

VillageCareMAX Medicare Total Advantage (HMO D-SNP)

2022 Formulary

(List of Covered Drugs)

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

Approved Formulary File Submission ID: 00022055, Version: 6

This formulary was updated on 09/21/2021. For more recent information or other questions, please contact VillageCareMAX Medicare Total Advantage Member Services at 1-800-469-6292 or, for TTY users, 711, 8:00 am to 8:00 pm, 7 days a week, or visit www.villagecaremax.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 Village Senior Services Corporation. When it refers to “plan” or “our plan,” it means VillageCareMAX Medicare Total Advantage (HMO D-SNP).

This document includes list of the drugs (formulary) for our plan which is current as of 09/21/2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year. You will receive notice when necessary.

Limitations, copayments and restrictions may apply. This information is not a complete description of benefits. Contact the plan for more information.

You can get this information for free in other formats, such as large print, braille, or audio. Call 1-800-469-6292 and 711 for TTY users during the hours of 8:00 am to 8:00 pm, 7 days a week. The call is free.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-469-6292 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-469-6292 (TTY: 711)。

VillageCareMAX complies with Federal civil rights laws and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

VillageCareMAX is a HMO plan with Medicare and New York State Medicaid contracts. Enrollment in VillageCareMAX depends on contract renewal.

The State of New York has created an Ombudsman Program called the Independent Consumer Advocacy Network (ICAN) to provide members free, confidential assistance on any services offered by VillageCareMAX Medicare Total Advantage. You can also get information on member rights, grievances (complaints) and appeals. ICAN may be reached toll-free at 1-844-614-8800 or online at www.icannys.org (TTY users call 711, then follow the prompts to dial 844-614-8800).

What is the VillageCareMAX Medicare Total Advantage Formulary?

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the VillageCareMAX Medicare Total Advantage's Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our

formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, 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 60-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 VillageCareMAX Medicare Total Advantage’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 09/21/2021. To get updated information about the drugs covered by VillageCareMAX Medicare Total Advantage, please contact us. Our contact information appears on the front and back cover pages.

In the event that the plan makes a mid-year non-maintenance formulary change, we will notify you of the change via mail. The mailing will include specific information on the non-maintenance formulary change and will be sent to you at least 30 days prior to effective date of the change. You can view the most current changes and formulary on our website at www.villagecaremax.org or call Member Services for more information.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 3. 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 3 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?

VillageCareMAX Medicare Total Advantage 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:** VillageCareMAX Medicare Total Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from VillageCareMAX before you fill your prescriptions. If you don't get approval, VillageCareMAX may not cover the drug.
- **Quantity Limits:** For certain drugs, VillageCareMAX Medicare Total Advantage limits the amount of the drug that the plan will cover. For example, the plan provides 60 capsules per prescription for Celebrex. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, VillageCareMAX Medicare Total Advantage 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, the plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at www.villagecaremax.org. 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 VillageCareMAX Medicare Total Advantage 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 VillageCareMAX Medicare Total Advantage's formulary?" on page iv below for information about how to request an exception.

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

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. VillageCareMAX Medicare Total Advantage pays for certain OTC drugs.

The plan covers some OTC drugs under the OTC benefit to treat various conditions, which include but are not limited to:

- Adult aspirin & pain relief
- Adult cough, cold & flu liquids or tablets
- Allergy & sinus medication
- Anti-diarrhea medications
- Anti-fungal medications

- Anti-gas medications
- Anti-itch medications
- Diabetes supplement
- Digestive Aids
- Digestive health prebiotics & probiotics
- Heart health
- Sleep aid
- Vitamins & minerals
- Weight control (Tablets, Caps, etc.)

VillageCareMAX Medicare Total Advantage will provide these OTC drugs at no cost to you. The cost to VillageCareMAX Medicare Total Advantage of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap).

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 VillageCareMAX Medicare Total Advantage does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by the VillageCareMAX Medicare Total Advantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by the VillageCareMAX Medicare Total Advantage.
- You can ask the VillageCareMAX Medicare Total Advantage 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 VillageCareMAX Medicare Total Advantage Formulary?

You can ask VillageCareMAX Medicare Total Advantage 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 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 the plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

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

VillageCareMAX has a transition policy which ensures that continued drug coverage is provided to new and current members. There are times when you may experience a change in your level of care, such as admission to a long-term care facility or hospital (or discharge from these settings). In these cases, we will provide you with a one-time emergency supply of a non-formulary medication. Non-formulary drugs include both drugs that are not on the plan's formulary and drugs that are on our formulary but require prior authorization or step therapy under the plan's utilization management rules.

For more information

For more detailed information about your VillageCareMAX Medicare Total Advantage prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about VillageCareMAX Medicare Total Advantage, 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>.

VillageCareMAX Medicare Total Advantage's Formulary

The formulary below provides coverage information about the drugs covered by VillageCareMAX Medicare Total Advantage. 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., BENICAR) and generic drugs are listed in lower-case italics (e.g., *losartan*).

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

The following table lists the definitions for the abbreviations that appear in the “Requirements/Limits” column in the below drug list that starts on page 3.

| ABBREVIATION/ | DESCRIPTION | EXPLANATION |
|--|--|---|
| Utilization Management Restrictions | | |
| PA | Prior Authorization Restriction | You (or your physician) are required to get prior authorization from VillageCareMAX before you fill your prescription for this drug. Without prior approval, VillageCareMAX 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 VillageCareMAX to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, VillageCareMAX 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 yrs. or older are required to get prior authorization from VillageCareMAX before you fill your prescription for this drug. Without prior approval, VillageCareMAX may not cover this drug |

| ABBREVIATION/ SYMBOL | DESCRIPTION | EXPLANATION |
|--|---|---|
| PA NSO | Prior Authorization Restriction for New Starts Only | If you are a new member or if you have not taken this drug before, you (or your physician) are required to get prior authorization from VillageCareMAX before you fill your prescription for this drug. Without prior approval, VillageCareMAX may not cover this drug. |
| QL | Quantity Limit Restriction | VillageCareMAX limits the amount of this drug that is covered per prescription, or within a specific time frame. |
| ST | Step Therapy Restriction | Before VillageCareMAX can 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. |
| OTHER SPECIAL REQUIREMENTS FOR COVERAGE | | |
| LA | Limited Access Drug | This prescription may be available only at certain pharmacies. For more information consult your Provider and Pharmacy Directory or call the Pharmacy Member Services at 1-888-807-6806, 24 hours a day, 7 days a week. TTY users should call 711. |
| 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 <u>not</u> available via your mail order benefit are noted with “NM” in the Requirements/Limits column of your formulary. |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| Analgesics | | |
| Analgesics, Miscellaneous | | |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i> | 1 | QL (4500 per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i> | 1 | QL (360 per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i> | 1 | QL (180 per 30 days) |
| <i>buprenorphine hcl injection solution (Buprenex) 0.3 mg/ml</i> | 1 | |
| <i>buprenorphine hcl injection syringe 0.3 mg/ml</i> | 1 | |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg (Esgic)</i> | 1 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> | 1 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i> | 1 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>codeine sulfate oral tablet 30 mg, 60 mg</i> | 1 | QL (180 per 30 days) |
| <i>endocet oral tablet 10-325 mg</i> | 1 | QL (180 per 30 days) |
| <i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> | 1 | QL (360 per 30 days) |
| <i>endocet oral tablet 7.5-325 mg</i> | 1 | QL (240 per 30 days) |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg (Actiq)</i> | 1 | PA; QL (120 per 30 days) |
| <i>fentanyl transdermal patch 72 hour 100 mcg/12hr, 12 mcg/12hr, 25 mcg/12hr, 50 mcg/12hr, 75 mcg/12hr</i> | 1 | QL (10 per 30 days) |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i> | 1 | QL (2700 per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i> | 1 | QL (180 per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> | 1 | QL (240 per 30 days) |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i> | 1 | QL (150 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>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i> | 1 | |
| <i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid) | 1 | QL (1200 per 30 days) |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid) | 1 | QL (180 per 30 days) |
| LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY | 1 | PA; QL (30 per 30 days) |
| <i>methadone injection solution 10 mg/ml</i> | 1 | QL (120 per 30 days) |
| <i>methadone oral solution 10 mg/5 ml</i> | 1 | QL (600 per 30 days) |
| <i>methadone oral solution 5 mg/5 ml</i> | 1 | QL (1200 per 30 days) |
| <i>methadone oral tablet 10 mg</i> | 1 | QL (120 per 30 days) |
| <i>methadone oral tablet 5 mg</i> | 1 | QL (180 per 30 days) |
| <i>methadose oral tablet, soluble 40 mg</i> | 1 | QL (30 per 30 days) |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i> | 1 | PA; QL (180 per 30 days) |
| <i>morphine oral solution 10 mg/5 ml</i> | 1 | QL (700 per 30 days) |
| <i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i> | 1 | QL (300 per 30 days) |
| MORPHINE ORAL TABLET 15 MG | 1 | QL (180 per 30 days) |
| MORPHINE ORAL TABLET 30 MG | 1 | QL (120 per 30 days) |
| <i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin) | 1 | QL (60 per 30 days) |
| <i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin) | 1 | QL (90 per 30 days) |
| <i>oxycodone oral solution 5 mg/5 ml</i> | 1 | QL (1300 per 30 days) |
| <i>oxycodone oral tablet 10 mg</i> | 1 | QL (180 per 30 days) |
| <i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone) | 1 | QL (120 per 30 days) |
| <i>oxycodone oral tablet 20 mg</i> | 1 | QL (120 per 30 days) |
| <i>oxycodone oral tablet 5 mg</i> (Roxicodone) | 1 | 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) | 1 | QL (60 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet) | 1 | QL (180 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>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet) | 1 | QL (360 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet) | 1 | QL (240 per 30 days) |
| <i>oxycodone-aspirin oral tablet 4.8355-325 mg</i> | 1 | QL (360 per 30 days) |
| OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | 1 | QL (60 per 30 days) |
| <i>tramadol oral tablet 50 mg</i> (Ultram) | 1 | QL (240 per 30 days) |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet) | 1 | QL (300 per 30 days) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG | 1 | QL (60 per 30 days) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG | 1 | QL (120 per 30 days) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG | 1 | QL (240 per 30 days) |
| Nonsteroidal Anti-Inflammatory Agents | | |
| <i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i> (Celebrex) | 1 | QL (60 per 30 days) |
| <i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector) | 1 | PA; QL (60 per 30 days) |
| <i>diclofenac potassium oral tablet 50 mg</i> (Cataflam) | 1 | QL (120 per 30 days) |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> | 1 | QL (60 per 30 days) |
| <i>diclofenac sodium oral tablet,delayed release (drlec) 25 mg</i> | 1 | QL (150 per 30 days) |
| <i>diclofenac sodium oral tablet,delayed release (drlec) 50 mg</i> | 1 | QL (120 per 30 days) |
| <i>diclofenac sodium oral tablet,delayed release (drlec) 75 mg</i> | 1 | QL (60 per 30 days) |
| <i>diclofenac sodium topical drops 1.5 %</i> | 1 | QL (300 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>diclofenac sodium topical gel 1 %</i> (Arthritis Pain (diclofenac)) | 1 | QL (1000 per 30 days) |
| <i>diclofenac sodium topical gel 3 %</i> (Solaraze) | 1 | PA; QL (100 per 28 days) |
| <i>etodolac oral capsule 200 mg, 300 mg</i> | 1 | |
| <i>etodolac oral tablet 400 mg</i> (Lodine) | 1 | |
| <i>etodolac oral tablet 500 mg</i> | 1 | |
| <i>flurbiprofen oral tablet 100 mg</i> | 1 | |
| <i>ibu oral tablet 400 mg, 600 mg, 800 mg</i> | 1 | |
| <i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil) | 1 | |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU) | 1 | |
| <i>indomethacin oral capsule 25 mg</i> | 1 | PA-HRM; QL (240 per 30 days); AGE (Max 64 Years) |
| <i>indomethacin oral capsule 50 mg</i> | 1 | PA-HRM; QL (120 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac oral tablet 10 mg</i> | 1 | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>mefenamic acid oral capsule 250 mg</i> | 1 | |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic) | 1 | |
| <i>nabumetone oral tablet 500 mg, 750 mg</i> (Relafen) | 1 | |
| <i>naproxen oral tablet 250 mg, 375 mg</i> | 1 | |
| <i>naproxen oral tablet 500 mg</i> (Naprosyn) | 1 | |
| <i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i> (EC-Naprosyn) | 1 | |
| PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %) | 1 | PA; QL (224 per 28 days) |
| <i>sulindac oral tablet 150 mg, 200 mg</i> | 1 | |

