 10 %</i>	4	PA BvD
<i>dextrose 20 % in water (d20w)</i> <i>intravenous parenteral solution 20 %</i>	4	PA BvD
<i>dextrose 25 % in water (d25w)</i> <i>intravenous syringe</i>	4	PA BvD
<i>dextrose 30 % in water (d30w)</i> <i>intravenous parenteral solution</i>	4	PA BvD
<i>dextrose 40 % in water (d40w)</i> <i>intravenous parenteral solution 40 %</i>	4	PA BvD
<i>dextrose 5 % in water (d5w)</i> <i>intravenous parenteral solution</i>	2	
<i>dextrose 50 % in water (d50w)</i> <i>intravenous parenteral solution</i>	4	PA BvD
<i>dextrose 50 % in water (d50w)</i> <i>intravenous syringe</i>	4	PA BvD
<i>dextrose 70 % in water (d70w)</i> <i>intravenous parenteral solution</i>	4	PA BvD
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	4	PA BvD
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	4	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %	4	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 %	4	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
<i>smoflipid intravenous emulsion 20 %</i>	4	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %	4	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> (Catapres)	1	GC
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	2	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	2	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	2	QL (8 per 28 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	2	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	GC
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	5	PA; NM; NDS; QL (180 per 30 days)
<i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	2	

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Drug Name	Drug Tier	Requirements/Limits
Angiotensin II Receptor Antagonists		
EDARBI ORAL TABLET 40 MG, 80 MG	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	6	GC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	2	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	6	GC
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	6	GC
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	2	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	2	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	2	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	6	GC
<i>benazepril oral tablet 5 mg</i>	6	GC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	2	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	6	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	6	GC
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	6	GC
<i>lisinopril oral tablet 10 mg, 20 mg, 5 mg</i> (Prinivil)	6	GC
<i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg</i> (Zestril)	6	GC
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	6	GC
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	6	GC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	6	GC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	2	
Antiarrhythmic Agents		
<i>amiodarone oral tablet 200 mg</i> (Pacerone)	1	GC
<i>amiodarone oral tablet 400 mg</i> (Pacerone)	2	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2%), 50 mg/5 ml (1%)</i>	1	GC
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet 200 mg</i>	1	GC
<i>pacerone oral tablet 400 mg</i>	2	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	2	
<i>procainamide intravenous syringe 100 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	GC
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	2	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> (Ziac)	1	GC
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
BYVALSON ORAL TABLET 5-80 MG	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	GC
<i>labetalol intravenous solution 5 mg/ml</i>	2	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i> (Lopressor HCT)	2	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i> (Lopressor)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate intravenous syringe 5 mg/5 ml</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	GC
<i>metoprolol tartrate oral tablet 25 mg</i>	1	GC
<i>propranolol intravenous solution 1 mg/ml</i>	2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (Sorine)	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	2	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule, extended release 24 hr 420 mg</i> (Tiadylt ER)	2	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	2	
<i>diltiazem hcl oral tablet 90 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>tiadylt er oral capsule,extended release 24 hr 360 mg</i>	2	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	2	
<i>verapamil oral capsule, 24 hr er (Verelan PM) pellet ct 100 mg, 200 mg, 300 mg</i>	2	
<i>verapamil oral capsule,ext rel. (Verelan) pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil oral capsule,ext rel. (Verelan) pellets 24 hr 360 mg</i>	4	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	GC
<i>verapamil oral tablet extended (Calan SR) release 120 mg, 180 mg, 240 mg</i>	1	GC
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	QL (560 per 28 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	QL (60 per 30 days)
DEMSER ORAL CAPSULE 250 MG	5	NM; NDS
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	2	
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)	4	
<i>digoxin oral tablet 125 mcg (0.125 (Digitek) mg)</i>	2	
<i>digoxin oral tablet 250 mcg (0.25 (Digitek) mg)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine injection auto-injector</i> (EpiPen Jr) 0.15 mg/0.3 ml	2	QL (4 per 30 days)
<i>epinephrine injection auto-injector</i> (Auvi-Q) 0.3 mg/0.3 ml	2	QL (4 per 30 days)
<i>hydralazine injection solution</i> 20 mg/ml	2	
<i>hydralazine oral tablet</i> 10 mg, 100 mg, 25 mg, 50 mg	2	
<i>icatibant subcutaneous syringe</i> 30 mg/3 ml (Firazyr)	5	PA; NM; NDS; QL (18 per 30 days)
<i>ranolazine oral tablet extended release</i> 12 hr 1,000 mg, 500 mg (Ranexa)	2	
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	3	QL (4 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NM; NDS; QL (30 per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	5	PA; NM; NDS; QL (120 per 30 days)
Dihydropyridines		
<i>afeditab cr oral tablet extended release</i> 30 mg	2	
<i>amlodipine oral tablet</i> 10 mg, 2.5 mg, 5 mg (Norvasc)	1	GC
<i>amlodipine-benazepril oral capsule</i> 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg (Lotrel)	2	
<i>amlodipine-benazepril oral capsule</i> 2.5-10 mg	2	
<i>amlodipine-valsartan oral tablet</i> 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg (Exforge)	2	
<i>nicardipine oral capsule</i> 20 mg, 30 mg	2	
<i>nifedipine oral tablet extended release</i> 24hr 30 mg, 60 mg, 90 mg (Procardia XL)	2	
<i>nifedipine oral tablet extended release</i> 30 mg, 60 mg, 90 mg (Adalat CC)	2	
Diuretics		
<i>amiloride oral tablet</i> 5 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	2	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i> (Diuril IV)	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide injection syringe 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	GC
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	GC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	GC
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	GC
JYNARQUE ORAL TABLET 15 MG, 30 MG	5	PA; NM; NDS; QL (120 per 30 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	5	PA; NM; NDS; QL (56 per 28 days)
<i>methyclothiazide oral tablet 5 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	GC
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	GC
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> (Dyazide)	1	GC
<i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	1	GC
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	1	GC
Dyslipidemics		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	6	GC
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	2	
<i>cholestyramine light oral powder 4 gram</i>	2	
<i>cholestyramine light packet 4 gram</i>	2	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	2	
<i>colestipol oral packet 5 gram</i> (Colestid)	2	
<i>colestipol oral tablet 1 gram</i> (Colestid)	2	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	2	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	GC
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG	5	PA; NM; NDS; QL (30 per 30 days)
JUXTAPID ORAL CAPSULE 20 MG	5	PA; NM; NDS; QL (90 per 30 days)
JUXTAPID ORAL CAPSULE 5 MG	5	PA; NM; NDS; QL (45 per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	6	GC
<i>niacin oral tablet 500 mg</i> (Niacor)	2	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release)	2	
<i>niacor oral tablet 500 mg</i>	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	4	PA; QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	6	GC
<i>pravastatin oral tablet 20 mg, 40 mg</i> (Pravachol)	6	GC
<i>prevalite oral powder in packet 4 gram</i>	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	4	PA; QL (3.5 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	4	PA; QL (3 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	4	PA; QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	2	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Zocor)	6	GC; QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg</i>	6	GC; QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM	3	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM	3	QL (120 per 30 days)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	2	
WELCHOL ORAL TABLET 625 MG	2	
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	2	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	ST
Vasodilators		
BIDIL ORAL TABLET 20-37.5 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	2	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (ISOCHRON)	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	GC
<i>minitran transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i> (Minitran)	2	
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	2	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	2	QL (30 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; NM; NDS; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NM; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NM; NDS; QL (60 per 30 days)
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	5	PA; NM; NDS; QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NM; NDS; QL (15 per 30 days)
<i>caffeine citrate intravenous solution</i> (Cafcit) 60 mg/3 ml (20 mg/ml)	2	PA BvD
<i>caffeine citrate oral solution</i> 60 mg/3 ml (20 mg/ml)	2	
<i>dalfampridine oral tablet extended</i> (Ampyra) release 12 hr 10 mg	5	PA; NM; NDS; QL (60 per 30 days)
<i>dexmethylphenidate oral tablet</i> 10 (Focalin) mg, 2.5 mg, 5 mg	2	QL (60 per 30 days)
<i>dextroamphetamine oral tablet</i> 10 (Zenzedi) mg, 5 mg	2	QL (180 per 30 days)
<i>dextroamphetamine-amphetamine</i> (Adderall XR) <i>oral capsule, extended release</i> 24hr 10 mg, 15 mg, 5 mg	2	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine</i> (Adderall XR) <i>oral capsule, extended release</i> 24hr 20 mg, 25 mg, 30 mg	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine</i> (Adderall) <i>oral tablet</i> 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	2	QL (60 per 30 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	5	PA; NM; NDS; QL (15 per 30 days)
<i>flumazenil intravenous solution</i> 0.1 mg/ml	2	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe</i> 20 (Glatopa) mg/ml	5	PA; NM; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe</i> 40 (Glatopa) mg/ml	5	PA; NM; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe</i> 20 mg/ml	5	PA; NM; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe</i> 40 mg/ml	5	PA; NM; NDS; QL (12 per 28 days)
<i>guanfacine oral tablet extended</i> (Intuniv ER) release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	2	
INGREZZA INITIATION PACK ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
INGREZZA ORAL CAPSULE 40 MG, 80 MG	5	PA; NM; NDS; QL (30 per 30 days)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	5	PA; NM; NDS; QL (6 per 365 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	GC
<i>lithium carbonate oral tablet 300 mg</i>	1	GC
<i>lithium carbonate oral tablet (Lithobid) extended release 300 mg</i>	2	
<i>lithium carbonate oral tablet extended release 450 mg</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	4	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NM; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 2 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	2	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i> (Ritalin LA)	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 (Methylin) mg/5 ml, 5 mg/5 ml</i>	2	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 (Ritalin) mg, 20 mg, 5 mg</i>	2	QL (90 per 30 days)
<i>methylphenidate la 30 mg cap 30 mg (Ritalin LA)</i>	2	QL (60 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA; QL (60 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; NM; NDS; QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NM; NDS
RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML	5	PA; NM; NDS; QL (2800 per 28 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; NM; NDS; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; NM; NDS; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; NM; NDS
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; NM; NDS
<i>riluzole oral tablet 50 mg (Rilutek)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	5	PA; NM; NDS; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)-240 MG (46)	5	PA; NM; NDS
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	5	PA; NM; NDS; QL (60 per 30 days)
tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)	5	PA; NM; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NM; NDS; QL (120 per 30 days)
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	2	
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	2	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i>	2	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>aubra oral tablet 0.1-20 mg-mcg</i>	2	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	
<i>ayuna oral tablet 0.15-0.03 mg</i>	2	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	
<i>camila oral tablet 0.35 mg</i>	2	
<i>caziant (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>	2	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>cyred oral tablet 0.15-0.03 mg</i>	2	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	2	
<i>delyla (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (Azurette (28))</i>	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg (Apri)</i>	2	
<i>drosiprenone-ethinyl estradiol oral tablet 3-0.02 mg (Jasmiel (28))</i>	2	
<i>drosiprenone-ethinyl estradiol oral tablet 3-0.03 mg (Syeda)</i>	2	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	2	
ELLA ORAL TABLET 30 MG	4	QL (6 per 365 days)
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	2	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	2	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>enskyce oral tablet 0.15-0.03 mg</i>	2	
<i>errin oral tablet 0.35 mg</i>	2	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg (Kelnor 1/35 (28))</i>	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg (Kelnor 1-50)</i>	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr (EluRyng)</i>	2	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	2	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	2	
<i>heather oral tablet 0.35 mg</i>	2	
<i>incassia oral tablet 0.35 mg</i>	2	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	QL (91 per 84 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>isibloom oral tablet 0.15-0.03 mg</i>	2	
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	2	
<i>jencycla oral tablet 0.35 mg</i>	1	GC
<i>jolivette oral tablet 0.35 mg</i>	4	
<i>juleber oral tablet 0.15-0.03 mg</i>	2	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/175 mg (7)</i>	2	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/175 mg (7)</i>	2	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/175 mg (4)</i>	2	
<i>kalliga oral tablet 0.15-0.03 mg</i>	2	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>kelnor 1-50 oral tablet 1-50 mg-mcg</i>	2	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	2	
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (Amethia Lo)	2	QL (91 per 84 days)
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (Fayosim)	2	QL (91 per 84 days)
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	2	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/175 mg (4)</i>	2	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/175 mg (7)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	2	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	4	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Altavera (28))	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Introvale)	2	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	2	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	2	
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	2	
<i>loryna (28) oral tablet 3-0.02 mg</i>	2	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	2	
<i>luteru (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>lyza oral tablet 0.35 mg</i>	2	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>mili oral tablet 0.25-35 mg-mcg</i>	2	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	2	
<i>mononessa (28) oral tablet 0.25-35 mg-mcg</i>	4	
<i>myzilra oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nikki (28) oral tablet 3-0.02 mg</i>	2	
<i>nora-be oral tablet 0.35 mg</i>	4	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Jencycla)	2	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (Aurovela 24 Fe)	2	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri Femynor)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	2	
<i>norlyda oral tablet 0.35 mg</i>	2	
<i>norlyroc oral tablet 0.35 mg</i>	2	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i>	2	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	2	
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg, 1-35 mg-mcg</i>	2	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>previfem oral tablet 0.25-35 mg-mcg</i>	2	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	2	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	2	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	
<i>syeda oral tablet 3-0.03 mg</i>	2	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tulana oral tablet 0.35 mg</i>	2	
<i>velivet triphasic regimen (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>vyfemla (28) oral tablet 0.4-35 mg- mcg</i>	2	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	2	
<i>wera (28) oral tablet 0.5-35 mg- mcg</i>	2	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	2	QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i>	2	
<i>zenchent (28) oral tablet 0.4-35 mg- mcg</i>	2	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	2	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	2	
Dental And Oral Agents		
Dental And Oral Agents		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	1	GC
<i>oralone dental paste 0.1 %</i>	2	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	GC
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	GC
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	2	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	2	