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 |
|--|-----------|-------------------------|
| Anesthetics | | |
| Local Anesthetics | | |
| <i>glydo mucous membrane jelly in applicator 2 %</i> | 1 | QL (30 per 30 days) |
| <i>lidocaine (pf) injection solution 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine-MPF) | 1 | |
| <i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i> | 1 | |
| <i>lidocaine hcl 1% 20 mg/2 ml vial latex-free, sdv, plf 10 mg/ml (1 %)</i> (Xylocaine-MPF) | 1 | |
| <i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine) | 1 | |
| <i>lidocaine hcl mucous membrane jelly 2 %</i> | 1 | QL (30 per 30 days) |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i> | 1 | PA |
| <i>lidocaine topical adhesive patch, medicated 5 %</i> (Lidoderm) | 1 | PA; QL (90 per 30 days) |
| <i>lidocaine topical ointment 5 %</i> | 1 | PA; QL (90 per 30 days) |
| <i>lidocaine viscous mucous membrane solution 2 %</i> | 1 | |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i> | 1 | PA; QL (30 per 30 days) |
| ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 % | 1 | 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> | 1 | |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i> | 1 | QL (90 per 30 days) |
| <i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone) | 1 | QL (60 per 30 days) |
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone) | 1 | QL (90 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i> | 1 | QL (90 per 30 days) |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> | 1 | |
| CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG | 1 | QL (336 per 365 days) |
| CHANTIX ORAL TABLET 0.5 MG, 1 MG | 1 | QL (336 per 365 days) |
| CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42) | 1 | |
| <i>disulfiram oral tablet 250 mg, 500 mg</i> | 1 | |
| KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION | 1 | QL (4 per 30 days) |
| LUCEMYRA ORAL TABLET 0.18 MG | 1 | QL (228 per 14 days) |
| <i>naloxone injection solution 0.4 mg/ml</i> | 1 | |
| <i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i> | 1 | |
| <i>naltrexone oral tablet 50 mg</i> | 1 | |
| NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION | 1 | QL (4 per 30 days) |
| NICOTROL INHALATION CARTRIDGE 10 MG | 1 | QL (1008 per 90 days) |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML | 1 | QL (0.5 per 30 days) |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML | 1 | QL (1.5 per 30 days) |
| Antianxiety Agents | | |
| Benzodiazepines | | |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax) | 1 | QL (120 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>alprazolam oral tablet 2 mg</i> (Xanax) | 1 | QL (150 per 30 days) |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i> | 1 | QL (120 per 30 days) |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin) | 1 | QL (90 per 30 days) |
| <i>clonazepam oral tablet 2 mg</i> (Klonopin) | 1 | QL (300 per 30 days) |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> | 1 | QL (90 per 30 days) |
| <i>clonazepam oral tablet, disintegrating 2 mg</i> | 1 | QL (300 per 30 days) |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i> | 1 | QL (180 per 30 days) |
| <i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab) | 1 | QL (180 per 30 days) |
| <i>diazepam injection solution 5 mg/ml</i> | 1 | QL (10 per 28 days) |
| <i>diazepam injection syringe 5 mg/ml</i> | 1 | QL (10 per 28 days) |
| <i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol) | 1 | QL (1200 per 30 days) |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i> | 1 | QL (1200 per 30 days) |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium) | 1 | QL (120 per 30 days) |
| <i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan) | 1 | QL (2 per 30 days) |
| <i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i> | 1 | QL (2 per 30 days) |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan) | 1 | QL (90 per 30 days) |
| <i>lorazepam oral tablet 2 mg</i> (Ativan) | 1 | QL (150 per 30 days) |
| <i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril) | 1 | QL (30 per 30 days) |
| Antibacterials | | |
| Aminoglycosides | | |
| <i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i> | 1 | |
| <i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i> | 1 | |
| <i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i> | 1 | |
| <i>neomycin oral tablet 500 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>streptomycin intramuscular recon soln 1 gram</i> | 1 | |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG | 1 | QL (224 per 28 days) |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi) | 1 | PA BvD |
| <i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis) | 1 | PA BvD |
| <i>tobramycin sulfate injection solution 40 mg/ml</i> | 1 | |
| Antibacterials, Miscellaneous | | |
| <i>chloramphenicol sod succinate intravenous recon soln 1 gram</i> | 1 | |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl) | 1 | |
| <i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i> | 1 | |
| <i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i> | 1 | |
| <i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin) | 1 | |
| <i>clindamycin phosphate intravenous solution 600 mg/4 ml</i> | 1 | |
| <i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral) | 1 | PA BvD |
| <i>daptomycin intravenous recon soln 500 mg</i> (Cubicin) | 1 | |
| FIRVANQ ORAL RECON SOLN 25 MG/ML | 1 | |
| <i>linezolid 600 mg/300 ml-0.9% nacl 600 mg/300 ml</i> | 1 | |
| <i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox) | 1 | |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox) | 1 | |
| <i>linezolid oral tablet 600 mg</i> (Zyvox) | 1 | |
| <i>methenamine hippurate oral tablet 1 gram</i> (Hiprex) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>metronidazole in nacl (iso-os) (Metro I.V.) intravenous piggyback 500 mg/100 ml</i> | 1 | |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>nitrofurantoin macrocrystal oral (Macrochantin) capsule 100 mg, 25 mg, 50 mg</i> | 1 | QL (120 per 30 days) |
| <i>nitrofurantoin monohydlm-cryst oral (Macrobid) capsule 100 mg</i> | 1 | QL (60 per 30 days) |
| <i>polymyxin b sulfate injection recon soln 500,000 unit</i> | 1 | |
| SYNERCID INTRAVENOUS RECON SOLN 500 MG | 1 | |
| <i>trimethoprim oral tablet 100 mg</i> | 1 | |
| <i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i> | 1 | |
| <i>vancomycin oral capsule 125 mg (Vancocin)</i> | 1 | QL (56 per 14 days) |
| <i>vancomycin oral capsule 250 mg (Vancocin)</i> | 1 | QL (112 per 14 days) |
| XIFAXAN ORAL TABLET 200 MG | 1 | PA; QL (9 per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | 1 | PA; QL (90 per 30 days) |
| Cephalosporins | | |
| <i>cefactor oral capsule 250 mg, 500 mg</i> | 1 | |
| <i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | 1 | |
| <i>cefadroxil oral capsule 500 mg</i> | 1 | |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> | 1 | |
| <i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i> | 1 | |
| <i>cefdinir oral capsule 300 mg</i> | 1 | |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 1 | |
| <i>cefepime injection recon soln 1 gram, 2 gram</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>cefixime oral capsule 400 mg</i> (Suprax) | 1 | |
| <i>cefotaxime injection recon soln 1 gram</i> | 1 | |
| <i>cefoxitin 1 gm piggyback bag 1 gram/50 ml</i> | 1 | |
| <i>cefoxitin intravenous recon soln 1 gram</i> | 1 | |
| <i>cefoxitin intravenous recon soln 10 gram, 2 gram</i> | 1 | |
| <i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i> | 1 | |
| <i>cefpodoxime oral tablet 100 mg, 200 mg</i> | 1 | |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 1 | |
| <i>cefprozil oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>ceftazidime injection recon soln 1 gram, 2 gram</i> (Fortaz) | 1 | |
| <i>ceftazidime injection recon soln 6 gram</i> (Tazicef) | 1 | |
| <i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i> | 1 | |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>cefuroxime sodium injection recon soln 750 mg</i> | 1 | |
| <i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i> | 1 | |
| <i>cephalexin oral capsule 250 mg, 500 mg</i> | 1 | |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 1 | |
| TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG | 1 | |
| Macrolides | | |
| <i>azithromycin intravenous recon soln 500 mg</i> (Zithromax) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax) | 1 | |
| <i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i> | 1 | |
| <i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax) | 1 | |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 1 | |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i> | 1 | |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML | 1 | QL (136 per 10 days) |
| DIFICID ORAL TABLET 200 MG | 1 | QL (20 per 10 days) |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules) | 1 | |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400) | 1 | |
| <i>erythromycin oral tablet 250 mg, 500 mg</i> | 1 | |
| Miscellaneous B-Lactam Antibiotics | | |
| <i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam) | 1 | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | 1 | PA; LA |
| <i>ertapenem injection recon soln 1 gram</i> (Invanz) | 1 | |
| <i>imipenem-cilastatin intravenous recon soln 250 mg</i> | 1 | |
| <i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV) | 1 | |
| <i>meropenem intravenous recon soln 1 gram</i> | 1 | |
| <i>meropenem intravenous recon soln 500 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>meropenem-0.9% nacl 500 mg/50 500 mg/50 ml</i> | 1 | |
| Penicillins | | |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | 1 | |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i> | 1 | |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i> | 1 | |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> | 1 | |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200- 28.5 mg/5 ml, 400-57 mg/5 ml</i> | 1 | |
| <i>amoxicillin-pot clavulanate oral (Augmentin ES-600) suspension for reconstitution 600- 42.9 mg/5 ml</i> | 1 | |
| <i>amoxicillin-pot clavulanate oral (Augmentin) tablet 500-125 mg, 875-125 mg</i> | 1 | |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i> | 1 | |
| <i>ampicillin oral capsule 250 mg, 500 mg</i> | 1 | |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i> | 1 | |
| <i>ampicillin-sulbactam injection recon (Unasyn) soln 1.5 gram, 15 gram, 3 gram</i> | 1 | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML | 1 | |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i> | 1 | |
| <i>nafcillin 1 gml 50 ml inj 1 gram/50 ml</i> | 1 | |
| <i>nafcillin 2 gml 100 ml inj 2 gram/100 ml</i> | 1 | |

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

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> | 1 | |
| <i>moxifloxacin oral tablet 400 mg</i> | 1 | |
| Sulfonamides | | |
| <i>sulfadiazine oral tablet 500 mg</i> | 1 | |
| <i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i> | 1 | |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim) | 1 | |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim) | 1 | |
| <i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS) | 1 | |
| Tetracyclines | | |
| <i>doxy-100 intravenous recon soln 100 mg</i> | 1 | |
| <i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100) | 1 | |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox) | 1 | |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i> | 1 | |
| <i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL) | 1 | QL (60 per 30 days) |
| <i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox) | 1 | QL (60 per 30 days) |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin) | 1 | |
| <i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy) | 1 | QL (60 per 30 days) |
| <i>doxycycline monohydrate oral tablet 50 mg</i> | 1 | QL (60 per 30 days) |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i> | 1 | |
| <i>mondoxyne nl oral capsule 100 mg</i> | 1 | QL (60 per 30 days) |
| <i>tetracycline oral capsule 250 mg, 500 mg</i> | 1 | |
| <i>tigecycline intravenous recon soln 50 mg</i> (Tygacil) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| Anticancer Agents | | |
| Anticancer Agents | | |
| <i>abiraterone oral tablet 250 mg</i> (Zytiga) | 1 | PA NSO; QL (120 per 30 days) |
| ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG | 1 | PA BvD |
| ADCETRIS INTRAVENOUS RECON SOLN 50 MG | 1 | PA NSO |
| <i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> | 1 | PA BvD |
| <i>adrucil intravenous solution 2.5 gram/50 ml</i> | 1 | PA BvD |
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG | 1 | PA NSO; QL (112 per 28 days) |
| AFINITOR ORAL TABLET 10 MG | 1 | PA NSO; QL (56 per 28 days) |
| ALECENSA ORAL CAPSULE 150 MG | 1 | PA NSO; QL (240 per 30 days) |
| ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG | 1 | |
| ALIQOPA INTRAVENOUS RECON SOLN 60 MG | 1 | PA NSO; QL (3 per 28 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | 1 | PA NSO; QL (30 per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | 1 | PA NSO; QL (120 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) | 1 | PA NSO |
| <i>anastrozole oral tablet 1 mg</i> (Arimidex) | 1 | |
| <i>arsenic trioxide intravenous solution 1 mg/ml</i> | 1 | |
| <i>arsenic trioxide intravenous solution 2 mg/ml</i> (Trisenox) | 1 | |
| ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML | 1 | PA NSO |
| AVASTIN INTRAVENOUS SOLUTION 25 MG/ML | 1 | PA NSO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | 1 | PA NSO; QL (30 per 30 days) |
| <i>azacitidine injection recon soln 100 mg</i> (Vidaza) | 1 | |
| BALVERSA ORAL TABLET 3 MG | 1 | PA NSO; QL (84 per 28 days) |
| BALVERSA ORAL TABLET 4 MG | 1 | PA NSO; QL (56 per 28 days) |
| BALVERSA ORAL TABLET 5 MG | 1 | PA NSO; QL (28 per 28 days) |
| BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML | 1 | PA NSO |
| BELEODAQ INTRAVENOUS RECON SOLN 500 MG | 1 | PA NSO |
| BENDEKA INTRAVENOUS SOLUTION 25 MG/ML | 1 | PA NSO |
| BESPONSА INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) | 1 | PA NSO |
| <i>bexarotene oral capsule 75 mg</i> (Targretin) | 1 | PA NSO |
| <i>bicalutamide oral tablet 50 mg</i> (Casodex) | 1 | |
| BLENREP INTRAVENOUS RECON SOLN 100 MG | 1 | PA NSO |
| <i>bleomycin injection recon soln 15 unit, 30 unit</i> | 1 | |
| BLINCYTO INTRAVENOUS KIT 35 MCG | 1 | PA NSO |
| BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG | 1 | PA NSO |
| BOSULIF ORAL TABLET 100 MG | 1 | PA NSO; QL (90 per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG | 1 | PA NSO; QL (30 per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | 1 | PA NSO; QL (180 per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG | 1 | PA NSO; QL (120 per 30 days) |
| CABOMETYX ORAL TABLET 20 MG, 60 MG | 1 | PA NSO; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------|
| CABOMETYX ORAL TABLET 40 MG | 1 | PA NSO; QL (60 per 30 days) |
| CALQUENCE ORAL CAPSULE 100 MG | 1 | PA NSO; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 100 MG | 1 | PA NSO; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 300 MG | 1 | PA NSO; QL (30 per 30 days) |
| <i>clofarabine intravenous solution 20 (Clolar) mg/20 ml</i> | 1 | |
| 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) | 1 | PA NSO; QL (112 per 28 days) |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | 1 | PA NSO; QL (56 per 28 days) |
| COTELLIC ORAL TABLET 20 MG | 1 | PA NSO; LA; QL (63 per 28 days) |
| <i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i> | 1 | PA BvD |
| <i>cyclophosphamide intravenous solution 200 mg/ml</i> | 1 | PA BvD |
| CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG | 1 | PA BvD; ST |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i> | 1 | PA BvD; ST |
| CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML | 1 | PA NSO |
| DANYELZA INTRAVENOUS SOLUTION 4 MG/ML | 1 | PA NSO; QL (120 per 28 days) |
| DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML | 1 | PA NSO |
| DARZALEX INTRAVENOUS SOLUTION 20 MG/ML | 1 | PA NSO; LA |
| DAURISMO ORAL TABLET 100 MG | 1 | PA NSO; QL (30 per 30 days) |
| DAURISMO ORAL TABLET 25 MG | 1 | PA NSO; 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 |
|--|------------------|---------------------------------|
| <i>decitabine intravenous recon soln 50 mg</i> (Dacogen) | 1 | |
| <i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> (Adriamycin) | 1 | PA BvD |
| <i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil) | 1 | PA BvD |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | 1 | |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | 1 | |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | 1 | |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) | 1 | |
| EMCYT ORAL CAPSULE 140 MG | 1 | |
| EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG | 1 | PA NSO |
| ENHERTU INTRAVENOUS RECON SOLN 100 MG | 1 | PA NSO |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML | 1 | PA NSO |
| ERIVEDGE ORAL CAPSULE 150 MG | 1 | PA NSO; QL (30 per 30 days) |
| ERLEADA ORAL TABLET 60 MG | 1 | PA NSO; QL (120 per 30 days) |
| <i>erlotinib oral tablet 100 mg, 25 mg</i> (Tarceva) | 1 | PA NSO; QL (60 per 30 days) |
| <i>erlotinib oral tablet 150 mg</i> (Tarceva) | 1 | PA NSO; QL (90 per 30 days) |
| ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG | 1 | |
| <i>etoposide intravenous solution 20 mg/ml</i> (Toposar) | 1 | |
| <i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor) | 1 | PA NSO; QL (28 per 28 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>exemestane oral tablet 25 mg</i> (Aromasin) | 1 | |
| FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG | 1 | PA NSO |
| <i>floxuridine injection recon soln 0.5 gram</i> | 1 | PA BvD |
| <i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i> | 1 | PA BvD |
| <i>flutamide oral capsule 125 mg</i> | 1 | |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | 1 | PA NSO; QL (21 per 28 days) |
| <i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex) | 1 | |
| GAVRETO ORAL CAPSULE 100 MG | 1 | PA NSO; QL (120 per 30 days) |
| GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML | 1 | PA NSO |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | 1 | PA NSO; QL (30 per 30 days) |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML | 1 | PA NSO; QL (5 per 21 days) |
| HERCEPTIN INTRAVENOUS RECON SOLN 150 MG | 1 | PA NSO |
| HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG | 1 | PA NSO |
| <i>hydroxyurea oral capsule 500 mg</i> (Hydrea) | 1 | |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | 1 | PA NSO; QL (21 per 28 days) |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | 1 | PA NSO; QL (21 per 28 days) |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | 1 | PA NSO; QL (30 per 30 days) |
| IDHIFA ORAL TABLET 100 MG, 50 MG | 1 | PA NSO; QL (30 per 30 days) |
| <i>ifosfamide intravenous recon soln 1 gram</i> (Ifex) | 1 | |
| <i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i> | 1 | |
| <i>imatinib oral tablet 100 mg</i> (Gleevec) | 1 | PA NSO; QL (180 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>imatinib oral tablet 400 mg</i> (Gleevec) | 1 | PA NSO; QL (60 per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG | 1 | PA NSO; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | 1 | PA NSO; QL (28 per 28 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG | 1 | PA NSO; QL (28 per 28 days) |
| IMFINZI INTRAVENOUS SOLUTION 50 MG/ML | 1 | PA NSO |
| IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML | 1 | PA NSO; QL (4 per 365 days) |
| IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML | 1 | PA NSO; QL (8 per 28 days) |
| INLYTA ORAL TABLET 1 MG | 1 | PA NSO; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG | 1 | PA NSO; QL (120 per 30 days) |
| INQOVI ORAL TABLET 35-100 MG | 1 | PA NSO; QL (5 per 28 days) |
| INREBIC ORAL CAPSULE 100 MG | 1 | PA NSO; QL (120 per 30 days) |
| IRESSA ORAL TABLET 250 MG | 1 | PA NSO; QL (60 per 30 days) |
| IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG | 1 | |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 1 | PA NSO; QL (60 per 30 days) |
| JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML | 1 | PA NSO |
| KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG | 1 | PA NSO |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML | 1 | PA NSO; QL (8 per 21 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG | 1 | PA NSO; QL (49 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG | 1 | PA NSO; QL (70 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG | 1 | PA NSO; QL (91 per 28 days) |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) | 1 | PA NSO; QL (21 per 28 days) |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) | 1 | PA NSO; QL (42 per 28 days) |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) | 1 | PA NSO; QL (63 per 28 days) |
| KOSELUGO ORAL CAPSULE 10 MG | 1 | PA NSO; QL (300 per 30 days) |
| KOSELUGO ORAL CAPSULE 25 MG | 1 | PA NSO; QL (120 per 30 days) |
| KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG | 1 | PA NSO |
| <i>lapatinib oral tablet 250 mg</i> (Tykerb) | 1 | PA NSO |
| 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) | 1 | PA NSO |
| <i>letrozole oral tablet 2.5 mg</i> (Femara) | 1 | |
| LEUKERAN ORAL TABLET 2 MG | 1 | |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i> | 1 | |
| LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML | 1 | PA NSO; QL (7 per 21 days) |
| LONSURF ORAL TABLET 15-6.14 MG | 1 | PA NSO; QL (100 per 28 days) |
| LONSURF ORAL TABLET 20-8.19 MG | 1 | PA NSO; QL (80 per 28 days) |