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Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents		
Dermatological Agents, Other		
<i>acitretin oral capsule 10 mg, 25 mg</i> (Soriatane)	2	
<i>acitretin oral capsule 17.5 mg</i>	2	
<i>acyclovir topical ointment 5%</i> (Zovirax)	2	QL (30 per 30 days)
ALCOHOL PADS TOPICAL PADS, MEDICATED	1	GC
<i>ammonium lactate topical cream 12%</i> (Geri-Hydrolac)	2	
<i>ammonium lactate topical lotion 12%</i> (Geri-Hydrolac)	2	
<i>calcipotriene scalp solution 0.005%</i>	2	
<i>calcipotriene topical cream 0.005%</i> (Dovonex)	2	
<i>fluorouracil topical cream 0.5%</i> (Carac)	5	NM; NDS
<i>fluorouracil topical cream 5%</i> (Efudex)	2	
<i>fluorouracil topical solution 2%, 5%</i>	2	
<i>imiquimod topical cream in packet 5%</i> (Aldara)	2	PA NSO; QL (24 per 30 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> (Oxsoralen Ultra)	5	NM; NDS
PANRETIN TOPICAL GEL 0.1%	5	NM; NDS
PICATO TOPICAL GEL 0.015%	3	QL (3 per 56 days)
PICATO TOPICAL GEL 0.05%	3	QL (2 per 56 days)
<i>podofilox topical solution 0.5%</i>	2	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	
TOLAK TOPICAL CREAM 4%	4	
VALCHLOR TOPICAL GEL 0.016%	5	NM; NDS
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
Dermatological Antibacterials		
<i>clindamycin phosphate topical solution 1%</i> (Cleocin T)	2	
<i>clindamycin phosphate topical swab 1%</i> (Clindacin ETZ)	2	
<i>ery pads topical swab 2%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	2	
<i>erythromycin with ethanol topical solution 2 %</i>	2	
<i>erythromycin with ethanol topical swab 2 %</i> (Ery Pads)	2	
<i>gentamicin topical cream 0.1 %</i>	2	
<i>gentamicin topical ointment 0.1 %</i>	2	
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	2	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	2	
<i>metronidazole topical gel 1 %</i> (Metrogel)	2	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	2	
<i>mupirocin topical ointment 2 %</i> (Centany)	1	GC
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	2	
<i>rosadan topical cream 0.75 %</i>	2	
<i>selenium sulfide topical lotion 2.5 %</i>	2	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	2	
<i>ssd topical cream 1 %</i>	4	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	2	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i>	1	GC
<i>alclometasone topical cream 0.05 %</i>	2	
<i>alclometasone topical ointment 0.05 %</i>	2	
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene)	2	
<i>clobetasol scalp solution 0.05 %</i>	2	
<i>clobetasol topical cream 0.05 %</i> (Temovate)	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>clocortolone pivalate topical cream 0.1 %</i> (Cloderm)	4	
<i>cormax scalp solution 0.05 %</i>	2	
<i>desoximetasone topical cream 0.25 %</i> (Topicort)	2	
EUCRISA TOPICAL OINTMENT 2 %	3	
<i>fluocinolone topical cream 0.01 %</i>	2	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluocinonide-e topical cream 0.05 %</i>	2	
<i>fluticasone propionate topical cream 0.05 %</i> (Cutivate)	2	
<i>fluticasone propionate topical ointment 0.005 %</i>	2	
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	1	GC
<i>hydrocortisone topical cream 2.5 %</i>	1	GC
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	1	GC
<i>hydrocortisone topical ointment 2.5 %</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>mometasone topical cream 0.1 %</i> (Elocon)	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	2	
<i>prednicarbate topical cream 0.1 %</i>	4	
<i>prednicarbate topical ointment 0.1 %</i>	2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	2	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	GC
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	1	GC
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.05 %</i> (Trianex)	2	
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i> (Differin)	2	
<i>adapalene topical gel 0.1 %</i> (Differin)	2	
ALTRENO TOPICAL LOTION 0.05 %	4	PA
<i>tazarotene topical cream 0.1 %</i> (Avage)	2	
TAZORAC TOPICAL CREAM 0.05 %	4	
<i>tretinoin topical cream 0.025 %</i> (Avita)	2	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	PA
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	2	PA
<i>tretinoin topical gel 0.025 %</i> (Avita)	2	PA
<i>tretinoin topical gel 0.05 %</i> (Atralin)	2	PA

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Drug Name	Drug Tier	Requirements/Limits
Scabicides And Pediculicides		
<i>malathion topical lotion 0.5 %</i> (Ovide)	2	
<i>permethrin topical cream 5 %</i> (Elimite)	2	
Devices		
Devices		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	2	
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	2	
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	2	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	2	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	GC
INSULIN SYRINGE-NEEDLE (Utileit Insulin Syringe) U-100 SYRINGE 0.3 ML 29 GAUGE	2	
INSULIN SYRINGE-NEEDLE (Advocate Syringes) U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	2	
INSULIN SYRINGE-NEEDLE (Lite Touch Insulin Syringe) U-100 SYRINGE 1/2 ML 28 GAUGE	2	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" (1st Tier Unifine Pentips)	2	
V-GO 40 DISPOSABLE DEVICE	2	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	5	NM; NDS
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	NM; NDS
CERDELGA ORAL CAPSULE 84 MG	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	NM; NDS
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	NM; NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	5	NM; NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	5	PA; NM; NDS
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NM; NDS; QL (14 per 28 days)
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NM; NDS
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	5	PA BvD; NM; NDS
KUVAN ORAL TABLET,SOLUBLE 100 MG	5	NM; NDS
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NM; NDS
<i>miglustat oral capsule 100 mg</i> (Zavesca)	5	PA; NM; NDS; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	NM; NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (Orfadin)	5	PA; NM; NDS
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	5	PA; NM; NDS
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	5	PA; NM; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NM; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NM; NDS
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; NM; LA; NDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	PA; NM; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	NM; NDS
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	3	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	4	
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	2	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)	2	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>epinastine ophthalmic (eye) drops</i> 0.05 %	2	
<i>ipratropium bromide nasal</i> <i>spray,non-aerosol 0.03 %</i>	2	QL (30 per 28 days)
<i>ipratropium bromide nasal</i> <i>spray,non-aerosol 42 mcg (0.06 %)</i>	2	QL (15 per 10 days)
<i>olopatadine ophthalmic (eye) drops</i> (Patanol) 0.1 %	2	
<i>olopatadine ophthalmic (eye) drops</i> (Pataday) 0.2 %	2	
<i>phenylephrine hcl ophthalmic (eye)</i> <i>drops 10 %, 2.5 %</i>	4	
<i>proparacaine ophthalmic (eye)</i> (Alcaine) <i>drops 0.5 %</i>	2	
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	5	PA; NM; NDS
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	2	
<i>bacitracin ophthalmic (eye)</i> <i>ointment 500 unit/gram</i>	2	
<i>bacitracin-polymyxin b ophthalmic</i> (Polycin) <i>(eye) ointment 500-10,000</i> <i>unit/gram</i>	2	
<i>bleph-10 ophthalmic (eye) drops 10</i> <i>%</i>	2	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	3	
<i>ciprofloxacin hcl ophthalmic (eye)</i> (Ciloxan) <i>drops 0.3 %</i>	1	GC
<i>ciprofloxacin hcl otic (ear)</i> (Cetraxal) <i>dropperette 0.2 %</i>	4	
<i>erythromycin ophthalmic (eye)</i> <i>ointment 5 mg/gram (0.5 %)</i>	2	
<i>gentak ophthalmic (eye) ointment</i> <i>0.3 % (3 mg/gram)</i>	2	
<i>gentamicin ophthalmic (eye) drops</i> <i>0.3 %</i>	1	GC
<i>levofloxacin ophthalmic (eye) drops</i> <i>0.5 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	3	
<i>moxifloxacin ophthalmic (eye)</i> (Vigamox) <i>drops 0.5 %</i>	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	
<i>neomycin-bacitracin-poly-hc</i> (Neo-Polycin HC) <i>ophthalmic (eye) ointment 3.5-400-</i> <i>10,000 mg-unit/g-1%</i>	2	
<i>neomycin-bacitracin-polymyxin</i> (Neo-Polycin) <i>ophthalmic (eye) ointment 3.5-400-</i> <i>10,000 mg-unit-unit/g</i>	2	
<i>neomycin-polymyxin b-dexameth</i> (Maxitrol) <i>ophthalmic (eye) drops,suspension</i> <i>3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	
<i>neomycin-polymyxin b-dexameth</i> (Maxitrol) <i>ophthalmic (eye) ointment 3.5</i> <i>mg/g-10,000 unit/g-0.1 %</i>	2	
<i>neomycin-polymyxin-gramicidin</i> <i>ophthalmic (eye) drops 1.75 mg-</i> <i>10,000 unit-0.025mg/ml</i>	2	
<i>neomycin-polymyxin-hc ophthalmic</i> <i>(eye) drops,suspension 3.5-10,000-</i> <i>10 mg-unit-mg/ml</i>	2	
<i>neomycin-polymyxin-hc otic (ear)</i> <i>drops,suspension 3.5-10,000-1</i> <i>mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear)</i> <i>solution 3.5-10,000-1 mg/ml-unit/ml-</i> <i>%</i>	2	
<i>neo-polycin hc ophthalmic (eye)</i> <i>ointment 3.5-400-10,000 mg-unit/g-</i> <i>1%</i>	2	
<i>neo-polycin ophthalmic (eye)</i> <i>ointment 3.5-400-10,000 mg-unit-</i> <i>unit/g</i>	2	
<i>ofloxacin ophthalmic (eye) drops</i> (Ocuflox) <i>0.3 %</i>	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>polycin ophthalmic (eye) ointment</i> 500-10,000 unit/gram	2	
<i>polymyxin b sulf-trimethoprim</i> (Polytrim) <i>ophthalmic (eye) drops 10,000 unit-</i> <i>1 mg/ml</i>	1	GC
<i>sulfacetamide sodium ophthalmic</i> (Bleph-10) <i>(eye) drops 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic</i> <i>(eye) ointment 10 %</i>	2	
<i>sulfacetamide-prednisolone</i> <i>ophthalmic (eye) drops 10 %-0.23</i> <i>% (0.25 %)</i>	2	
<i>tobramycin ophthalmic (eye) drops</i> (Tobrex) <i>0.3 %</i>	1	GC
<i>tobramycin-dexamethasone</i> (TobraDex) <i>ophthalmic (eye) drops,suspension</i> <i>0.3-0.1 %</i>	2	
<i>trifluridine ophthalmic (eye) drops</i> <i>1 %</i>	2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	ST
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3	
<i>dexamethasone sodium phosphate</i> <i>ophthalmic (eye) drops 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic (eye)</i> <i>drops 0.1 %</i>	2	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3	
<i>flunisolide nasal spray,non-aerosol</i> <i>25 mcg (0.025 %)</i>	2	QL (50 per 25 days)
<i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm) <i>drops,suspension 0.1 %</i>	4	
<i>flurbiprofen sodium ophthalmic</i> <i>(eye) drops 0.03 %</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	1	GC; QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Nasonex)	2	QL (34 per 28 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	4	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	QL (60 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL (32 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	2	
<i>esomeprazole sodium intravenous recon soln 40 mg</i> (Nexium IV)	2	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>famotidine (pf)-nacl (iso-os)</i> <i>intravenous piggyback 20 mg/50 ml</i>	2	
<i>famotidine intravenous solution 10 mg/ml</i>	2	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	GC
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	GC
<i>lansoprazole oral capsule, delayed release(drlec) 15 mg</i> (Heartburn Treatment 24 Hour)	2	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(drlec) 30 mg</i> (Prevacid)	2	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg, 40 mg</i>	1	GC
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (OmePPI)	2	ST; QL (30 per 30 days)
<i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)	2	
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i> (Protonix)	1	GC; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i> (Protonix)	1	GC; QL (60 per 30 days)
<i>ranitidine hcl injection solution 25 mg/ml, 50 mg/2 ml (25 mg/ml)</i> (Zantac)	2	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	2	
<i>ranitidine hcl oral tablet 150 mg</i> (Acid Control (ranitidine))	1	GC
<i>ranitidine hcl oral tablet 300 mg</i>	1	GC
<i>sucralfate oral tablet 1 gram</i> (Carafate)	2	
Gastrointestinal Agents, Other		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	QL (60 per 30 days)
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	5	NM; NDS
<i>constulose oral solution 10 gram/15 ml</i>	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine oral capsule 10 mg</i>	2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	2	
<i>diphenoxylate-atropine oral tablet (Lomotil) 2.5-0.025 mg</i>	2	
<i>enulose oral solution 10 gram/15 ml</i>	2	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NM; NDS
<i>generlac oral solution 10 gram/15 ml</i>	2	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	2	
<i>lactulose oral solution 10 gram/15 ml (Constulose)</i>	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	QL (90 per 30 days)
<i>loperamide oral capsule 2 mg (Anti-Diarrheal (loperamide))</i>	2	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	2	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	2	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg (Reglan)</i>	1	GC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG	5	PA; NM; NDS; QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
RELISTOR ORAL TABLET 150 MG	5	PA; NM; NDS; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	5	PA; NM; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	PA; NM; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	PA; NM; NDS; QL (11.2 per 28 days)
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	5	NM; NDS
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i> (sodium polystyrene (sorb free))	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
<i>ursodiol oral capsule 300 mg</i> (Actigall)	2	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	2	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	QL (30 per 30 days)
VIBERZI ORAL TABLET 100 MG, 75 MG	5	ST; NM; NDS; QL (60 per 30 days)
XERMELO ORAL TABLET 250 MG	5	PA; NM; NDS; QL (90 per 30 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	3	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	
<i>gavilyte-n oral recon soln 420 gram</i>	2	
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i> (Gavilyte-C)	4	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>trilyte with flavor packets oral recon soln 420 gram</i>	2	
Phosphate Binders		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	4	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	5	NM; NDS
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	2	
<i>sevelamer hcl oral tablet 400 mg</i>	2	
<i>sevelamer hcl oral tablet 800 mg</i> (Renagel)	2	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 5 mg</i>	2	
<i>bethanechol chloride oral tablet 25 mg, 50 mg</i> (Urecholine)	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	2	
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	2	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	GC
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	GC
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	5	NM; NDS
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	GC
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	GC
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	5	PA; NM; NDS
THIOLA ORAL TABLET 100 MG	5	NM; NDS
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>clovique oral capsule 250 mg</i>	5	PA; NM; NDS; QL (240 per 30 days)
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	5	PA; NM; NDS
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	5	PA; NM; NDS
<i>deferoxamine injection recon soln 2 gram, 500 mg</i> (Desferal)	2	PA
DEPEN TITRATABS ORAL TABLET 250 MG	5	PA; NM; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NM; NDS
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	5	PA; NM; NDS
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	5	PA; NM; NDS
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	5	PA; NM; NDS
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	5	PA; NM; NDS
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	5	PA; NM; NDS
<i>trientine oral capsule 250 mg</i> (Clovique)	5	PA; NM; NDS; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
ANADROL-50 ORAL TABLET 50 MG	5	PA; NM; NDS
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>testosterone cypionate (Depo-Testosterone) intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram) (AndroGel)</i>	2	PA; QL (300 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; QL (2 per 28 days)
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg (Estrace)</i>	1	GC
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Dotti)</i>	2	QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Climara)</i>	2	QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	2	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	2	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen)	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Amabelz)	2	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	
<i>mimvey lo oral tablet 0.5-0.1 mg</i>	2	
<i>mimvey oral tablet 1-0.5 mg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	2	
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	
<i>yuvafem vaginal tablet 10 mcg</i>	2	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>a-hydrocort injection recon soln 100 mg</i>	2	
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan)	2	
<i>cortisone oral tablet 25 mg</i>	2	
<i>decadron oral elixir 0.5 mg/5 ml</i>	2	PA BvD
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i> (Decadron)	1	PA BvD; GC
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	1	PA BvD; GC
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	GC
<i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>	1	GC
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	GC
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	GC
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	5	PA; NM; NDS; QL (91 per 28 days)
EMFLAZA ORAL TABLET 18 MG	5	PA; NM; NDS; QL (30 per 30 days)
EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG	5	PA; NM; NDS; QL (60 per 30 days)
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	2	
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i> (Solu-Medrol)	2	
<i>prednisolone 15 mg/5 ml soln alf, dlf 15 mg/5 ml (3 mg/ml)</i>	2	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD; GC
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	4	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	2	
Pituitary		
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i> (DDAVP)	2	
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	2	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	5	PA; NM; NDS; QL (60 per 30 days)
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA; NM; NDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	5	PA; NM; NDS
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	5	PA; NM; NDS
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	NM; NDS
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	3	QL (30 per 30 days)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	3	QL (30 per 30 days)
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML)	5	PA; NM; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 5 MG/1.5 ML (3.3 MG/ML)	4	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	5	PA; NM; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection solution</i> (Sandostatin) <i>100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	
<i>octreotide acetate injection syringe</i> <i>100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	2	
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NM; NDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5	PA; NM; NDS
ORILISSA ORAL TABLET 150 MG	5	PA; NM; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; NM; NDS; QL (56 per 28 days)
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	5	PA; NM; NDS
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	5	PA; NM; NDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG	5	NM; NDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	5	PA NSO; NM; NDS; QL (1 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	5	PA; NM; NDS; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM; NDS
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	5	NM; NDS; QL (1 per 360 days)
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	5	NM; NDS
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	NM; NDS; QL (1 per 168 days)
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	5	PA; NM; NDS
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	4	PA
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	5	PA; NM; NDS
Progestins		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	QL (10 per 28 days)
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i> (Makena)	5	PA NSO; NM; NDS
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	2	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	2	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	GC
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	2	
<i>progesterone intramuscular oil 50 mg/ml</i>	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	