| LORBRENA ORAL TABLET 100 MG | 1 | PA NSO; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------|
| LORBRENA ORAL TABLET 25 MG | 1 | PA NSO; QL (90 per 30 days) |
| LUMAKRAS ORAL TABLET 120 MG | 1 | PA NSO; QL (240 per 30 days) |
| LUMOXITI INTRAVENOUS RECON SOLN 1 MG | 1 | PA NSO |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG | 1 | |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG | 1 | |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG | 1 | |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 1 | PA NSO; QL (120 per 30 days) |
| LYSODREN ORAL TABLET 500 MG | 1 | |
| MATULANE ORAL CAPSULE 50 MG | 1 | |
| <i>megestrol oral tablet 20 mg, 40 mg</i> | 1 | PA NSO-HRM; AGE (Max 64 Years) |
| MEKINIST ORAL TABLET 0.5 MG | 1 | PA NSO; QL (90 per 30 days) |
| MEKINIST ORAL TABLET 2 MG | 1 | PA NSO; QL (30 per 30 days) |
| MEKTOVI ORAL TABLET 15 MG | 1 | PA NSO; QL (180 per 30 days) |
| <i>mercaptopurine oral tablet 50 mg</i> | 1 | |
| <i>methotrexate sodium (pf) injection recon soln 1 gram</i> | 1 | PA BvD |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i> | 1 | PA BvD |
| <i>methotrexate sodium injection solution 25 mg/ml</i> | 1 | PA BvD |
| <i>methotrexate sodium oral tablet 2.5 mg</i> | 1 | PA BvD; ST |
| <i>mitoxantrone intravenous concentrate 2 mg/ml</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| MONJUVI INTRAVENOUS RECON SOLN 200 MG | 1 | PA NSO |
| MVASI INTRAVENOUS SOLUTION 25 MG/ML | 1 | PA NSO |
| MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) | 1 | PA NSO |
| NERLYNX ORAL TABLET 40 MG | 1 | PA NSO; QL (180 per 30 days) |
| NEXAVAR ORAL TABLET 200 MG | 1 | PA NSO; QL (120 per 30 days) |
| <i>nilutamide oral tablet 150 mg</i> (Nilandron) | 1 | |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 1 | PA NSO; QL (3 per 28 days) |
| NUBEQA ORAL TABLET 300 MG | 1 | PA NSO; QL (120 per 30 days) |
| ODOMZO ORAL CAPSULE 200 MG | 1 | PA NSO; LA |
| OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG | 1 | PA NSO |
| ONCASPAR INJECTION SOLUTION 750 UNIT/ML | 1 | PA NSO |
| ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML | 1 | |
| ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG | 1 | PA NSO |
| ONUREG ORAL TABLET 200 MG, 300 MG | 1 | PA NSO; QL (14 per 28 days) |
| OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML | 1 | PA NSO |
| PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG | 1 | PA NSO |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | 1 | PA NSO; QL (14 per 21 days) |
| PEPAXTO INTRAVENOUS RECON SOLN 20 MG | 1 | PA NSO; QL (2 per 28 days) |
| PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG-30000 UNIT/15ML | 1 | PA NSO; QL (15 per 21 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------|
| PHESGO SUBCUTANEOUS SOLUTION 600 MG-600 MG-20000 UNIT/10ML | 1 | PA NSO; QL (10 per 21 days) |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1) | 1 | PA NSO; QL (28 per 28 days) |
| PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | 1 | PA NSO; QL (56 per 28 days) |
| POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG | 1 | PA NSO |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | 1 | PA NSO; QL (21 per 28 days) |
| PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML) | 1 | PA NSO; QL (100 per 21 days) |
| PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT | 1 | |
| PURIXAN ORAL SUSPENSION 20 MG/ML | 1 | |
| QINLOCK ORAL TABLET 50 MG | 1 | PA NSO; QL (90 per 30 days) |
| RETEVMO ORAL CAPSULE 40 MG | 1 | PA NSO; QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | 1 | PA NSO; QL (120 per 30 days) |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG | 1 | PA NSO; LA; QL (28 per 28 days) |
| RIABNI INTRAVENOUS SOLUTION 10 MG/ML | 1 | PA NSO |
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) | 1 | PA NSO |
| RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML | 1 | PA NSO |
| ROZLYTREK ORAL CAPSULE 100 MG | 1 | PA NSO; QL (180 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 1 | PA NSO; QL (90 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------|
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | 1 | PA NSO; QL (120 per 30 days) |
| RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML | 1 | PA NSO |
| RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML | 1 | PA NSO |
| RYDAPT ORAL CAPSULE 25 MG | 1 | PA NSO; QL (224 per 28 days) |
| SARCLISA INTRAVENOUS SOLUTION 20 MG/ML | 1 | PA NSO |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML | 1 | |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG | 1 | PA NSO; QL (30 per 30 days) |
| SPRYCEL ORAL TABLET 20 MG | 1 | PA NSO; QL (90 per 30 days) |
| STIVARGA ORAL TABLET 40 MG | 1 | PA NSO; QL (84 per 28 days) |
| <i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent) | 1 | PA NSO; QL (30 per 30 days) |
| SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG | 1 | PA NSO |
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG | 1 | PA NSO |
| TABLOID ORAL TABLET 40 MG | 1 | |
| TABRECTA ORAL TABLET 150 MG, 200 MG | 1 | PA NSO; QL (120 per 30 days) |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | 1 | PA NSO; QL (120 per 30 days) |
| TAGRISSO ORAL TABLET 40 MG, 80 MG | 1 | PA NSO; LA; QL (30 per 30 days) |
| TALZENNA ORAL CAPSULE 0.25 MG | 1 | PA NSO; QL (90 per 30 days) |
| TALZENNA ORAL CAPSULE 1 MG | 1 | PA NSO; QL (30 per 30 days) |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i> | 1 | |
| TARGRETIN TOPICAL GEL 1 % | 1 | PA NSO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| TASIGNA ORAL CAPSULE 150 MG, 200 MG | 1 | PA NSO; QL (112 per 28 days) |
| TASIGNA ORAL CAPSULE 50 MG | 1 | PA NSO; QL (120 per 30 days) |
| TAZVERIK ORAL TABLET 200 MG | 1 | PA NSO; QL (240 per 30 days) |
| TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML) | 1 | PA NSO |
| TEMODAR INTRAVENOUS RECON SOLN 100 MG | 1 | PA NSO |
| TEPMETKO ORAL TABLET 225 MG | 1 | PA NSO; QL (60 per 30 days) |
| <i>thiotepa injection recon soln 100 mg, 15 mg</i> (Tepadina) | 1 | |
| TIBSOVO ORAL TABLET 250 MG | 1 | PA NSO; QL (60 per 30 days) |
| TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG | 1 | |
| <i>toposar intravenous solution 20 mg/ml</i> | 1 | |
| <i>toremifene oral tablet 60 mg</i> (Fareston) | 1 | |
| TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG | 1 | PA NSO |
| TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG | 1 | PA NSO |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG | 1 | QL (1 per 84 days) |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG | 1 | QL (1 per 168 days) |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG | 1 | QL (1 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------------|
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i> | 1 | |
| TRODELVY INTRAVENOUS RECON SOLN 180 MG | 1 | PA NSO |
| TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3) | 1 | PA NSO |
| TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML | 1 | PA NSO |
| TUKYSA ORAL TABLET 150 MG | 1 | PA NSO; QL (120 per 30 days) |
| TUKYSA ORAL TABLET 50 MG | 1 | PA NSO; QL (300 per 30 days) |
| TURALIO ORAL CAPSULE 200 MG | 1 | PA NSO; QL (120 per 30 days) |
| UKONIQ ORAL TABLET 200 MG | 1 | PA NSO; QL (120 per 30 days) |
| UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML | 1 | PA NSO |
| <i>valrubicin intravesical solution 40 mg/ml</i> (Valstar) | 1 | |
| VELCADE INJECTION RECON SOLN 3.5 MG | 1 | PA NSO |
| VENCLEXTA ORAL TABLET 10 MG | 1 | PA NSO; LA; QL (60 per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | 1 | PA NSO; LA; QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG | 1 | PA NSO; LA; QL (30 per 30 days) |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG | 1 | PA NSO; LA |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 1 | PA NSO; QL (56 per 28 days) |
| <i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine) | 1 | |
| VITRAKVI ORAL CAPSULE 100 MG | 1 | PA NSO; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| VITRAKVI ORAL CAPSULE 25 MG | 1 | PA NSO; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML | 1 | PA NSO; QL (300 per 30 days) |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | 1 | PA NSO; QL (30 per 30 days) |
| VOTRIENT ORAL TABLET 200 MG | 1 | PA NSO; QL (120 per 30 days) |
| VYXEOS INTRAVENOUS RECON SOLN 44-100 MG | 1 | PA BvD |
| WELIREG ORAL TABLET 40 MG | 1 | PA NSO; QL (90 per 30 days) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 1 | PA NSO; QL (120 per 30 days) |
| XATMEP ORAL SOLUTION 2.5 MG/ML | 1 | PA BvD; ST |
| XOSPATA ORAL TABLET 40 MG | 1 | PA NSO; QL (90 per 30 days) |
| XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5) | 1 | PA NSO; QL (20 per 28 days) |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) | 1 | PA NSO; QL (8 per 28 days) |
| XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) | 1 | PA NSO; QL (4 per 28 days) |
| XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4) | 1 | PA NSO; QL (16 per 28 days) |
| XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3) | 1 | PA NSO; QL (12 per 28 days) |
| XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK) | 1 | PA NSO; QL (24 per 28 days) |
| XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK) | 1 | PA NSO; QL (32 per 28 days) |
| XTANDI ORAL CAPSULE 40 MG | 1 | PA NSO; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG | 1 | PA NSO; QL (120 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| XTANDI ORAL TABLET 80 MG | 1 | PA NSO; QL (60 per 30 days) |
| YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) | 1 | PA NSO |
| YONDELIS INTRAVENOUS RECON SOLN 1 MG | 1 | PA NSO |
| YONSA ORAL TABLET 125 MG | 1 | PA NSO; QL (120 per 30 days) |
| ZEJULA ORAL CAPSULE 100 MG | 1 | PA NSO; QL (90 per 30 days) |
| ZELBORAF ORAL TABLET 240 MG | 1 | PA NSO; QL (240 per 30 days) |
| ZEPZELCA INTRAVENOUS RECON SOLN 4 MG | 1 | PA NSO |
| ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML | 1 | PA NSO |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG | 1 | QL (1 per 84 days) |
| ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG | 1 | QL (1 per 28 days) |
| ZOLINZA ORAL CAPSULE 100 MG | 1 | |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | 1 | PA NSO; QL (60 per 30 days) |
| ZYKADIA ORAL TABLET 150 MG | 1 | PA NSO; QL (84 per 28 days) |
| ZYNLONTA INTRAVENOUS RECON SOLN 10 MG | 1 | PA NSO |
| ZYTIGA ORAL TABLET 250 MG, 500 MG | 1 | PA NSO; QL (120 per 30 days) |
| Anticonvulsants | | |
| Anticonvulsants | | |
| APTIOM ORAL TABLET 200 MG, 400 MG | 1 | ST; QL (30 per 30 days) |
| APTIOM ORAL TABLET 600 MG, 800 MG | 1 | ST; QL (60 per 30 days) |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML | 1 | QL (80 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 |
|--|------------------|---------------------------------|
| BRIVIACT ORAL SOLUTION 10 MG/ML | 1 | QL (600 per 30 days) |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | 1 | QL (60 per 30 days) |
| <i>carbamazepine oral capsule, er</i> (Carbatrol) <i>multiphase 12 hr 100 mg, 200 mg,</i> <i>300 mg</i> | 1 | |
| <i>carbamazepine oral suspension 100</i> (Tegretol) <i>mg/5 ml</i> | 1 | |
| <i>carbamazepine oral tablet 200 mg</i> (Epitol) | 1 | |
| <i>carbamazepine oral tablet extended</i> (Tegretol XR) <i>release 12 hr 100 mg, 200 mg, 400</i> <i>mg</i> | 1 | |
| <i>carbamazepine oral tablet, chewable</i> <i>100 mg</i> | 1 | |
| CELONTIN ORAL CAPSULE 300 MG | 1 | |
| <i>clobazam oral suspension 2.5 mg/ml</i> (Onfi) | 1 | PA NSO; QL (480 per 30 days) |
| <i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi) | 1 | PA NSO; QL (60 per 30 days) |
| DIACOMIT ORAL CAPSULE 250 MG | 1 | PA NSO; QL (360 per 30 days) |
| DIACOMIT ORAL CAPSULE 500 MG | 1 | PA NSO; QL (180 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 250 MG | 1 | PA NSO; QL (360 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 500 MG | 1 | PA NSO; QL (180 per 30 days) |
| <i>diazepam rectal kit 12.5-15-17.5-20</i> (Diastat AcuDial) <i>mg, 5-7.5-10 mg</i> | 1 | |
| <i>diazepam rectal kit 2.5 mg</i> (Diastat) | 1 | |
| <i>divalproex oral capsule, delayed rel</i> (Depakote Sprinkles) <i>sprinkle 125 mg</i> | 1 | |
| <i>divalproex oral tablet extended</i> (Depakote ER) <i>release 24 hr 250 mg, 500 mg</i> | 1 | |
| <i>divalproex oral tablet, delayed</i> (Depakote) <i>release (drlec) 125 mg, 250 mg, 500</i> <i>mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | 1 | PA NSO |
| <i>epitol oral tablet 200 mg</i> | 1 | |
| <i>ethosuximide oral capsule 250 mg</i> (Zarontin) | 1 | |
| <i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin) | 1 | |
| <i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol) | 1 | |
| <i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol) | 1 | |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | 1 | PA NSO |
| <i>fosphenytoin injection solution 100 mg per 2 ml, 500 mg per 10 ml</i> (Cerebyx) | 1 | |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML | 1 | ST; QL (720 per 30 days) |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 8 MG | 1 | ST; QL (30 per 30 days) |
| FYCOMPA ORAL TABLET 4 MG, 6 MG | 1 | ST; QL (60 per 30 days) |
| <i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin) | 1 | QL (360 per 30 days) |
| <i>gabapentin oral capsule 400 mg</i> (Neurontin) | 1 | QL (270 per 30 days) |
| <i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin) | 1 | QL (2160 per 30 days) |
| <i>gabapentin oral tablet 600 mg</i> (Neurontin) | 1 | QL (180 per 30 days) |
| <i>gabapentin oral tablet 800 mg</i> (Neurontin) | 1 | QL (120 per 30 days) |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite) | 1 | |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal) | 1 | |
| <i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra) | 1 | |
| <i>levetiracetam oral solution 100 mg/ml</i> (Keppra) | 1 | |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra) | 1 | |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------|
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) | 1 | QL (10 per 30 days) |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal) | 1 | |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal) | 1 | |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG | 1 | ST |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i> | 1 | PA NSO-HRM; AGE (Max 64 Years) |
| <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> | 1 | PA NSO-HRM; AGE (Max 64 Years) |
| <i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125) | 1 | |
| <i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs) | 1 | |
| <i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended) | 1 | |
| <i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek) | 1 | |
| <i>phenytoin sodium intravenous solution 50 mg/ml</i> | 1 | |
| <i>phenytoin sodium intravenous syringe 50 mg/ml</i> | 1 | |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica) | 1 | QL (90 per 30 days) |
| <i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica) | 1 | QL (60 per 30 days) |
| <i>pregabalin oral solution 20 mg/ml</i> (Lyrica) | 1 | QL (900 per 30 days) |
| <i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline) | 1 | |
| <i>rufinamide oral suspension 40 mg/ml</i> (Banzel) | 1 | ST |
| <i>rufinamide oral tablet 200 mg, 400 mg</i> (Banzel) | 1 | ST |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG | 1 | ST; QL (60 per 30 days) |
| SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG | 1 | ST; QL (120 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> | 1 | |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG | 1 | PA NSO; QL (60 per 30 days) |
| <i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> (Gabitril) | 1 | |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax) | 1 | |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax) | 1 | |
| <i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i> | 1 | |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> | 1 | |
| <i>valproic acid oral capsule 250 mg</i> | 1 | |
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | 1 | |
| <i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone) | 1 | PA NSO; QL (180 per 30 days) |
| <i>vigabatrin oral tablet 500 mg</i> (Sabril) | 1 | PA NSO; QL (180 per 30 days) |
| <i>vigadrone oral powder in packet 500 mg</i> | 1 | PA NSO; QL (180 per 30 days) |
| VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML | 1 | QL (200 per 5 days) |
| VIMPAT ORAL SOLUTION 10 MG/ML | 1 | QL (1200 per 30 days) |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 1 | QL (60 per 30 days) |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | 1 | ST; QL (56 per 28 days) |
| XCOPRI ORAL TABLET 100 MG, 50 MG | 1 | ST; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------|
| XCOPRI ORAL TABLET 150 MG, 200 MG | 1 | ST; QL (60 per 30 days) |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | 1 | ST |
| <i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran) | 1 | |
| <i>zonisamide oral capsule 50 mg</i> | 1 | |
| Antidementia Agents | | |
| Antidementia Agents | | |
| <i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept) | 1 | QL (30 per 30 days) |
| <i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i> | 1 | QL (30 per 30 days) |
| <i>ergoloid oral tablet 1 mg</i> | 1 | |
| <i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> (Razadyne ER) | 1 | QL (30 per 30 days) |
| <i>galantamine oral solution 4 mg/ml</i> | 1 | QL (200 per 30 days) |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> | 1 | QL (60 per 30 days) |
| <i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR) | 1 | ST; QL (30 per 30 days) |
| <i>memantine oral solution 2 mg/ml</i> | 1 | QL (300 per 30 days) |
| <i>memantine oral tablet 10 mg, 5 mg</i> (Namenda) | 1 | QL (60 per 30 days) |
| NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG | 1 | ST |
| NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG | 1 | ST; QL (30 per 30 days) |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i> | 1 | QL (60 per 30 days) |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch) | 1 | QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| Antidepressants | | |
| Antidepressants | | |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | 1 | |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i> | 1 | |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i> | 1 | |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL) | 1 | |
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR) | 1 | |
| <i>citalopram oral solution 10 mg/5 ml</i> | 1 | QL (600 per 30 days) |
| <i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa) | 1 | QL (30 per 30 days) |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil) | 1 | |
| <i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin) | 1 | |
| <i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i> | 1 | |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq) | 1 | QL (30 per 30 days) |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | 1 | |
| <i>doxepin oral concentrate 10 mg/ml</i> | 1 | |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG | 1 | ST; QL (60 per 30 days) |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG | 1 | ST; QL (30 per 30 days) |
| <i>duloxetine oral capsule, delayed release (drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta) | 1 | QL (60 per 30 days) |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR | 1 | ST; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------|
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i> | 1 | |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro) | 1 | |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) | 1 | ST |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | 1 | ST; QL (30 per 30 days) |
| <i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac) | 1 | |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i> | 1 | |
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | 1 | |
| <i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i> | 1 | |
| MARPLAN ORAL TABLET 10 MG | 1 | |
| <i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron) | 1 | |
| <i>mirtazapine oral tablet 45 mg, 7.5 mg</i> | 1 | |
| <i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab) | 1 | |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i> | 1 | |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor) | 1 | |
| <i>nortriptyline oral solution 10 mg/5 ml</i> | 1 | |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil) | 1 | PA NSO-HRM; AGE (Max 64 Years) |
| PAXIL ORAL SUSPENSION 10 MG/5 ML | 1 | PA NSO-HRM; AGE (Max 64 Years) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> | 1 | |
| <i>phenelzine oral tablet 15 mg</i> (Nardil) | 1 | |
| <i>protriptyline oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>sertraline oral concentrate 20 mg/ml</i> (Zoloft) | 1 | |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft) | 1 | |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3) | 1 | PA NSO |
| <i>tranlycypromine oral tablet 10 mg</i> (Parnate) | 1 | |
| <i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i> | 1 | |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i> | 1 | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | 1 | QL (30 per 30 days) |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR) | 1 | QL (30 per 30 days) |
| <i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR) | 1 | QL (90 per 30 days) |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | 1 | |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG | 1 | QL (30 per 30 days) |
| VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23) | 1 | |
| ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML | 1 | |
| Antidiabetic Agents | | |
| Antidiabetic Agents, Miscellaneous | | |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose) | 1 | QL (90 per 30 days) |
| FARXIGA ORAL TABLET 10 MG, 5 MG | 1 | QL (30 per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | 1 | QL (30 per 30 days) |