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Drug Name	Drug Tier	Requirements/Limits
Thyroid And Antithyroid Agents		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	1	GC
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	1	GC
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	2	
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	1	GC
<i>propylthiouracil oral tablet 50 mg</i>	2	
Immunological Agents		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NM; NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; NM; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NM; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	NM; NDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	2	PA BvD
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NM; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine intravenous solution</i> (Sandimmune) 250 mg/5 ml	2	PA BvD
<i>cyclosporine modified oral capsule</i> (Gengraf) 100 mg, 25 mg	2	PA BvD
<i>cyclosporine modified oral capsule</i> 50 mg	2	PA BvD
<i>cyclosporine modified oral solution</i> (Gengraf) 100 mg/ml	2	PA BvD
<i>cyclosporine oral capsule</i> 100 mg, 25 mg (Sandimmune)	2	PA BvD
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NM; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NM; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NM; NDS
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	4	PA BvD
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA BvD; NM; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA BvD; NM; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA BvD; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	5	PA BvD; NM; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	PA BvD
<i>gengraf oral solution 100 mg/ml</i>	2	PA BvD
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK)	5	PA; NM; NDS
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; NDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; NM; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	4	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	5	PA BvD; NM; NDS
ILARIS (PF) SUBCUTANEOUS RECON SOLN 150 MG/ML	5	PA; NM; NDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; NM; NDS
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; NDS
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	5	PA; NM; NDS
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NM; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NM; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NM; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	
<i>mycophenolate mofetil (hcl)</i> (CellCept Intravenous) <i>intravenous recon soln 500 mg</i>	2	PA BvD
<i>mycophenolate mofetil oral capsule</i> (CellCept) <i>250 mg</i>	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	5	PA BvD; NM; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	2	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NM; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NM; NDS
OLUMIANT ORAL TABLET 1 MG, 2 MG	5	PA; NM; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NM; NDS
OTEZLA ORAL TABLET 30 MG	5	PA; NM; NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; NM; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA BvD; NM; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD; ST
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	
REMICADE INTRAVENOUS RECON SOLN 100 MG	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	5	PA; NM; NDS
RIDAURA ORAL CAPSULE 3 MG	5	NM; NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	5	PA; NM; NDS
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	5	PA; NM; NDS
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	5	PA; NM; NDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	5	PA; NM; NDS
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	5	PA; NM; NDS
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	5	PA BvD; NM; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i> (Rapamune)	2	PA BvD
<i>sirolimus oral tablet 2 mg</i> (Rapamune)	5	PA BvD; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	5	PA; NM; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NM; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NM; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NM; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	PA BvD
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; NM; NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; NM; LA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NM; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NM; NDS
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA BvD; NM; NDS
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	PA BvD
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG- LF/0.5ML	3	

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Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF- MCG-LF/0.5ML	3	

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Drug Name	Drug Tier	Requirements/Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	3	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3- 4.3-3- 3.99 TCID50/0.5	3	

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Drug Name	Drug Tier	Requirements/Limits
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	3	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	3	QL (1 per 365 days)
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	5	NM; NDS
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	3	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i> (Entocort EC)	2	
<i>colocort rectal enema 100 mg/60 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
DIPENTUM ORAL CAPSULE 250 MG	5	ST; NM; NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Colocort)	4	
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	2	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)	2	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	2	
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i> (Lialda)	2	
<i>mesalamine oral tablet, delayed release (drlec) 800 mg</i> (Asacol HD)	2	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	5	NM; NDS
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	2	
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i> (Azulfidine EN-tabs)	2	
UCERIS RECTAL FOAM 2 MG/ACTUATION	3	
Irrigating Solutions		
Irrigating Solutions		
<i>acetic acid irrigation solution 0.25 %</i>	4	
LACTATED RINGERS IRRIGATION SOLUTION	4	
<i>sodium chloride irrigation solution 0.9 %</i> (Aqua Care Sodium Chloride)	4	
<i>water for irrigation, sterile irrigation solution</i> (Aqua Care Sterile Water)	4	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	GC
<i>alendronate oral tablet 35 mg</i>	1	GC; QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	GC; QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	2	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	2	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	5	NM; NDS; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	5	NM; NDS; QL (120 per 30 days)
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i> (Hectorol)	2	
EVENITY 105 MG/1.17 ML SYRINGE 105 MG/1.17 ML	5	PA; NM; NDS; QL (2.34 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	5	PA; NM; NDS; QL (2.34 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	3	PA; QL (2.4 per 28 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	2	QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i> (Boniva)	2	QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg</i> (Boniva)	2	QL (1 per 28 days)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	5	NM; NDS
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NM; NDS; QL (2 per 28 days)
<i>paricalcitol hemodialysis port injection solution 2 mcg/ml</i>	2	
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 5 MCG/ML	2	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	2	
<i>paricalcitol oral capsule 4 mcg</i>	2	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	3	QL (60 per 30 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	PA; QL (1.56 per 30 days)
<i>zoledronic acid intravenous recon soln 4 mg</i>	2	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	2	
<i>zoledronic acid-mannitol-water</i> (Reclast) <i>intravenous piggyback 5 mg/100 ml</i>	2	QL (100 per 300 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	NM; NDS
<i>amifostine crystalline intravenous</i> (Ethyol) <i>recon soln 500 mg</i>	2	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; NM; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NM; NDS; QL (4 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NM; NDS; QL (4 per 28 days)
CABLIVI INJECTION KIT 11 MG	5	PA; NM; NDS; QL (30 per 30 days)
CETYLEV ORAL TABLET, EFFERVESCENT 2.5 GRAM, 500 MG	4	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	5	NM; NDS
<i>droperidol injection solution 2.5 mg/ml</i>	2	
ELMIRON ORAL CAPSULE 100 MG	4	QL (90 per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	5	PA; NM; NDS; QL (180 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	5	PA; NM; LA; NDS
<i>fomepizole intravenous solution 1 gram/ml</i>	5	NM; NDS
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	
<i>guanidine oral tablet 125 mg</i>	4	
GVOKE HYPOPEN SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	1	GC
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)	1	GC
KEYEYIS ORAL TABLET 50 MG	5	PA; NM; NDS; QL (120 per 30 days)
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	2	
<i>leucovorin calcium injection solution 10 mg/ml</i>	2	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	2	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	2	
LEVOLEUCOVORIN CALCIUM INTRAVENOUS RECON SOLN 175 MG	4	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i> (Fusilev)	5	NM; NDS
<i>mesna intravenous solution 100 mg/ml</i> (Mesnex)	2	
MESNEX ORAL TABLET 400 MG	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
MESTINON ORAL SYRUP 60 MG/5 ML	5	NM; NDS
PROGLYCEM ORAL SUSPENSION 50 MG/ML	4	
<i>pyridostigmine bromide oral syrup</i> (Mestinon) 60 mg/5 ml	2	
<i>pyridostigmine bromide oral tablet</i> 30 mg	2	
<i>pyridostigmine bromide oral tablet</i> (Mestinon) 60 mg	2	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	4	QL (30 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TOTECT INTRAVENOUS RECON SOLN 500 MG	5	NM; NDS
TYBOST ORAL TABLET 150 MG	4	QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	5	NM; NDS; QL (24 per 14 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	5	PA; NM; NDS; QL (120 per 30 days)
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release</i> 500 mg	2	
<i>acetazolamide oral tablet</i> 125 mg, 250 mg	2	
<i>acetazolamide sodium injection recon soln</i> 500 mg	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>brimonidine ophthalmic (eye) drops</i> 0.2 %	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	GC
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	
<i>dorzolamide ophthalmic (eye) drops (Trusopt) 2 %</i>	2	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml (Cosopt)</i>	2	
<i>latanoprost ophthalmic (eye) drops (Xalatan) 0.005 %</i>	1	GC; QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	GC
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	2	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 % (Isopto Carpine)</i>	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	ST; QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 % (Timoptic)</i>	1	GC
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 % (Timoptic-XE)</i>	4	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	3	QL (2.5 per 25 days)
<i>travoprost ophthalmic (eye) drops (Travatan Z) 0.004 %</i>	2	QL (2.5 per 25 days)
Replacement Preparations		
Replacement Preparations		
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	2	
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	4	

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Drug Name	Drug Tier	Requirements/Limits
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	4	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	2	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	2	
<i>klor-con sprinkle oral capsule, extended release 8 meq</i>	2	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	2	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	2	PA BvD
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	2	PA BvD
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	2	PA BvD
<i>magnesium sulfate injection syringe 4 meq/ml</i>	2	PA BvD
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
NORMOSOL-R IV SOLUTION L/F, SINGLE-USE	4	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	

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Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	4	
<i>potassium chloride intravenous solution 2 meq/ml</i>	2	PA BvD
<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	2	PA BvD
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	
<i>potassium chloride oral tablet (K-Tab) extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral tablet (K-Tab) extended release 20 meq</i>	4	
<i>potassium chloride oral tablet,er (Klor-Con M10) particles/crystals 10 meq</i>	2	
<i>potassium chloride oral tablet,er (Klor-Con M20) particles/crystals 20 meq</i>	2	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium citrate oral tablet (Urocit-K 10) extended release 10 meq (1,080 mg)</i>	2	
<i>potassium citrate oral tablet (Urocit-K 15) extended release 15 meq</i>	2	
<i>potassium citrate oral tablet (Urocit-K 5) extended release 5 meq (540 mg)</i>	2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115- 21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 28 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (60 per 30 days)
<i>budesonide inhalation suspension for</i> (Pulmicort) <i>nebulization 0.25 mg/2 ml, 0.5 mg/2</i> <i>ml, 1 mg/2 ml</i>	2	PA BvD
FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION	3	QL (60 per 30 days)
FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION	3	QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	QL (12 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (24 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (21.2 per 28 days)
SYMBICORT 160-4.5 MCG INHALER 60 INHALATIONS 160-4.5 MCG/ACTUATION	3	QL (12 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SYMBICORT 80-4.5 MCG INHALER 60 INHALATIONS 80-4.5 MCG/ACTUATION	3	QL (13.8 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160- 4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	QL (10.2 per 30 days)
Antileukotrienes		
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	GC
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	GC
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	2	
Bronchodilators		
<i>albuterol 5 mg/ml solution 5 mg/ml</i>	2	PA BvD
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (ProAir HFA)	2	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	2	QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 2.5 mg/0.5 ml</i>	2	PA BvD
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (25.8 per 28 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD
LONHALA MAGNAIR 25 MCG STARTER 25 MCG/ML	3	QL (60 per 30 days)
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	3	QL (60 per 30 days)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	GC
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	2	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	QL (2 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	3	QL (1 per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	3	QL (2 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine intravenous solution (Acetadote) 200 mg/ml (20%)</i>	2	PA
<i>acetylcysteine solution 100 mg/ml (10%), 200 mg/ml (20%)</i>	2	PA BvD
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD
DALIRESP ORAL TABLET 250 MCG	3	QL (28 per 28 days)
DALIRESP ORAL TABLET 500 MCG	3	QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	5	PA; NM; NDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; NM; NDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; NM; NDS; QL (90 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NM; NDS; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; NM; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	5	PA; NM; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NM; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; LA; NDS; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NM; NDS; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	5	PA; NM; NDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NM; NDS; QL (120 per 30 days)
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	PA BvD; NM; NDS
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; NM; NDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	5	PA; NM; NDS; QL (84 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NM; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	5	PA; NM; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
<i>chlorzoxazone oral tablet 500 mg</i>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	GC
<i>dantrolene oral capsule 100 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	2	
<i>methocarbamol oral tablet 500 mg</i>	2	
<i>methocarbamol oral tablet 750 mg</i> (Robaxin-750)	2	
<i>revonto intravenous recon soln 20 mg</i>	2	
<i>tizanidine oral tablet 2 mg</i>	2	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	QL (30 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	5	PA; NM; NDS; QL (30 per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	3	QL (30 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	PA; NM; LA; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	GC; QL (30 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NM; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i>	5	PA; NM; NDS; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	5	PA; NM; NDS; QL (30 per 30 days)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg</i> (Flolan)	2	PA
<i>epoprostenol (glycine) intravenous recon soln 1.5 mg</i> (Flolan)	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
OPSUMIT ORAL TABLET 10 MG	5	PA; NM; NDS; QL (30 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; NM; NDS
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i> (Revatio)	5	PA; NM; NDS; QL (37.5 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	2	PA; QL (90 per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	5	PA; NM; NDS; QL (60 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA; NM; LA; NDS; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	5	PA; NM; NDS; QL (112 per 28 days)
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	5	PA; NM; NDS
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; NM; NDS
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NM; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NM; NDS
Vitamins And Minerals		
Vitamins And Minerals		
<i>pnv prenatal plus multivit tab slf, gluten-free (rx) 27 mg iron- 1 mg</i>	3	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	3	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

INDEX

<i>abacavir</i>	57	AIMOVIG		<i>amifostine crystalline</i>	129
<i>abacavir-lamivudine</i>	57	AUTOINJECTOR.....	45	<i>amiloride</i>	77
<i>abacavir-lamivudine-zidovudine</i>	57	AIMOVIG		<i>amiloride-hydrochlorothiazide</i> ..	78
ABELCET.....	43	AUTOINJECTOR (2 PACK)	45	AMINOSYN 10 %.....	67
ABILIFY MAINTENA.....	52	AJOVY.....	46	AMINOSYN 7 % WITH	
ABRAXANE.....	18	AKYNZEO		ELECTROLYTES.....	67
<i>acamprosate</i>	8	(FOSNETUPITANT).....	47	AMINOSYN 8.5 %.....	67
<i>acarbose</i>	38	AKYNZEO (NETUPITANT)	47	AMINOSYN 8.5 %-	
<i>acebutolol</i>	74	<i>ala-cort</i>	94	ELECTROLYTES.....	67
<i>acetaminophen-codeine</i>	3	<i>albendazole</i>	49	AMINOSYN II 10 %.....	67
<i>acetazolamide</i>	131	<i>albuterol sulfate</i>	136	AMINOSYN II 15 %.....	67
<i>acetazolamide sodium</i>	131	<i>alclometasone</i>	94	AMINOSYN II 7 %.....	68
<i>acetic acid</i>	100, 127	ALCOHOL PADS.....	93	AMINOSYN II 8.5 %.....	68
<i>acetylcysteine</i>	138	ALDURAZYME.....	97	AMINOSYN II 8.5 %-	
<i>acitretin</i>	93	ALECENSA.....	18	ELECTROLYTES.....	68
ACTEMRA.....	116	<i>alendronate</i>	127	AMINOSYN M 3.5 %.....	68
ACTEMRA ACTPEN.....	116	<i>alfuzosin</i>	108	AMINOSYN-HBC 7%.....	68
ACTHIB (PF).....	122	ALIMTA.....	18	AMINOSYN-PF 10 %.....	68
ACTIMMUNE.....	129	ALINIA.....	49	AMINOSYN-PF 7 %	
<i>acyclovir</i>	62, 93	ALIQOPA.....	18	(SULFITE-FREE).....	68
<i>acyclovir sodium</i>	63	<i>aliskiren</i>	80	AMINOSYN-RF 5.2 %.....	68
ADACEL(TDAP		<i>allopurinol</i>	44	<i>amiodarone</i>	73
ADOLESN/ADULT)(PF)....	122	<i>alosectron</i>	126	AMITIZA.....	104
ADAGEN.....	97	ALPHAGAN P.....	131	<i>amitriptyline</i>	35
ADAKVEO.....	66	<i>alprazolam</i>	9	<i>amlodipine</i>	77
<i>adapalene</i>	96	ALREX.....	102	<i>amlodipine-benazepril</i>	77
ADCETRIS.....	18	<i>altavera (28)</i>	85	<i>amlodipine-valsartan</i>	77
<i>adefovir</i>	63	ALTRENO.....	96	<i>ammonium lactate</i>	93
ADEMPAS.....	140	ALUNBRIG.....	18	<i>amoxapine</i>	35
<i>adriamycin</i>	18	<i>alyacen 1/35 (28)</i>	85	<i>amoxicillin</i>	15
<i>adrucil</i>	18	<i>alyacen 7/7 (28)</i>	85	<i>amoxicillin-pot clavulanate</i>	15
ADVAIR DISKUS.....	134	<i>alyq</i>	140	<i>amphotericin b</i>	43
ADVAIR HFA.....	135	<i>amabelz</i>	109	<i>ampicillin</i>	15
<i>afeditab cr</i>	77	<i>amantadine hcl</i>	50	<i>ampicillin sodium</i>	15
AFINITOR.....	18	AMBISOME.....	43	<i>ampicillin-sulbactam</i>	15
AFINITOR DISPERZ.....	18	<i>ambrisentan</i>	140	ANADROL-50.....	109
<i>afirmelle</i>	85	<i>amethia</i>	85	<i>anagrelide</i>	66
<i>a-hydrocort</i>	110	<i>amethia lo</i>	85	<i>anastrozole</i>	18

ANORO ELLIPTA.....	136	AVASTIN.....	18	<i>betamethasone acet,sod phos.</i> ..	110
APOKYN.....	50	<i>aviane</i>	86	<i>betamethasone dipropionate</i>	94
<i>apraclonidine</i>	99	AVONEX.....	81	<i>betamethasone valerate</i>	94
<i>aprepitant</i>	47	AVONEX (WITH		<i>betamethasone, augmented</i>	95
<i>apri</i>	85	ALBUMIN).....	81	BETASERON.....	82
APRISO.....	126	<i>ayuna</i>	86	<i>betaxolol</i>	74
APTIOM.....	30	AYVAKIT.....	18	<i>bethanechol chloride</i>	107
APTIVUS.....	57	<i>azacitidine</i>	19	BETHKIS.....	10
APTIVUS (WITH VITAMIN		<i>azathioprine</i>	116	BEVYXXA.....	63
E).....	57	<i>azathioprine sodium</i>	116	<i>bexarotene</i>	19
<i>aranelle (28)</i>	85	<i>azelastine</i>	99	BEXSERO.....	122
ARCALYST.....	116	<i>azithromycin</i>	14	<i>bicalutamide</i>	19
<i>aripiprazole</i>	52	AZOPT.....	131	BICILLIN L-A.....	15
ARISTADA.....	52	<i>aztreonam</i>	14	BIDIL.....	80
ARISTADA INITIO.....	52	<i>azurette (28)</i>	86	BIKTARVY.....	57
<i>armodafinil</i>	140	<i>baciim</i>	11	<i>bisoprolol fumarate</i>	74
ARNUITY ELLIPTA.....	135	<i>bacitracin</i>	100	<i>bisoprolol-hydrochlorothiazide</i> ..	74
<i>arsenic trioxide</i>	18	<i>bacitracin-polymyxin b</i>	100	<i>bleomycin</i>	19
<i>ashlyna</i>	85	<i>baclofen</i>	139	<i>bleph-10</i>	100
<i>aspirin-dipyridamole</i>	67	<i>balsalazide</i>	126	BLINCYTO.....	19
ASSURE ID INSULIN		BALVERSA.....	19	<i>blisovi 24 fe</i>	86
SAFETY.....	97	<i>balziva (28)</i>	86	<i>blisovi fe 1.5/30 (28)</i>	86
<i>atazanavir</i>	57	BANZEL.....	30	<i>blisovi fe 1/20 (28)</i>	86
<i>atenolol</i>	74	BAVENCIO.....	19	BOOSTRIX TDAP.....	122, 123
<i>atenolol-chlorthalidone</i>	74	BAXDELA.....	16	BORTEZOMIB.....	19
<i>atomoxetine</i>	81	BCG VACCINE, LIVE (PF)	122	BOSULIF.....	19
<i>atorvastatin</i>	79	BD ULTRA-FINE NANO		BRAFTOVI.....	19
<i>atovaquone</i>	49	PEN NEEDLE.....	97	BREO ELLIPTA.....	135
<i>atovaquone-proguanil</i>	49	BD VEO INSULIN SYR		<i>briellyn</i>	86
ATRIPLA.....	57	HALF UNIT.....	97	BRILINTA.....	67
<i>atropine</i>	30, 99	BD VEO INSULIN		<i>brimonidine</i>	131
ATROVENT HFA.....	136	SYRINGE UF.....	97	BRIVIACT.....	30
AUBAGIO.....	81	<i>bekyree (28)</i>	86	<i>bromocriptine</i>	50
<i>aubra</i>	86	BELEODAQ.....	19	BROMSITE.....	102
<i>aurovela 1.5/30 (21)</i>	86	BELSOMRA.....	140	BRUKINSA.....	19
<i>aurovela 1/20 (21)</i>	86	<i>benazepril</i>	72	<i>budesonide</i>	126, 135
<i>aurovela 24 fe</i>	86	BENDEKA.....	19	<i>bumetanide</i>	78
<i>aurovela fe 1.5/30 (28)</i>	86	BENLYSTA.....	129	<i>buprenorphine hcl</i>	3, 8
<i>aurovela fe 1-20 (28)</i>	86	<i>benztropine</i>	50	<i>buprenorphine-naloxone</i>	8
AUSTEDO.....	81	BESPONSA.....	19	<i>bupropion hcl</i>	35