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

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG | 1 | QL (30 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG | 1 | QL (60 per 30 days) |
| TRADJENTA ORAL TABLET 5 MG | 1 | QL (30 per 30 days) |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML | 1 | QL (2 per 28 days) |
| VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) | 1 | QL (9 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10- 1,000 MG, 10-500 MG | 1 | QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5- 1,000 MG, 5-1,000 MG, 5-500 MG | 1 | QL (60 per 30 days) |
| Insulins | | |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 1 | QL (30 per 28 days) |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) | 1 | QL (30 per 28 days) |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 1 | QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | 1 | QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | 1 | QL (24 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 1 | QL (30 per 28 days) |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 1 | QL (40 per 28 days) |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70- 30) | 1 | QL (40 per 28 days) |
| NOVOLIN 70-30 FLEXPEN U- 100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | 1 | QL (30 per 28 days) |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 1 | QL (30 per 28 days) |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 1 | QL (40 per 28 days) |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 1 | QL (30 per 28 days) |
| NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML | 1 | QL (40 per 28 days) |
| NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 1 | QL (30 per 28 days) |
| NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70- 30) | 1 | QL (40 per 28 days) |
| NOVOLOG MIX 70- 30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | 1 | QL (30 per 28 days) |
| NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | 1 | QL (30 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML | 1 | QL (40 per 28 days) |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML | 1 | QL (30 per 30 days) |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) | 1 | QL (18 per 28 days) |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | 1 | QL (13.5 per 28 days) |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) | 1 | QL (15 per 28 days) |
| Sulfonylureas | | |
| <i>glimepiride oral tablet 1 mg, 2 mg</i> (Amaryl) | 1 | QL (30 per 30 days) |
| <i>glimepiride oral tablet 4 mg</i> (Amaryl) | 1 | QL (60 per 30 days) |
| <i>glipizide oral tablet 10 mg</i> (Glucotrol) | 1 | QL (120 per 30 days) |
| <i>glipizide oral tablet 5 mg</i> | 1 | QL (60 per 30 days) |
| <i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL) | 1 | QL (60 per 30 days) |
| <i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i> (Glucotrol XL) | 1 | QL (30 per 30 days) |
| <i>glipizide-metformin oral tablet 2.5-250 mg</i> | 1 | QL (240 per 30 days) |
| <i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> | 1 | QL (120 per 30 days) |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase) | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| Antifungals | | |
| Antifungals | | |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | 1 | PA BvD |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG | 1 | PA BvD |
| <i>amphotericin b injection recon soln</i> 50 mg | 1 | PA BvD |
| <i>caspofungin intravenous recon soln</i> (Cancidas) 50 mg, 70 mg | 1 | |
| <i>ciclopirox topical cream 0.77 %</i> (Ciclodan) | 1 | QL (180 per 30 days) |
| <i>ciclopirox topical solution 8 %</i> (Ciclodan) | 1 | QL (19.8 per 30 days) |
| <i>clotrimazole mucous membrane</i> <i>troche 10 mg</i> | 1 | |
| <i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole)) | 1 | |
| <i>clotrimazole-betamethasone topical</i> <i>cream 1-0.05 %</i> | 1 | QL (90 per 30 days) |
| <i>econazole topical cream 1 %</i> | 1 | QL (170 per 30 days) |
| <i>fluconazole in nacl (iso-osm)</i> <i>intravenous piggyback 100 mg/50</i> <i>ml, 200 mg/100 ml, 400 mg/200 ml</i> | 1 | PA BvD |
| <i>fluconazole oral suspension for</i> (Diflucan) <i>reconstitution 10 mg/ml, 40 mg/ml</i> | 1 | |
| <i>fluconazole oral tablet 100 mg, 150</i> (Diflucan) <i>mg, 200 mg, 50 mg</i> | 1 | |
| <i>flucytosine oral capsule 250 mg, 500</i> (Ancobon) <i>mg</i> | 1 | |
| <i>griseofulvin microsize oral</i> <i>suspension 125 mg/5 ml</i> | 1 | |
| <i>griseofulvin microsize oral tablet</i> <i>500 mg</i> | 1 | |
| <i>itraconazole oral capsule 100 mg</i> (Sporanox) | 1 | |
| <i>ketoconazole oral tablet 200 mg</i> | 1 | |
| <i>ketoconazole topical cream 2 %</i> | 1 | QL (180 per 30 days) |
| <i>ketoconazole topical shampoo 2 %</i> | 1 | QL (360 per 30 days) |
| <i>miconazole-3 vaginal suppository</i> <i>200 mg</i> | 1 | |
| NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) | 1 | PA |
| <i>nyamyc topical powder 100,000</i> <i>unit/gram</i> | 1 | QL (60 per 30 days) |
| <i>nystatin oral suspension 100,000</i> <i>unit/ml</i> | 1 | QL (900 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>nystatin oral tablet 500,000 unit</i> | 1 | |
| <i>nystatin topical cream 100,000 unit/gram</i> | 1 | QL (60 per 30 days) |
| <i>nystatin topical ointment 100,000 unit/gram</i> | 1 | QL (60 per 30 days) |
| <i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc) | 1 | QL (60 per 30 days) |
| <i>nystop topical powder 100,000 unit/gram</i> | 1 | QL (60 per 30 days) |
| <i>posaconazole oral tablet, delayed release (drlec) 100 mg</i> (Noxafil) | 1 | PA |
| <i>terbinafine hcl oral tablet 250 mg</i> | 1 | |
| <i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV) | 1 | PA BvD |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend) | 1 | PA |
| <i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend) | 1 | |
| Antigout Agents | | |
| Antigout Agents, Other | | |
| <i>allopurinol oral tablet 100 mg</i> (Zyloprim) | 1 | |
| <i>allopurinol oral tablet 300 mg</i> | 1 | |
| <i>colchicine oral tablet 0.6 mg</i> (Colcrys) | 1 | PA; QL (120 per 30 days) |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric) | 1 | ST; QL (30 per 30 days) |
| MITIGARE ORAL CAPSULE 0.6 MG | 1 | QL (60 per 30 days) |
| <i>probenecid oral tablet 500 mg</i> | 1 | |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i> | 1 | |
| Antihistamines | | |
| Antihistamines | | |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i> | 1 | |
| <i>diphenhydramine hcl injection syringe 50 mg/ml</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Diphen) | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i> | 1 | |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i> | 1 | |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | 1 | |
| <i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief) | 1 | |
| <i>promethazine oral syrup 6.25 mg/5 ml</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| Anti-Infectives (Skin And Mucous Membrane) | | |
| Anti-Infectives (Skin And Mucous Membrane) | | |
| <i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin) | 1 | |
| <i>metronidazole vaginal gel 0.75 %</i> (Metrogel Vaginal) | 1 | |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i> | 1 | |
| <i>terconazole vaginal suppository 80 mg</i> | 1 | |
| Antimigraine Agents | | |
| Antimigraine Agents | | |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML | 1 | PA; QL (1 per 30 days) |
| <i>dihydroergotamine injection solution 1 mg/ml</i> (D.H.E.45) | 1 | QL (24 per 28 days) |
| <i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal) | 1 | QL (8 per 28 days) |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML | 1 | PA; QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML | 1 | PA; QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | 1 | PA; QL (3 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>rizatriptan oral tablet 10 mg</i> (Maxalt) | 1 | QL (12 per 30 days) |
| <i>rizatriptan oral tablet 5 mg</i> | 1 | QL (12 per 30 days) |
| <i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT) | 1 | QL (12 per 30 days) |
| <i>rizatriptan oral tablet, disintegrating 5 mg</i> | 1 | QL (12 per 30 days) |
| <i>sumatriptan nasal spray, non-aerosol 20 mg/lactuation</i> (Imitrex) | 1 | QL (12 per 30 days) |
| <i>sumatriptan nasal spray, non-aerosol 5 mg/lactuation</i> (Imitrex) | 1 | QL (18 per 30 days) |
| <i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex) | 1 | QL (9 per 30 days) |
| <i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex) | 1 | QL (18 per 30 days) |
| <i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill) | 1 | QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen) | 1 | QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex) | 1 | QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i> | 1 | QL (4 per 28 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG | 1 | PA; QL (16 per 30 days) |
| Antimycobacterials | | |
| Antimycobacterials | | |
| <i>dapsone oral tablet 100 mg, 25 mg</i> | 1 | |
| <i>ethambutol oral tablet 100 mg</i> | 1 | |
| <i>ethambutol oral tablet 400 mg</i> (Myambutol) | 1 | |
| <i>isoniazid oral solution 50 mg/5 ml</i> | 1 | |
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | 1 | |
| PRETOMANID ORAL TABLET 200 MG | 1 | QL (30 per 30 days) |
| PRIFTIN ORAL TABLET 150 MG | 1 | |
| <i>pyrazinamide oral tablet 500 mg</i> | 1 | |
| <i>rifabutin oral capsule 150 mg</i> (Mycobutin) | 1 | |
| <i>rifampin intravenous recon soln 600 mg</i> (Rifadin) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------|
| <i>rifampin oral capsule 150 mg, 300 mg</i> | 1 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | 1 | PA |
| TRECTOR ORAL TABLET 250 MG | 1 | |
| Antinausea Agents | | |
| Antinausea Agents | | |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG | 1 | |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML | 1 | |
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG | 1 | PA BvD |
| <i>aprepitant oral capsule 125 mg</i> | 1 | PA BvD; QL (2 per 28 days) |
| <i>aprepitant oral capsule 40 mg</i> | 1 | PA BvD; QL (1 per 28 days) |
| <i>aprepitant oral capsule 80 mg</i> (Emend) | 1 | PA BvD; QL (4 per 28 days) |
| <i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend) | 1 | PA BvD; QL (6 per 28 days) |
| <i>compro rectal suppository 25 mg</i> | 1 | |
| <i>dimenhydrinate injection solution 50 mg/ml</i> | 1 | |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol) | 1 | PA; QL (60 per 30 days) |
| <i>droperidol injection solution 2.5 mg/ml</i> | 1 | |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) | 1 | PA BvD; QL (6 per 28 days) |
| <i>fosaprepitant intravenous recon soln 150 mg</i> (Emend (fosaprepitant)) | 1 | QL (2 per 28 days) |
| <i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i> | 1 | |
| <i>granisetron hcl intravenous solution 1 mg/ml</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>granisetron hcl oral tablet 1 mg</i> | 1 | PA BvD |
| <i>meclizine oral tablet 12.5 mg</i> | 1 | |
| <i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy) | 1 | |
| <i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i> | 1 | |
| <i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i> | 1 | |
| <i>ondansetron hcl intravenous solution 2 mg/ml</i> | 1 | |
| <i>ondansetron hcl oral tablet 24 mg, 8 mg</i> | 1 | PA BvD |
| <i>ondansetron hcl oral tablet 4 mg</i> (Zofran) | 1 | PA BvD |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i> | 1 | PA BvD |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i> | 1 | |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine) | 1 | |
| <i>prochlorperazine rectal suppository 25 mg</i> (Compro) | 1 | |