<i>bupropion hcl (smoking deter)</i> ...8	<i>cefixime</i> 13	CINRYZE..... 64
<i>buspirone</i> 9	<i>cefotaxime</i> 13	CINVANTI..... 48
<i>butalbital-acetaminophen-caff</i> ...3	<i>cefoxitin</i> 13	CIPRODEX.....100
<i>butalbital-aspirin-caffeine</i> 3	<i>cefpodoxime</i> 13	<i>ciprofloxacin</i> 16
BYSTOLIC.....74	<i>cefprozil</i>.....13	<i>ciprofloxacin hcl</i> 16, 100
BYVALSON.....74	<i>ceftazidime</i> 13	<i>ciprofloxacin in 5 % dextrose</i> ... 16
<i>cabergoline</i> 50	<i>ceftriaxone</i> 13	<i>citalopram</i> 35
CABLIVI..... 129	<i>cefuroxime axetil</i> 13	<i>clarithromycin</i> 14
CABOMETYX..... 19	<i>cefuroxime sodium</i> 13	CLENPIQ..... 106
<i>caffeine citrate</i> 82	<i>celecoxib</i> 6	<i>clindamycin hcl</i> 11
<i>calcipotriene</i> 93	CELONTIN..... 31	<i>clindamycin in 5 % dextrose</i> 11
<i>calcitonin (salmon)</i> 127	<i>cephalexin</i>.....13	<i>clindamycin phosphate</i> .. 11, 45, 93
<i>calcitriol</i> 127, 128	CERDELGA.....97	CLINIMIX 5%/D15W
<i>calcium acetate(phosphat bind)</i>	CEREZYME.....98	SULFITE FREE..... 68
..... 107	CETYLEV..... 129	CLINIMIX 5%/D25W
<i>calcium chloride</i> 132	CHANTIX..... 8	SULFITE-FREE..... 68
CALDOLOR.....6	CHANTIX CONTINUING	CLINIMIX 4.25%/D10W
CALQUENCE..... 20	MONTH BOX.....8	SULF FREE.....68
<i>camila</i>.....86	CHANTIX STARTING	CLINIMIX 4.25%/D5W
CAPASTAT..... 47	MONTH BOX.....9	SULFIT FREE.....69
CAPLYTA..... 53	<i>chloramphenicol sod succinate</i> ..11	CLINIMIX 4.25%-D25W
CAPRELSA..... 20	<i>chlordiazepoxide hcl</i> 9	SULF-FREE..... 69
<i>captopril</i> 72	<i>chlorhexidine gluconate</i>.....92	CLINIMIX 5%-
CARBAGLU..... 104	<i>chloroquine phosphate</i>.....49	D20W(SULFITE-FREE)..... 69
<i>carbamazepine</i> 31	<i>chlorothiazide</i> 78	CLINIMIX E 2.75%/D10W
<i>carbidopa-levodopa</i> 50	<i>chlorothiazide sodium</i> 78	SUL FREE.....69
<i>carbidopa-levodopa-entacapone</i>	<i>chlorpromazine</i> 53	CLINIMIX E 2.75%/D5W
..... 50, 51	<i>chlorthalidone</i> 78	SULF FREE.....69
<i>carteolol</i>.....132	<i>chlorzoxazone</i> 139	CLINIMIX E 4.25%/D10W
<i>cartia xt</i>.....75	<i>cholestyramine (with sugar)</i> ... 79	SUL FREE.....69
<i>carvedilol</i> 74	<i>cholestyramine light</i> 79	CLINIMIX E 4.25%/D25W
<i>caspofungin</i>.....43	<i>ciclopirox</i>.....43	SUL FREE.....69
CAYSTON..... 14	<i>cilostazol</i> 67	CLINIMIX E 4.25%/D5W
<i>caziant (28)</i> 86	CIMDUO..... 57	SULF FREE.....69
<i>cefaclor</i>.....12	<i>cimetidine hcl</i> 103	CLINIMIX E 5%/D15W
<i>cefadroxil</i> 12	CIMZIA..... 116	SULFIT FREE.....69
<i>cefazolin</i> 12	CIMZIA POWDER FOR	CLINIMIX E 5%/D20W
<i>cefdinir</i>.....12, 13	RECONST.....116	SULFIT FREE.....69
<i>cefditoren pivoxil</i> 13	<i>cinacalcet</i>.....128	CLINIMIX E 5%/D25W
<i>cefepime</i> 13	CINQAIR..... 138	SULFIT FREE.....69

CLINOLIPID.....	69	<i>cryselle (28)</i>	86	<i>desmopressin</i>	112
<i>clobazam</i>	31	<i>cyclafem 1/35 (28)</i>	86	<i>desog-e.estradiolle.estradiol</i>	87
<i>clobetasol</i>	95	<i>cyclafem 7/7/7 (28)</i>	86	<i>desogestrel-ethinyl estradiol</i>	87
<i>clobetasol-emollient</i>	95	<i>cyclobenzaprine</i>	139	<i>desoximetasone</i>	95
<i>clocortolone pivalate</i>	95	<i>cyclopentolate</i>	99	<i>desvenlafaxine succinate</i>	35
<i>clofarabine</i>	20	<i>cyclophosphamide</i>	20	<i>dexamethasone</i>	110, 111
<i>clomipramine</i>	35	CYCLOPHOSPHAMIDE.....	20	<i>dexamethasone sodium phos</i>	
<i>clonazepam</i>	9, 10	<i>cyclosporine</i>	117	<i>(pf)</i>	111
<i>clonidine</i>	71	<i>cyclosporine modified</i>	117	<i>dexamethasone sodium</i>	
<i>clonidine hcl</i>	71	<i>cyproheptadine</i>	45	<i>phosphate</i>	102, 111
<i>clopidogrel</i>	67	CYRAMZA.....	20	<i>dexmethylphenidate</i>	82
<i>clorazepate dipotassium</i>	10	<i>cyred</i>	86	<i>dextroamphetamine</i>	82
<i>clotrimazole</i>	43	CYSTADANE.....	129	<i>dextroamphetamine-</i>	
<i>clotrimazole-betamethasone</i>	43	CYSTARAN.....	99	<i>amphetamine</i>	82
<i>clovique</i>	108	<i>dalfampridine</i>	82	<i>dextrose 10 % in water (d10w)</i>	70
<i>clozapine</i>	53	DALIRESP.....	138	<i>dextrose 20 % in water (d20w)</i>	70
COARTEM.....	49	<i>danazol</i>	109	<i>dextrose 25 % in water (d25w)</i>	70
<i>codeine sulfate</i>	3	<i>dantrolene</i>	139, 140	<i>dextrose 30 % in water (d30w)</i>	70
<i>colchicine</i>	44	<i>dapsone</i>	47	<i>dextrose 40 % in water (d40w)</i>	70
<i>colesevelam</i>	79	DAPTACEL (DTAP		<i>dextrose 5 % in water (d5w)</i>	70
<i>colestipol</i>	79	PEDIATRIC) (PF).....	123	<i>dextrose 50 % in water (d50w)</i>	70
<i>colistin (colistimethate na)</i>	11	<i>daptomycin</i>	11	<i>dextrose 70 % in water (d70w)</i>	70
<i>colocort</i>	126	DARAPRIM.....	49	DIASTAT.....	31
COMBIGAN.....	132	DARZALEX.....	20	DIASTAT ACUDIAL.....	31
COMBIVENT RESPIMAT.....	136	<i>dasetta 1/35 (28)</i>	86	<i>diazepam</i>	10, 31
COMETRIQ.....	20	<i>dasetta 7/7/7 (28)</i>	86	<i>diazepam intensol</i>	10
COMPLERA.....	57	DAURISMO.....	20	<i>diclofenac epolamine</i>	6
<i>compro</i>	48	<i>daysee</i>	87	<i>diclofenac potassium</i>	6
<i>constulose</i>	104	<i>deblitane</i>	87	<i>diclofenac sodium</i>	6, 102
COPIKTRA.....	20	<i>decadron</i>	110	<i>dicloxacillin</i>	15
CORLANOR.....	76	<i>decitabine</i>	20	<i>dicyclomine</i>	105
<i>cormax</i>	95	<i>deferasirox</i>	108	<i>didanosine</i>	57
<i>cortisone</i>	110	<i>deferoxamine</i>	108	DIFICID.....	14
COSENTYX (2 SYRINGES)		DELSTRIGO.....	57	<i>digitek</i>	76
.....	116	<i>delyla (28)</i>	87	<i>digox</i>	76
COSENTYX PEN (2 PENS)	116	DEMSEER.....	76	<i>digoxin</i>	76
COTELLIC.....	20	DEPEN TITRATABS.....	108	DIGOXIN.....	76
CREON.....	98	DEPO-PROVERA.....	115	<i>dihydroergotamine</i>	46
CRIXIVAN.....	57	DESCOVY.....	57	<i>diltiazem hcl</i>	75
<i>cromolyn</i>	99, 104, 138	<i>desipramine</i>	35	<i>dilt-xr</i>	76

<i>dimenhydrinate</i>	48	EGRIFTA	112	<i>enskyce</i>	87
DIPENTUM	127	ELAPRASE	98	<i>entacapone</i>	51
<i>diphenhydramine hcl</i>	45	ELIGARD	21	<i>entecavir</i>	63
<i>diphenoxylate-atropine</i>	105	ELIGARD (3 MONTH)	21	ENTRESTO	72
<i>dipyridamole</i>	67	ELIGARD (4 MONTH)	21	<i>enulose</i>	105
<i>disopyramide phosphate</i>	73	ELIGARD (6 MONTH)	21	EPCLUSA	61
<i>disulfiram</i>	9	<i>elinest</i>	87	EPIDIOLEX	31
<i>divalproex</i>	31	ELIQUIS	63	<i>epinastine</i>	100
<i>dofetilide</i>	73	ELIQUIS DVT-PE TREAT		<i>epinephrine</i>	77
<i>donepezil</i>	34	30D START	63	<i>epitol</i>	31
DOPTELET (10 TAB PACK)	64	ELITEK	98	EPIVIR HBV	58
DOPTELET (15 TAB PACK)	64	ELLA	87	<i>eplerenone</i>	80
DOPTELET (30 TAB PACK)	64	ELMIRON	129	<i>epoprostenol (glycine)</i>	140
<i>dorzolamide</i>	132	<i>eluryng</i>	87	<i>ergoloid</i>	129
<i>dorzolamide-timolol</i>	132	EMCYT	21	ERGOMAR	46
<i>dotti</i>	109	EMEND	48	ERIVEDGE	21
DOVATO	57	EMEND		ERLEADA	21
<i>doxazosin</i>	71	(FOSAPREPITANT)	48	<i>erlotinib</i>	21
<i>doxepin</i>	35	EMFLAZA	111	<i>errin</i>	87
<i>doxercalciferol</i>	128	EMGALITY PEN	46	<i>ertapenem</i>	14
<i>doxorubicin</i>	20	EMGALITY SYRINGE	46	<i>ery pads</i>	93
<i>doxorubicin, peg-liposomal</i>	20	<i>emoquette</i>	87	<i>erythromycin</i>	14, 100
<i>doxy-100</i>	17	EMPLICITI	21	<i>erythromycin ethylsuccinate</i>	14
<i>doxycycline hyclate</i>	17	EMSAM	36	<i>erythromycin with ethanol</i>	94
<i>doxycycline monohydrate</i>	17	EMTRIVA	58	ESBRIET	138
DRIZALMA SPRINKLE	36	<i>enalapril maleate</i>	72	<i>escitalopram oxalate</i>	36
<i>dronabinol</i>	48	<i>enalaprilat</i>	72	<i>esomeprazole sodium</i>	103
<i>droperidol</i>	129	<i>enalapril-hydrochlorothiazide</i>		<i>estarylla</i>	87
<i>drospirenone-ethinyl estradiol</i> ..	87	.....	72, 73	<i>estradiol</i>	109, 110
DROXIA	20	ENBREL	117	<i>estradiol valerate</i>	110
DUAVEE	109	ENBREL MINI	117	<i>estradiol-norethindrone acet</i> ...	110
<i>duloxetine</i>	36	ENBREL SURECLICK	117	<i>eszopiclone</i>	140
DUPIXENT	117	ENDARI	129	<i>ethambutol</i>	47
DUREZOL	102	<i>endocet</i>	3	<i>ethosuximide</i>	31
<i>dutasteride</i>	108	ENGERIX-B (PF)	123	<i>ethynodiol diac-eth estradiol</i>	87
<i>econazole</i>	43	ENGERIX-B PEDIATRIC		<i>etodolac</i>	6, 7
EDARBI	72	(PF)	123	<i>etonogestrel-ethinyl estradiol</i> ...	87
EDARBYCLOR	72	ENHERTU	21	ETOPOPHOS	21
EDURANT	57	<i>enoxaparin</i>	63	<i>etoposide</i>	21
<i>efavirenz</i>	57, 58	<i>enpresse</i>	87	EUCRISA	95

EVENITY.....	128	<i>fluconazole in nacl (iso-osm) ...</i>	43	GAMMAGARD S-D (IGA <	1 MCG/ML).....	117
EVOTAZ.....	58	<i>flucytosine.....</i>	43	GAMMAPLEX.....		118
<i>exemestane.....</i>	21	<i>fludrocortisone.....</i>	111	GAMMAPLEX (WITH		
EXONDYS-51.....	130	<i>flumazenil.....</i>	82	SORBITOL).....		117
EXTAVIA.....	82	<i>flunisolide.....</i>	102	<i>ganciclovir sodium.....</i>		63
<i>ezetimibe.....</i>	79	<i>fluocinolone.....</i>	95	GARDASIL 9 (PF).....		123
FABRAZYME.....	98	<i>fluocinonide.....</i>	95	GATTEX 30-VIAL.....		105
<i>falmina (28).....</i>	87	<i>fluocinonide-e.....</i>	95	GAUZE PAD.....		97
<i>famciclovir.....</i>	63	<i>fluorometholone.....</i>	102	<i>gavilyte-c.....</i>		106
<i>famotidine.....</i>	104	<i>fluorouracil.....</i>	21, 93	<i>gavilyte-g.....</i>		106
<i>famotidine (pf).....</i>	103	<i>fluoxetine.....</i>	36	<i>gavilyte-n.....</i>		106
<i>famotidine (pf)-nacl (iso-os).....</i>	104	<i>fluphenazine decanoate.....</i>	53	GAZYVA.....		22
FANAPT.....	53	<i>fluphenazine hcl.....</i>	53	<i>gemfibrozil.....</i>		79
FARYDAK.....	21	<i>flurbiprofen.....</i>	7	<i>generlac.....</i>		105
FASENRA.....	139	<i>flurbiprofen sodium.....</i>	102	<i>gengraf.....</i>		118
FASENRA PEN.....	138	<i>flutamide.....</i>	21	GENOTROPIN.....		112
<i>febuxostat.....</i>	44	<i>fluticasone propionate.....</i>	95, 103	GENOTROPIN		
<i>felbamate.....</i>	31	<i>fluvoxamine.....</i>	36	MINIQUICK.....		112
FEMRING.....	110	<i>fomepizole.....</i>	130	<i>gentak.....</i>		100
<i>femynor.....</i>	87	<i>fondaparinux.....</i>	64	<i>gentamicin.....</i>	10, 94, 100	
<i>fenofibrate.....</i>	79	FORTEO.....	128	<i>gentamicin sulfate (ped) (pf) ..</i>	10	
<i>fenofibrate micronized.....</i>	79	<i>fosamprenavir.....</i>	58	<i>gentamicin sulfate (pf).....</i>	10	
<i>fenofibrate nanocrystallized.....</i>	79	<i>fosaprepitant.....</i>	48	GENVOYA.....		58
<i>fentanyl.....</i>	3	<i>foscarnet.....</i>	61	GEODON.....		53
<i>fentanyl citrate.....</i>	3	<i>fosinopril.....</i>	73	GILENYA.....		82
FERRIPROX.....	108	<i>fosphenytoin.....</i>	32	GILOTRIF.....		22
FETZIMA.....	36	FREAMINE HBC 6.9 %.....	70	GIVLAARI.....		66
FIASP FLEXTOUCH U-100		FREAMINE III 10 %.....	70	<i>glatiramer.....</i>		82
INSULIN.....	40	FULPHILA.....	65	<i>glatopa.....</i>		82
FIASP PENFILL U-100		<i>fulvestrant.....</i>	21	GLEOSTINE.....		22
INSULIN.....	40	<i>furosemide.....</i>	78	<i>glimepiride.....</i>		42
FIASP U-100 INSULIN.....	40	FUZEON.....	58	<i>glipizide.....</i>		42
<i>finasteride.....</i>	108	<i>fyavolv.....</i>	110	<i>glipizide-metformin.....</i>		42
FIRVANQ.....	11	FYCOMPA.....	32	GLUCAGEN HYPOKIT.....		130
FLEBOGAMMA DIF.....	117	<i>gabapentin.....</i>	32	<i>glyburide.....</i>		42
<i>flecainide.....</i>	73	GALAFOLD.....	98	<i>glyburide micronized.....</i>		42
FLOVENT DISKUS.....	135	<i>galantamine.....</i>	34	<i>glyburide-metformin.....</i>		42
FLOVENT HFA.....	135	GAMASTAN.....	117	<i>glycopyrrolate.....</i>		105
<i>floxuridine.....</i>	21	GAMMAGARD LIQUID... ..	117	<i>glydo.....</i>		7
<i>fluconazole.....</i>	43					

GLYXAMBI.....	38	HUMIRA(CF) PEN		<i>imipramine hcl</i>	36
GOCOVRI.....	51	CROHNS-UC-HS.....	118	<i>imiquimod</i>	93
<i>granisetron (pf)</i>	48	HUMIRA(CF) PEN PSOR-		IMLYGIC.....	23
<i>granisetron hcl</i>	48	UV-ADOL HS.....	118	IMOGAM RABIES-HT (PF)	
GRANIX.....	65	HUMULIN R U-500		.....	119
<i>griseofulvin microsize</i>	43	(CONC) INSULIN.....	40	IMOVAX RABIES	
<i>guanfacine</i>	71, 82	HUMULIN R U-500		VACCINE (PF).....	123
<i>guanidine</i>	130	(CONC) KWIKPEN.....	40	IMPAVIDO.....	49
GVOKE HYPOPEN.....	130	<i>hydralazine</i>	77	INBRIJA.....	51
GVOKE SYRINGE.....	130	<i>hydrochlorothiazide</i>	78	<i>incassia</i>	87
HAEGARDA.....	65	<i>hydrocodone-acetaminophen</i> ..	3, 4	INCRELEX.....	113
<i>hailey</i>	87	<i>hydrocodone-ibuprofen</i>	4	INCRUSE ELLIPTA.....	137
<i>hailey 24 fe</i>	87	<i>hydrocortisone</i>	95, 111, 127	<i>indapamide</i>	78
<i>halobetasol propionate</i>	95	<i>hydromorphone</i>	4	<i>indomethacin</i>	7
<i>haloperidol</i>	54	<i>hydromorphone (pf)</i>	4	INFANRIX (DTAP) (PF)	
<i>haloperidol decanoate</i>	53, 54	<i>hydroxychloroquine</i>	49	.....	123, 124
<i>haloperidol lactate</i>	54	<i>hydroxyprogesterone</i>		INFLECTRA.....	119
HARVONI.....	61	<i>cap(ppres)</i>	115	INGREZZA.....	83
HAVRIX (PF).....	123	<i>hydroxyurea</i>	22	INGREZZA INITIATION	
<i>heather</i>	87	<i>hydroxyzine hcl</i>	45	PACK.....	82
<i>heparin (porcine)</i>	64	<i>hydroxyzine pamoate</i>	130	INLYTA.....	23
<i>heparin, porcine (pf)</i>	64	HYPERRAB (PF).....	119	INREBIC.....	23
HEPATAMINE 8%.....	70	HYPERRAB S/D (PF).....	119	INSULIN SYRINGE-	
HERCEPTIN.....	22	HYQVIA.....	119	NEEDLE U-100.....	97
HERCEPTIN HYLECTA.....	22	<i>ibandronate</i>	128	INTELENCE.....	58
HETLIOZ.....	140	IBRANCE.....	22	INTRALIPID.....	70
HIBERIX (PF).....	123	<i>ibu</i>	7	INTRON A.....	62
HUMATROPE.....	112, 113	<i>ibuprofen</i>	7	<i>introvale</i>	87
HUMIRA.....	118	<i>icatibant</i>	77	INVEGA SUSTENNA.....	54
HUMIRA PEDIATRIC		ICLUSIG.....	22	INVEGA TRINZA.....	54
CROHNS START.....	118	IDHIFA.....	22	INVELTYS.....	103
HUMIRA PEN.....	118	<i>ifosfamide</i>	22	INVIRASE.....	58
HUMIRA PEN CROHNS-		<i>ifosfamide-mesna</i>	22	INVOKAMET.....	38
UC-HS START.....	118	ILARIS (PF).....	119	INVOKAMET XR.....	38
HUMIRA PEN PSOR-		ILEVRO.....	103	INVOKANA.....	38
UVEITS-ADOL HS.....	118	ILUMYA.....	119	IONOSOL-B IN D5W.....	132
HUMIRA(CF).....	118	<i>imatinib</i>	22	IONOSOL-MB IN D5W.....	133
HUMIRA(CF) PEDI		IMBRUVICA.....	22	IPOL.....	124
CROHNS STARTER.....	118	IMFINZI.....	22	<i>ipratropium bromide</i>	100, 137
HUMIRA(CF) PEN.....	118	<i>imipenem-cilastatin</i>	14	<i>irbesartan</i>	72

<i>irbesartan-hydrochlorothiazide</i>	72	<i>kalliga</i>	88	<i>larin 1.5/30 (21)</i>	88
IRESSA.....	23	KALYDECO.....	139	<i>larin 1/20 (21)</i>	88
ISENTRESS.....	58	KANJINTI.....	23	<i>larin 24 fe</i>	88
ISENTRESS HD.....	58	KANUMA.....	98	<i>larin fe 1.5/30 (28)</i>	88
<i>isibloom</i>	88	<i>kariva (28)</i>	88	<i>larin fe 1/20 (28)</i>	89
ISOLYTE-P IN 5 %		KEDRAB (PF).....	119	<i>larissia</i>	89
DEXTROSE.....	133	<i>kelnor 1/35 (28)</i>	88	<i>latanoprost</i>	132
ISOLYTE-S.....	133	<i>kelnor 1-50</i>	88	LATUDA.....	54
<i>isoniazid</i>	47	<i>ketoconazole</i>	43	LAZANDA.....	4
<i>isosorbide dinitrate</i>	81	<i>ketorolac</i>	7, 103	<i>ledipasvir-sofosbuvir</i>	61
<i>isosorbide mononitrate</i>	81	KEVEYIS.....	130	<i>leena 28</i>	89
<i>itraconazole</i>	43	KEVZARA.....	119	<i>leflunomide</i>	119
<i>ivermectin</i>	50	KEYTRUDA.....	23	LEMTRADA.....	83
IXEMPRA.....	23	KINERET.....	119	LENVIMA.....	24
IXIARO (PF).....	124	KINRIX (PF).....	124	<i>lessina</i>	89
JADENU.....	108	<i>kionex (with sorbitol)</i>	105	<i>letrozole</i>	24
JADENU SPRINKLE.....	108	KISQALI.....	23	<i>leucovorin calcium</i>	130
JAKAFI.....	23	KISQALI FEMARA CO-		LEUKERAN.....	24
<i>jantoven</i>	64	PACK.....	23	LEUKINE.....	65
JANUMET.....	38	<i>klor-con m10</i>	133	<i>leuprolide</i>	24
JANUMET XR.....	38	<i>klor-con m15</i>	133	<i>levetiracetam</i>	32
JANUVIA.....	38	<i>klor-con m20</i>	133	<i>levobunolol</i>	132
JARDIANCE.....	38	<i>klor-con sprinkle</i>	133	<i>levocarnitine</i>	130
<i>jasmiel (28)</i>	88	KORLYM.....	39	<i>levocarnitine (with sugar)</i>	130
<i>jencycla</i>	88	KRINTAFEL.....	50	<i>levocetirizine</i>	45
JENTADUETO.....	38	KRYSTEXXA.....	98	<i>levofloxacin</i>	16, 100
JENTADUETO XR.....	39	<i>kurvelo (28)</i>	88	<i>levofloxacin in d5w</i>	16
<i>jinteli</i>	110	KUVAN.....	98	LEVOLEUCOVORIN	
<i>jolivette</i>	88	KYPROLIS.....	23	CALCIUM.....	130
<i>juleber</i>	88	<i>l norgestle.estradiol-e.estrad</i>	88	<i>levoleucovorin calcium</i>	130
JULUCA.....	58	<i>labetalol</i>	74	<i>levonest (28)</i>	89
<i>junel 1.5/30 (21)</i>	88	LACTATED RINGERS.....	127	<i>levonorgestrel-ethinyl estrad</i>	89
<i>junel 1/20 (21)</i>	88	<i>lactulose</i>	105	<i>levonorg-eth estrad triphasic</i>	89
<i>junel fe 1.5/30 (28)</i>	88	<i>lamivudine</i>	58	<i>levora-28</i>	89
<i>junel fe 1/20 (28)</i>	88	<i>lamivudine-zidovudine</i>	59	<i>levothyroxine</i>	116
<i>junel fe 24</i>	88	<i>lamotrigine</i>	32	LEXIVA.....	59
JUXTAPID.....	79	<i>lansoprazole</i>	104	LIALDA.....	127
JYNARQUE.....	78	LANTUS SOLOSTAR U-100		LIBTAYO.....	24
KABIVEN.....	70	INSULIN.....	40	<i>lidocaine</i>	8
KALETRA.....	58	LANTUS U-100 INSULIN... 40		<i>lidocaine (pf)</i>	7, 8, 73

<i>lidocaine hcl</i>	8	LUPRON DEPOT (3	<i>mefloquine</i>	50
<i>lidocaine viscous</i>	8	MONTH).....	<i>megestrol</i>	25, 115
<i>lidocaine-prilocaine</i>	8	LUPRON DEPOT (4	MEKINIST.....	25
<i>lillow (28)</i>	89	MONTH).....	MEKTOVI.....	25
<i>linezolid</i>	12	LUPRON DEPOT (6	<i>meloxicam</i>	7
<i>linezolid in dextrose 5%</i>	11	MONTH).....	<i>memantine</i>	34
<i>linezolid-0.9% sodium chloride</i> ..	11	LUPRON DEPOT-PED.....	MENACTRA (PF).....	124
LINZESS.....	105	LUPRON DEPOT-PED (3	MENVEO A-C-Y-W-135-DIP	
<i>liothyronine</i>	116	MONTH).....	(PF).....	124
<i>lisinopril</i>	73	<i>lutera (28)</i>	MEPSEVII.....	98
<i>lisinopril-hydrochlorothiazide</i> ...	73	LYNPARZA.....	<i>mercaptopurine</i>	25
<i>lithium carbonate</i>	83	LYSODREN.....	<i>meropenem</i>	14
<i>lithium citrate</i>	83	<i>lyza</i>	<i>mesalamine</i>	127
LIVALO.....	79	<i>magnesium sulfate</i>	<i>mesna</i>	130
LOKELMA.....	105	<i>magnesium sulfate in d5w</i>	MESNEX.....	130
LONHALA MAGNAIR		<i>magnesium sulfate in water</i>	MESTINON.....	131
REFILL.....	137	<i>malathion</i>	<i>metaproterenol</i>	137
LONHALA MAGNAIR		<i>maprotiline</i>	<i>metformin</i>	39
STARTER.....	137	<i>marlissa (28)</i>	<i>methadone</i>	4
LONSURF.....	24	MARPLAN.....	<i>methadose</i>	4
<i>loperamide</i>	105	MATULANE.....	<i>methenamine hippurate</i>	12
<i>lopinavir-ritonavir</i>	59	MAVENCLAD (10 TABLET	<i>methimazole</i>	116
<i>lorazepam</i>	10	PACK).....	<i>methocarbamol</i>	140
LORBRENA.....	24	MAVENCLAD (4 TABLET	<i>methotrexate sodium</i>	25
<i>lorcet (hydrocodone)</i>	4	PACK).....	<i>methotrexate sodium (pf)</i>	25
<i>lorcet hd</i>	4	MAVENCLAD (5 TABLET	<i>methoxsalen</i>	93
<i>lorcet plus</i>	4	PACK).....	<i>methscopolamine</i>	105
<i>loryna (28)</i>	89	MAVENCLAD (6 TABLET	<i>methylclothiazide</i>	78
<i>losartan</i>	72	PACK).....	<i>methylphenidate hcl</i>	83, 84
<i>losartan-hydrochlorothiazide</i> ...	72	MAVENCLAD (7 TABLET	<i>methylprednisolone</i>	111
LOTEMAX.....	103	PACK).....	<i>methylprednisolone acetate</i>	111
LOTEMAX SM.....	103	MAVENCLAD (8 TABLET	<i>methylprednisolone sodium</i>	
<i>lovastatin</i>	79	PACK).....	<i>succ</i>	111
<i>low-ogestrel (28)</i>	89	MAVENCLAD (9 TABLET	<i>metipranolol</i>	132
<i>loxapine succinate</i>	55	PACK).....	<i>metoclopramide hcl</i>	105
<i>lo-zumandimine (28)</i>	89	MAVYRET.....	<i>metoprolol succinate</i>	74
LUCEMYRA.....	9	MAYZENT.....	<i>metoprolol ta-hydrochlorothiaz</i>	74
LUMIGAN.....	132	<i>meclizine</i>	<i>metoprolol tartrate</i>	74, 75
LUMOXITI.....	24	<i>medroxyprogesterone</i>	<i>metronidazole</i>	12, 45, 94
LUPRON DEPOT.....	24, 113	<i>mefenamic acid</i>	<i>metronidazole in nacl (iso-os)</i> ..	12