| <i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan) | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>promethazine rectal suppository 50 mg</i> (Promethegan) | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>promethegan rectal suppository 12.5 mg, 25 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop) | 1 | PA-HRM; QL (10 per 30 days); AGE (Max 64 Years) |
| Antiparasite Agents | | |
| Antiparasite Agents | | |
| <i>albendazole oral tablet 200 mg</i> (Albenza) | 1 | |
| <i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron) | 1 | |
| <i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>atovaquone-proguanil oral tablet</i> (Malarone Pediatric) 62.5-25 mg | 1 | |
| <i>chloroquine phosphate oral tablet</i> 250 mg | 1 | QL (50 per 30 days) |
| <i>chloroquine phosphate oral tablet</i> 500 mg | 1 | QL (25 per 30 days) |
| COARTEM ORAL TABLET 20- 120 MG | 1 | |
| <i>hydroxychloroquine oral tablet</i> 200 (Plaquenil) mg | 1 | QL (90 per 30 days) |
| IMPAVIDO ORAL CAPSULE 50 MG | 1 | PA; QL (84 per 28 days) |
| <i>ivermectin oral tablet</i> 3 mg (Stromectol) | 1 | |
| KRINTAFEL ORAL TABLET 150 MG | 1 | |
| <i>mefloquine oral tablet</i> 250 mg | 1 | |
| <i>nitazoxanide oral tablet</i> 500 mg (Alinia) | 1 | |
| <i>paromomycin oral capsule</i> 250 mg (Humatin) | 1 | |
| <i>pentamidine inhalation recon soln</i> (Nebupent) 300 mg | 1 | PA BvD |
| <i>pentamidine injection recon soln</i> 300 (Pentam) mg | 1 | |
| PRIMAQUINE ORAL TABLET 26.3 MG | 1 | |
| <i>pyrimethamine oral tablet</i> 25 mg (Daraprim) | 1 | PA |
| <i>quinine sulfate oral capsule</i> 324 mg (Qualaquin) | 1 | PA; QL (42 per 7 days) |
| Antiparkinsonian Agents | | |
| Antiparkinsonian Agents | | |
| <i>amantadine hcl oral capsule</i> 100 mg | 1 | |
| <i>amantadine hcl oral solution</i> 50 mg/5 ml | 1 | |
| APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML | 1 | PA; QL (60 per 30 days) |
| <i>benztropine oral tablet</i> 0.5 mg, 1 mg, 2 mg | 1 | |
| <i>bromocriptine oral capsule</i> 5 mg (Parlodel) | 1 | |
| <i>bromocriptine oral tablet</i> 2.5 mg (Parlodel) | 1 | |
| <i>cabergoline oral tablet</i> 0.5 mg | 1 | |
| <i>carbidopa-levodopa oral tablet</i> 10- 100 mg, 25-100 mg (Sinemet) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>carbidopa-levodopa oral tablet 25-250 mg</i> | 1 | |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> | 1 | |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50) | 1 | |
| <i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75) | 1 | |
| <i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100) | 1 | |
| <i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125) | 1 | |
| <i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150) | 1 | |
| <i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200) | 1 | |
| <i>entacapone oral tablet 200 mg</i> (Comtan) | 1 | |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG | 1 | PA; QL (300 per 30 days) |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 1 | PA; QL (150 per 30 days) |
| KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG | 1 | PA |
| 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 | 1 | QL (30 per 30 days) |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG | 1 | ST; QL (30 per 30 days) |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1) | 1 | ST; QL (60 per 30 days) |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect) | 1 | |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | 1 | |
| <i>selegiline hcl oral capsule 5 mg</i> | 1 | |
| <i>selegiline hcl oral tablet 5 mg</i> | 1 | |
| <i>trihexyphenidyl oral elixir 0.4 mg/ml</i> | 1 | |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i> | 1 | |
| XADAGO ORAL TABLET 100 MG, 50 MG | 1 | PA; QL (30 per 30 days) |
| Antipsychotic Agents | | |
| Antipsychotic Agents | | |
| <i>aripiprazole oral solution 1 mg/ml</i> | 1 | QL (900 per 30 days) |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify) | 1 | QL (30 per 30 days) |
| <i>aripiprazole oral tablet 2 mg</i> (Abilify) | 1 | QL (60 per 30 days) |
| <i>aripiprazole oral tablet, disintegrating 10 mg</i> | 1 | ST; QL (90 per 30 days) |
| <i>aripiprazole oral tablet, disintegrating 15 mg</i> | 1 | ST; QL (60 per 30 days) |
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML | 1 | QL (4.8 per 365 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML | 1 | QL (3.9 per 56 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML | 1 | QL (1.6 per 28 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML | 1 | QL (2.4 per 28 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML | 1 | QL (3.2 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>asenapine maleate sublingual tablet</i> (Saphris) 10 mg, 2.5 mg, 5 mg | 1 | ST; QL (60 per 30 days) |
| CAPLYTA ORAL CAPSULE 42 MG | 1 | ST; QL (30 per 30 days) |
| <i>chlorpromazine injection solution</i> 25 mg/ml | 1 | |
| <i>chlorpromazine oral concentrate</i> 100 mg/ml, 30 mg/ml | 1 | |
| <i>chlorpromazine oral tablet</i> 10 mg, 100 mg, 200 mg, 25 mg, 50 mg | 1 | |
| <i>clozapine oral tablet</i> 100 mg (Clozaril) | 1 | QL (270 per 30 days) |
| <i>clozapine oral tablet</i> 200 mg (Clozaril) | 1 | QL (135 per 30 days) |
| <i>clozapine oral tablet</i> 25 mg, 50 mg (Clozaril) | 1 | QL (90 per 30 days) |
| <i>clozapine oral tablet, disintegrating</i> 100 mg, 12.5 mg, 25 mg | 1 | ST; QL (90 per 30 days) |
| <i>clozapine oral tablet, disintegrating</i> 150 mg | 1 | ST; QL (180 per 30 days) |
| <i>clozapine oral tablet, disintegrating</i> 200 mg | 1 | ST; QL (120 per 30 days) |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 1 | ST; QL (60 per 30 days) |
| FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2) | 1 | ST |
| <i>fluphenazine decanoate injection solution</i> 25 mg/ml | 1 | |
| <i>fluphenazine hcl injection solution</i> 2.5 mg/ml | 1 | |
| <i>fluphenazine hcl oral concentrate</i> 5 mg/ml | 1 | |
| <i>fluphenazine hcl oral elixir</i> 2.5 mg/5 ml | 1 | |
| <i>fluphenazine hcl oral tablet</i> 1 mg, 10 mg, 2.5 mg, 5 mg | 1 | |
| <i>haloperidol decanoate intramuscular solution</i> 100 mg/ml (Haldol Decanoate) | 1 | |
| <i>haloperidol decanoate intramuscular solution</i> 100 mg/ml (1 ml) | 1 | |
| <i>haloperidol decanoate intramuscular solution</i> 50 mg/ml (Haldol Decanoate) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>haloperidol decanoate intramuscular solution 50 mg/ml(1ml)</i> | 1 | |
| <i>haloperidol lactate injection solution 5 mg/ml</i> | 1 | |
| <i>haloperidol lactate intramuscular syringe 5 mg/ml</i> | 1 | |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i> | 1 | |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> | 1 | |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 1 | QL (0.75 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML | 1 | QL (1 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | 1 | QL (1.5 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 1 | QL (0.25 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | 1 | QL (0.5 per 28 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML | 1 | QL (0.875 per 84 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML | 1 | QL (1.315 per 84 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML | 1 | QL (1.75 per 84 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML | 1 | QL (2.625 per 84 days) |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG | 1 | QL (30 per 30 days) |
| LATUDA ORAL TABLET 80 MG | 1 | 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 |
|--|------------------|-----------------------------|
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i> | 1 | |
| <i>molindone oral tablet 10 mg</i> | 1 | QL (240 per 30 days) |
| <i>molindone oral tablet 25 mg</i> | 1 | QL (270 per 30 days) |
| <i>molindone oral tablet 5 mg</i> | 1 | QL (120 per 30 days) |
| NUPLAZID ORAL CAPSULE 34 MG | 1 | PA NSO; QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 10 MG | 1 | PA NSO; QL (30 per 30 days) |
| <i>olanzapine intramuscular recon soln (Zyprexa) 10 mg</i> | 1 | 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> | 1 | QL (30 per 30 days) |
| <i>olanzapine oral tablet, disintegrating (Zyprexa Zydis) 10 mg, 15 mg, 20 mg, 5 mg</i> | 1 | QL (30 per 30 days) |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg (Invega)</i> | 1 | QL (30 per 30 days) |
| <i>paliperidone oral tablet extended release 24hr 6 mg (Invega)</i> | 1 | QL (60 per 30 days) |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> | 1 | |
| PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG | 1 | QL (1 per 30 days) |
| <i>pimozide oral tablet 1 mg, 2 mg</i> | 1 | |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Seroquel)</i> | 1 | QL (90 per 30 days) |
| <i>quetiapine oral tablet 300 mg, 400 mg (Seroquel)</i> | 1 | QL (60 per 30 days) |
| REXULTI ORAL TABLET 0.25 MG | 1 | ST; QL (120 per 30 days) |
| REXULTI ORAL TABLET 0.5 MG | 1 | ST; QL (60 per 30 days) |
| REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG | 1 | ST; QL (30 per 30 days) |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML | 1 | QL (2 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>risperidone oral solution 1 mg/ml</i> (Risperdal) | 1 | QL (480 per 30 days) |
| <i>risperidone oral tablet 0.25 mg</i> | 1 | QL (60 per 30 days) |
| <i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Risperdal) | 1 | QL (60 per 30 days) |
| <i>risperidone oral tablet 4 mg</i> (Risperdal) | 1 | QL (120 per 30 days) |
| <i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | 1 | QL (60 per 30 days) |
| <i>risperidone oral tablet, disintegrating 3 mg, 4 mg</i> | 1 | QL (120 per 30 days) |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR | 1 | ST; QL (30 per 30 days) |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | 1 | |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 1 | |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> | 1 | |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | 1 | ST; QL (540 per 30 days) |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | 1 | ST; QL (30 per 30 days) |
| VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6) | 1 | ST |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon) | 1 | QL (60 per 30 days) |
| <i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon) | 1 | QL (6 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG | 1 | QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG | 1 | QL (1 per 28 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 |
|---|-----------|---------------------|
| Antivirals (Systemic) | | |
| Antiretrovirals | | |
| <i>abacavir oral solution 20 mg/ml</i> (Ziagen) | 1 | |
| <i>abacavir oral tablet 300 mg</i> (Ziagen) | 1 | |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom) | 1 | |
| <i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir) | 1 | |
| APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML | 1 | |
| APTIVUS ORAL CAPSULE 250 MG | 1 | |
| <i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i> (Reyataz) | 1 | |
| BIKTARVY ORAL TABLET 50-200-25 MG | 1 | |
| CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML | 1 | |
| CIMDUO ORAL TABLET 300-300 MG | 1 | |
| COMPLERA ORAL TABLET 200-25-300 MG | 1 | |
| CRIXIVAN ORAL CAPSULE 200 MG | 1 | |
| DELSTRIGO ORAL TABLET 100-300-300 MG | 1 | |
| DESCOVY ORAL TABLET 200-25 MG | 1 | |
| <i>didanosine oral capsule, delayed release (drlec) 250 mg, 400 mg</i> | 1 | |
| DOVATO ORAL TABLET 50-300 MG | 1 | |
| EDURANT ORAL TABLET 25 MG | 1 | |
| <i>efavirenz oral capsule 200 mg, 50 mg</i> (Sustiva) | 1 | |
| <i>efavirenz oral tablet 600 mg</i> (Sustiva) | 1 | |