<i>mexiletine</i>	73	<i>nafcillin in dextrose iso-osm</i>	15	<i>nitisinone</i>	98
MIACALCIN.....	128	NAGLAZYME.....	98	<i>nitrofurantoin macrocrystal</i>	12
<i>miconazole-3</i>	43	<i>naloxone</i>	9	<i>nitrofurantoin monohydlm-</i>	
<i>microgestin fe 1/20 (28)</i>	89	<i>naltrexone</i>	9	<i>cryst</i>	12
<i>midodrine</i>	71	NAMZARIC.....	35	<i>nitroglycerin</i>	81
<i>miglustat</i>	98	<i>naproxen</i>	7	NITYR.....	98
<i>mili</i>	89	NARCAN.....	9	NIVESTYM.....	65
<i>mimvey</i>	110	NATACYN.....	101	<i>nizatidine</i>	104
<i>mimvey lo</i>	110	NATPARA.....	128	NOCDURNA (MEN).....	113
<i>minitran</i>	81	NAYZILAM.....	32	NOCDURNA (WOMEN).....	113
<i>minocycline</i>	17	NEBUPENT.....	50	<i>nora-be</i>	90
<i>minoxidil</i>	81	<i>necon 0.5/35 (28)</i>	89	NORDITROPIN FLEXPRO	
<i>mirtazapine</i>	36, 37	<i>nefazodone</i>	37	.....	113
<i>misoprostol</i>	104	<i>neomycin</i>	11	<i>norethindrone (contraceptive)</i> ..	90
MITIGARE.....	44	<i>neomycin-bacitracin-poly-hc</i> ...101		<i>norethindrone acetate</i>	115
<i>mitoxantrone</i>	25	<i>neomycin-bacitracin-polymyxin</i>		<i>norethindrone ac-eth estradiol</i>	
M-M-R II (PF).....	124	.....	101	.....	90, 110
<i>molindone</i>	55	<i>neomycin-polymyxin b gu</i>	94	<i>norethindrone-e.estradiol-iron</i> ..	90
<i>mometasone</i>	96, 103	<i>neomycin-polymyxin b-</i>		<i>norgestimate-ethinyl estradiol</i> ..	90
<i>mondoxyne nl</i>	17	<i>dexameth</i>	101	<i>norlyda</i>	90
<i>mono-lynyah</i>	89	<i>neomycin-polymyxin-</i>		<i>norlyroc</i>	90
<i>mononessa (28)</i>	89	<i>gramicidin</i>	101	NORMOSOL-M IN 5 %	
<i>montelukast</i>	136	<i>neomycin-polymyxin-hc</i>	101	DEXTROSE.....	133
<i>morphine</i>	4, 5	<i>neo-polycin</i>	101	NORMOSOL-R.....	133
MORPHINE.....	5	<i>neo-polycin hc</i>	101	NORMOSOL-R PH 7.4.....	133
<i>morphine concentrate</i>	4	NEPHRAMINE 5.4 %.....	70	NORTHERA.....	71
MOVANTIK.....	105	NERLYNX.....	25	<i>nortrel 0.5/35 (28)</i>	90
MOXEZA.....	101	NEULASTA.....	65	<i>nortrel 1/35 (21)</i>	90
<i>moxifloxacin</i>	16, 101	NEUPOGEN.....	65	<i>nortrel 1/35 (28)</i>	90
MOZOBIL.....	65	NEUPRO.....	51	<i>nortrel 7/7/7 (28)</i>	90
MULPLETA.....	65	<i>nevirapine</i>	59	<i>nortriptyline</i>	37
MULTAQ.....	73	NEXAVAR.....	25	NORVIR.....	59
<i>mupirocin</i>	94	<i>niacin</i>	79	NOVOLIN 70/30 U-100	
<i>mycophenolate mofetil</i>	119, 120	<i>niacor</i>	79	INSULIN.....	40
<i>mycophenolate mofetil (hcl)</i> ..	119	<i>nicardipine</i>	77	NOVOLIN 70-30 FLEXPEN	
MYLOTARG.....	25	NICOTROL.....	9	U-100.....	41
MYRBETRIQ.....	107	<i>nifedipine</i>	77	NOVOLIN N FLEXPEN.....	41
<i>myzilra</i>	89	<i>nikki (28)</i>	90	NOVOLIN N NPH U-100	
<i>nabumetone</i>	7	<i>nilutamide</i>	25	INSULIN.....	41
<i>nafcillin</i>	15	NINLARO.....	25	NOVOLIN R FLEXPEN.....	41

NOVOLIN R REGULAR U-100 INSULN.....	41	<i>omega-3 acid ethyl esters</i>	79	<i>paricalcitol</i>	128
NOVOLOG FLEXPEN U-100 INSULIN.....	41	<i>omeprazole</i>	104	PARICALCITOL.....	128
NOVOLOG MIX 70-30 U-100 INSULN.....	41	<i>omeprazole-sodium bicarbonate</i>	104	<i>paroex oral rinse</i>	92
NOVOLOG MIX 70-30FLEXPEN U-100.....	41	OMNITROPE.....	114	<i>paromomycin</i>	50
NOVOLOG PENFILL U-100 INSULIN.....	41	ONCASPAR.....	25	<i>paroxetine hcl</i>	37
NOVOLOG U-100 INSULIN ASPART.....	41	<i>ondansetron</i>	48	PASER.....	47
NOXAFIL.....	44	<i>ondansetron hcl</i>	48	PAXIL.....	37
NUBEQA.....	25	<i>ondansetron hcl (pf)</i>	48	PEDIARIX (PF).....	124
NUCALA.....	139	ONIVYDE.....	25	PEDVAX HIB (PF).....	124
NUCYNTA.....	5	OPDIVO.....	26	<i>peg 3350-electrolytes</i>	106
NUCYNTA ER.....	5	OPSUMIT.....	141	PEGANONE.....	33
NUEDEXTA.....	84	<i>oralone</i>	92	PEGASYS.....	62
NULOJIX.....	120	ORENCIA.....	120	PEGASYS PROCLICK.....	62
NUPLAZID.....	55	ORENCIA (WITH MALTOSE).....	120	PEGINTRON.....	62
NUTRILIPID.....	70	ORENCIA CLICKJECT.....	120	PEN NEEDLE, DIABETIC..	97
NUTROPIN AQ NUSPIN..	113	ORENITRAM.....	141	<i>penicillamine</i>	108
<i>nyamyc</i>	44	ORFADIN.....	98	<i>penicillin g potassium</i>	16
<i>nystatin</i>	44	ORLISSA.....	114	<i>penicillin g procaine</i>	16
<i>nystop</i>	44	ORKAMBI.....	139	<i>penicillin v potassium</i>	16
OICALIVA.....	105	<i>orsythia</i>	90	PENNSAID.....	7
OCREVUS.....	84	<i>oseltamivir</i>	61	PENTACEL (PF).....	124
OCTAGAM.....	120	OSMOLEX ER.....	51	PENTAM.....	50
<i>octreotide acetate</i>	113, 114	OTEZLA.....	120	<i>pentamidine</i>	50
ODEFSEY.....	59	OTEZLA STARTER.....	120	<i>pentoxifylline</i>	67
ODOMZO.....	25	<i>oxcarbazepine</i>	32	PERIKABIVEN.....	71
OFEV.....	139	OXTELLAR XR.....	32	<i>perindopril erbumine</i>	73
<i>ofloxacin</i>	101	<i>oxybutynin chloride</i>	107	<i>perio gard</i>	92
<i>ogestrel (28)</i>	90	<i>oxycodone</i>	5	<i>permethrin</i>	97
OGIVRI.....	25	<i>oxycodone-acetaminophen</i>	5	<i>perphenazine</i>	55
<i>olanzapine</i>	55	<i>oxycodone-aspirin</i>	5	<i>perphenazine-amitriptyline</i>	37
<i>olmesartan</i>	72	OXYCONTIN.....	6	PERSERIS.....	55
<i>olmesartan-hydrochlorothiazide</i>	72	OZEMPIC.....	39	<i>pfizerpen-g</i>	16
<i>olopatadine</i>	100	<i>pacerone</i>	73	<i>phenadoz</i>	48
OLUMIANT.....	120	PADCEV.....	26	<i>phenelzine</i>	37
		<i>paliperidone</i>	55	<i>phenobarbital</i>	33
		PALYNZIQ.....	98	<i>phenylephrine hcl</i>	71, 100
		PANRETIN.....	93	<i>phenytoin</i>	33
		<i>pantoprazole</i>	104	<i>phenytoin sodium</i>	33
				<i>phenytoin sodium extended</i>	33
				<i>philith</i>	90

PHOSLYRA.....	107	PREMARIN.....	110	<i>propranolol</i>	75
PICATO.....	93	PREMPHASE.....	110	<i>propranolol-hydrochlorothiazid</i>	75
PIFELTRO.....	59	PREMPRO.....	110	<i>propylthiouracil</i>	116
<i>pilocarpine hcl</i>	92, 132	<i>prenatal plus (calcium carb)</i> ..	141	PROQUAD (PF).....	124
<i>pimecrolimus</i>	96	<i>prenatal vitamin plus low iron</i>	141	PROSOL 20 %.....	71
<i>pimozide</i>	55	<i>prevalite</i>	80	<i>protamine</i>	66
<i>pimtree (28)</i>	90	<i>previfem</i>	91	<i>protriptyline</i>	37
<i>pioglitazone</i>	39	PREVYMIS.....	61	PULMOZYME.....	99
<i>piperacillin-tazobactam</i>	16	PREZCOBIX.....	59	PURIXAN.....	26
PIQRAY.....	26	PREZISTA.....	59	<i>pyrazinamide</i>	47
<i>pirmella</i>	90	PRIFTIN.....	47	<i>pyridostigmine bromide</i>	131
PLASMA-LYTE 148.....	134	PRIMAQUINE.....	50	QUADRACEL (PF).....	125
PLASMA-LYTE A.....	134	<i>primidone</i>	33	<i>quetiapine</i>	55
PLEGRIDY.....	84	PRIVIGEN.....	120	<i>quinapril</i>	73
<i>podofilox</i>	93	PROAIR RESPICLICK.....	137	<i>quinidine sulfate</i>	74
POLIVY.....	26	<i>probenecid</i>	44	RABAVERT (PF).....	125
<i>polycin</i>	102	<i>probenecid-colchicine</i>	44	RADICAVA.....	84
<i>polymyxin b sulfate</i>	12	<i>procainamide</i>	73	<i>raloxifene</i>	110
<i>polymyxin b sulf-trimethoprim</i>	102	PROCALAMINE 3%.....	71	<i>ramipril</i>	73
POMALYST.....	26	<i>prochlorperazine</i>	49	<i>ranitidine hcl</i>	104
<i>portia 28</i>	90	<i>prochlorperazine edisylate</i>	48	<i>ranolazine</i>	77
PORTRAZZA.....	26	<i>prochlorperazine maleate</i>	48	<i>rasagiline</i>	51
<i>posaconazole</i>	44	PROCRIT.....	65, 66	RASUVO (PF).....	120
<i>potassium chloride</i>	134	<i>procto-med hc</i>	96	RAVICTI.....	105
<i>potassium chloride-0.45 % nacl</i>	134	<i>proctosol hc</i>	96	RAYALDEE.....	129
.....	134	<i>proctozone-hc</i>	96	REBIF (WITH ALBUMIN)..	84
<i>potassium citrate</i>	134	PROCYSBI.....	108	REBIF REBIDOSE.....	84
PRADAXA.....	64	<i>progesterone</i>	115	REBIF TITRATION PACK..	84
PRALUENT PEN.....	80	<i>progesterone micronized</i>	115	<i>reclipsen (28)</i>	91
<i>pramipexole</i>	51	PROGLYCEM.....	131	RECOMBIVAX HB (PF)....	125
<i>prasugrel</i>	67	PROGRAF.....	120	RECTIV.....	131
<i>pravastatin</i>	80	PROLASTIN-C.....	139	RELENZA DISKHALER.....	61
<i>prazosin</i>	71	PROLENSA.....	103	RELISTOR.....	106
<i>prednicarbate</i>	96	PROLEUKIN.....	26	REMICADE.....	120
<i>prednisolone</i>	111	PROLIA.....	128	RENFLEXIS.....	121
<i>prednisolone acetate</i>	103	PROMACTA.....	66	<i>repaglinide</i>	39
.....	103, 111	<i>promethazine</i>	45, 49	REPATHA PUSHTRONEX.	80
<i>prednisone</i>	112	<i>promethegan</i>	49	REPATHA SURECLICK.....	80
<i>pregabalin</i>	33	<i>propafenone</i>	74	REPATHA SYRINGE.....	80
		<i>proparacaine</i>	100	RESCRIPTOR.....	59

RESTASIS.....	103	SANTYL.....	93	SOLU-CORTEF ACT-O-	
RETACRIT.....	66	SAPHRIS.....	56	VIAL (PF).....	112
RETROVIR.....	59	SAVELLA.....	85	SOMATULINE DEPOT.....	114
REVCIVI.....	99	<i>scopolamine base</i>	49	SOMAVERT.....	115
REVLIMID.....	26	SECUADO.....	56	<i>sorine</i>	75
<i>revonto</i>	140	<i>selegiline hcl</i>	51	<i>sotalol</i>	75
REXULTI.....	55	<i>selenium sulfide</i>	94	<i>sotalol af</i>	75
REYATAZ.....	59	SELZENTRY.....	60	SOVALDI.....	62
RHOPRESSA.....	132	SEREVENT DISKUS.....	137	SPIRIVA RESPIMAT.....	137
<i>ribasphere</i>	63	SEROSTIM.....	114	SPIRIVA WITH	
<i>ribavirin</i>	63	<i>sertraline</i>	37	HANDIHALER.....	137
RIDAURA.....	121	<i>setlakin</i>	91	<i>spironolactone</i>	78
<i>rifabutin</i>	47	<i>sevelamer carbonate</i>	107	SPRAVATO.....	37
<i>rifampin</i>	47	<i>sevelamer hcl</i>	107	<i>sprintec (28)</i>	91
<i>riluzole</i>	84	<i>sharobel</i>	91	SPRITAM.....	33
<i>rimantadine</i>	61	SHINGRIX (PF).....	125	SPRYCEL.....	27
RINVOQ.....	121	SIGNIFOR.....	114	<i>sps (with sorbitol)</i>	106
RISPERDAL CONSTA... 55, 56		SIKLOS.....	66	<i>sronyx</i>	91
<i>risperidone</i>	56	<i>sildenafil (pulm.hypertension)</i> 141		<i>ssd</i>	94
<i>ritonavir</i>	59	SILENOR.....	140	<i>stavudine</i>	60
RITUXAN.....	26	SILIQ.....	121	STELARA.....	121
RITUXAN HYCELA.....	26	<i>silver sulfadiazine</i>	94	STIOLTO RESPIMAT.....	137
<i>rivastigmine</i>	35	SIMBRINZA.....	132	STIVARGA.....	27
<i>rivastigmine tartrate</i>	35	<i>simliya (28)</i>	91	STRENSIQ.....	99
<i>rizatriptan</i>	46	<i>simpesse</i>	91	<i>streptomycin</i>	11
ROCKLATAN.....	132	SIMPONI.....	121	STRIBILD.....	60
<i>ropinirole</i>	51	SIMPONI ARIA.....	121	STRIVERDI RESPIMAT... 137	
<i>rosadan</i>	94	<i>simvastatin</i>	80	SUBLOCADE.....	9
<i>rosuvastatin</i>	80	<i>sirolimus</i>	121	<i>subvenite</i>	33
ROTARIX.....	125	SIRTURO.....	47	<i>sucrafate</i>	104
ROTATEQ VACCINE.....	125	SKYRIZI.....	121	<i>sulfacetamide sodium</i>	102
ROZLYTREK.....	26	<i>smoflipid</i>	71	<i>sulfacetamide sodium (acne)</i> ...94	
RUBRACA.....	26	<i>sodium chloride</i>	127	<i>sulfacetamide-prednisolone</i>....102	
RYBELSUS.....	39	<i>sodium chloride 0.9%</i>	134	<i>sulfadiazine</i>	16
RYDAPT.....	26	<i>sodium phenylbutyrate</i>	106	<i>sulfamethoxazole-trimethoprim</i>	
SABRIL.....	33	<i>sodium polystyrene sulfonate</i> ..106		.....	16, 17
SAIZEN.....	114	<i>sofosbuvir-velpatasvir</i>	62	<i>sulfasalazine</i>	127
SAIZEN SAIZENPREP.....	114	SOLQUA 100/33.....	41	<i>sulfatrim</i>	17
SANDOSTATIN LAR		SOLTAMOX.....	26	<i>sulindac</i>	7
DEPOT.....	114			<i>sumatriptan</i>	46

<i>sumatriptan succinate</i>	46	<i>tazarotene</i>	96	<i>timolol maleate</i>	75, 132
SUNOSI.....	140	TAZORAC.....	96	TIVICAY.....	60
SUPPRELIN LA.....	115	<i>taztia xt</i>	76	<i>tizanidine</i>	140
SUPREP BOWEL PREP KIT		TDVAX.....	125	TOBI PODHALER.....	11
.....	106	TECENTRIQ.....	27	<i>tobramycin</i>	102
SUTENT.....	27	TECFIDERA.....	85	<i>tobramycin in 0.225 % nacl</i>	11
<i>syeda</i>	91	TECHNIVIE.....	62	<i>tobramycin sulfate</i>	11
SYLATRON.....	62	TEFLARO.....	13	<i>tobramycin with nebulizer</i>	11
SYLVANT.....	27	TEKTURN HCT.....	80	<i>tobramycin-dexamethasone</i>	102
SYMBICORT.....	135, 136	<i>telmisartan</i>	72	TOLAK.....	93
SYMDEKO.....	139	<i>temazepam</i>	10	<i>tolazamide</i>	42, 43
SYMFI.....	60	TEMIXYS.....	60	<i>tolterodine</i>	107
SYMFI LO.....	60	TEMODAR.....	27	<i>topiramate</i>	33, 34
SYMJEPI.....	77	TENIVAC (PF).....	125	<i>toposar</i>	28
SYMLINPEN 120.....	39	<i>tenofovir disoproxil fumarate</i> ..	60	<i>toremifene</i>	28
SYMLINPEN 60.....	39	TEPEZZA.....	100	<i>torseamide</i>	78
SYMPAZAN.....	33	<i>terazosin</i>	108	TOTECT.....	131
SYMTUZA.....	60	<i>terbinafine hcl</i>	44	TOUJEO MAX U-300	
SYNAGIS.....	61	<i>terbutaline</i>	137	SOLOSTAR.....	41
SYNAREL.....	115	<i>terconazole</i>	45	TOUJEO SOLOSTAR U-300	
SYNERCID.....	12	<i>testosterone</i>	109	INSULIN.....	42
SYNJARDY.....	39	<i>testosterone cypionate</i>	109	TOVIAZ.....	107
SYNJARDY XR.....	39, 40	<i>testosterone enanthate</i>	109	TRACLEER.....	141
SYNRIBO.....	27	TETANUS,DIPHThERIA		TRADJENTA.....	40
TABLOID.....	27	TOX PED(PF).....	125	<i>tramadol</i>	6
<i>tacrolimus</i>	96, 121	<i>tetrabenazine</i>	85	<i>tramadol-acetaminophen</i>	6
<i>tadalafil (pulm. hypertension)</i>	141	<i>tetracycline</i>	17	<i>trandolapril</i>	73
TAFINLAR.....	27	THALOMID.....	131	<i>tranexamic acid</i>	66
TAGRISSE.....	27	<i>theophylline</i>	138	TRANSDERM-SCOP.....	49
TAKHZYRO.....	131	THIOLA.....	108	<i>tranlycypromine</i>	37
TALTZ AUTOINJECTOR..	121	THIOLA EC.....	108	TRAVASOL 10 %.....	71
TALTZ SYRINGE.....	121	<i>thioridazine</i>	56	TRAVATAN Z.....	132
TALZENNA.....	27	<i>thiotepa</i>	27	<i>travoprost</i>	132
<i>tamoxifen</i>	27	<i>thiothixene</i>	56	<i>trazodone</i>	37
<i>tamsulosin</i>	108	<i>tiadylt er</i>	76	TREANDA.....	28
TARGRETIN.....	27	<i>tiagabine</i>	33	TRECTOR.....	47
<i>tarina 24 fe</i>	91	TIBSOVO.....	27	TRELEGY ELLIPTA.....	138
<i>tarina fe 1/20 (28)</i>	91	TICE BCG.....	122	TRELSTAR.....	28
TASIGNA.....	27	<i>tigecycline</i>	17	TREMFYA.....	122
TAVALISSE.....	66	<i>tilia fe</i>	91	<i>treprostinil sodium</i>	141

TRESIBA FLEXTOUCH U-100.....	42	TRUMENBA.....	125	<i>verapamil</i>	76
TRESIBA FLEXTOUCH U-200.....	42	TRUVADA.....	60	VERSACLOZ.....	56
TRESIBA U-100 INSULIN... 42		TRUXIMA.....	28	VERZENIO.....	29
<i>tretinoin</i>	96	TUDORZA PRESSAIR.....	138	V-GO 40.....	97
<i>tretinoin (chemotherapy)</i>	28	<i>tulana</i>	92	VIBERZI.....	106
<i>tri femynor</i>	91	TURALIO.....	28	VICTOZA.....	40
<i>triamcinolone acetonide</i>	92, 96, 112	TWINRIX (PF).....	126	VIDEX 2 GRAM PEDIATRIC.....	60
<i>triamterene-hydrochlorothiazid</i>	78, 79	TYBOST.....	131	VIDEX EC.....	60
<i>trientine</i>	108	TYKERB.....	28	VIEKIRA PAK.....	62
<i>tri-estarylla</i>	91	TYMLOS.....	129	<i>vienna</i>	92
<i>trifluoperazine</i>	56	TYPHIM VI.....	126	<i>vigabatrin</i>	34
<i>trifluridine</i>	102	TYSABRI.....	122	<i>vigadrone</i>	34
<i>trihexyphenidyl</i>	51	TYVASO.....	141	VIIBRYD.....	37, 38
TRIKAFTA.....	139	UCERIS.....	127	VIMIZIM.....	99
<i>tri-legest fe</i>	91	UDENYCA.....	66	VIMPAT.....	34
<i>tri-linyah</i>	91	UNITUXIN.....	28	<i>vinorelbine</i>	29
<i>tri-lo-estarylla</i>	91	UPTRAVI.....	141	<i>viorele (28)</i>	92
<i>tri-lo-marzia</i>	91	<i>ursodiol</i>	106	VIRACEPT.....	61
<i>tri-lo-mili</i>	91	<i>valacyclovir</i>	63	VIREAD.....	61
<i>tri-lo-sprintec</i>	91	VALCHLOR.....	93	VISTOGARD.....	131
<i>trilyte with flavor packets</i>	107	<i>valganciclovir</i>	63	VITRAKVI.....	29
<i>trimethoprim</i>	12	<i>valproate sodium</i>	34	VIZIMPRO.....	29
<i>tri-mili</i>	91	<i>valproic acid</i>	34	VOLTAREN.....	7
<i>trimipramine</i>	37	<i>valproic acid (as sodium salt)</i> ..	34	<i>voriconazole</i>	44
TRINTELLIX.....	37	<i>valrubicin</i>	28	VOSEVI.....	62
<i>tri-previfem (28)</i>	91	<i>valsartan</i>	72	VOTRIENT.....	29
TRIPTODUR.....	115	<i>valsartan-hydrochlorothiazide</i> ..	72	VPRIV.....	99
<i>tri-sprintec (28)</i>	92	<i>vancomycin</i>	12	VRAYLAR.....	56
TRIUMEQ.....	60	VAQTA (PF).....	126	VUMERITY.....	85
<i>trivora (28)</i>	92	VARIVAX (PF).....	126	<i>vyfemla (28)</i>	92
<i>tri-vylibra</i>	92	VASCEPA.....	80	<i>vylibra</i>	92
<i>tri-vylibra lo</i>	92	VELCADE.....	28	VYNDAMAX.....	77
TROGARZO.....	60	<i>velivet triphasic regimen (28)</i> ..	92	VYNDAQEL.....	77
TROPHAMINE 10 %.....	71	VELPHORO.....	107	VYXEOS.....	29
TROPHAMINE 6%.....	71	VELTASSA.....	106	<i>warfarin</i>	64
TRULICITY.....	40	VEMLIDY.....	60	<i>water for irrigation, sterile</i>	127
		VENCLEXTA.....	28	WELCHOL.....	80
		VENCLEXTA STARTING PACK.....	28	<i>wera (28)</i>	92
		<i>venlafaxine</i>	37	XADAGO.....	52

XALKORI.....	29	ZOLADEX.....	30
XARELTO.....	64	<i>zoledronic acid</i>	129
XATMEP.....	29	<i>zoledronic acid-mannitol-water</i>	
XELJANZ.....	122	.....	129
XELJANZ XR.....	122	ZOLINZA.....	30
XERMELO.....	106	<i>zolpidem</i>	140
XHANCE.....	103	ZOMACTON.....	115
XIFAXAN.....	12	<i>zonisamide</i>	34
XIIDRA.....	103	ZORBTIVE.....	115
XOFLUZA.....	61	ZORTRESS.....	122
XOLAIR.....	139	ZOSTAVAX (PF).....	126
XOSPATA.....	29	<i>zovia 1/35e (28)</i>	92
XPOVIO.....	29	ZTLIDO.....	8
XTAMPZA ER.....	6	ZUBSOLV.....	9
XTANDI.....	29	ZULRESSO.....	38
<i>xulane</i>	92	<i>zumandimine (28)</i>	92
XULTOPHY 100/3.6.....	42	ZYDELIG.....	30
XURIDEN.....	131	ZYKADIA.....	30
XYOSTED.....	109	ZYLET.....	102
XYREM.....	140	ZYPREXA RELPREVV..	56, 57
YERVOY.....	29	ZYTIGA.....	30
YF-VAX (PF).....	126		
YONDELIS.....	29		
YONSA.....	29		
<i>yuvafem</i>	110		
<i>zafirlukast</i>	136		
<i>zaleplon</i>	140		
<i>zarah</i>	92		
ZARXIO.....	66		
ZEJULA.....	30		
ZELBORAF.....	30		
<i>zenatane</i>	93		
<i>zenchent (28)</i>	92		
ZENPEP.....	99		
ZEPATIER.....	62		
<i>zidovudine</i>	61		
ZIEXTENZO.....	66		
<i>ziprasidone hcl</i>	56		
ZIRABEV.....	30		
ZIRGAN.....	102		



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H2986_PD20102_C