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>efavirenz-emtricitabin-tenofof oral tablet 600-200-300 mg</i> (Atripla) | 1 | |
| <i>efavirenz-lamivu-tenofof disop oral tablet 400-300-300 mg</i> (Symfi Lo) | 1 | |
| <i>efavirenz-lamivu-tenofof disop oral tablet 600-300-300 mg</i> (Symfi) | 1 | |
| <i>emtricitabine oral capsule 200 mg</i> (Emtriva) | 1 | |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i> (Truvada) | 1 | |
| EMTRIVA ORAL SOLUTION 10 MG/ML | 1 | |
| EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML) | 1 | |
| <i>etravirine oral tablet 100 mg, 200 mg</i> (Intelece) | 1 | |
| EVOTAZ ORAL TABLET 300-150 MG | 1 | |
| <i>fosamprenavir oral tablet 700 mg</i> (Lexiva) | 1 | |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG | 1 | |
| GENVOYA ORAL TABLET 150-150-200-10 MG | 1 | |
| INTELENCE ORAL TABLET 25 MG | 1 | |
| INVIRASE ORAL TABLET 500 MG | 1 | |
| ISENTRESS HD ORAL TABLET 600 MG | 1 | |
| ISENTRESS ORAL POWDER IN PACKET 100 MG | 1 | |
| ISENTRESS ORAL TABLET 400 MG | 1 | |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG | 1 | |
| JULUCA ORAL TABLET 50-25 MG | 1 | |
| <i>lamivudine oral solution 10 mg/ml</i> (Epivir) | 1 | |
| <i>lamivudine oral tablet 100 mg</i> (Epivir HBV) | 1 | |

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>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir) | 1 | |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir) | 1 | |
| LEXIVA ORAL SUSPENSION 50 MG/ML | 1 | |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra) | 1 | QL (480 per 30 days) |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra) | 1 | QL (300 per 30 days) |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra) | 1 | QL (120 per 30 days) |
| <i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune) | 1 | |
| <i>nevirapine oral tablet 200 mg</i> | 1 | |
| <i>nevirapine oral tablet extended release 24 hr 100 mg</i> | 1 | |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i> (Viramune XR) | 1 | |
| NORVIR ORAL POWDER IN PACKET 100 MG | 1 | |
| NORVIR ORAL SOLUTION 80 MG/ML | 1 | |
| ODEFSEY ORAL TABLET 200-25-25 MG | 1 | |
| PIFELTRO ORAL TABLET 100 MG | 1 | |
| PREZCOBIX ORAL TABLET 800-150 MG-MG | 1 | |
| PREZISTA ORAL SUSPENSION 100 MG/ML | 1 | |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG | 1 | |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML | 1 | |
| REYATAZ ORAL POWDER IN PACKET 50 MG | 1 | |
| <i>ritonavir oral tablet 100 mg</i> (Norvir) | 1 | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG | 1 | |

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 |
|--|------------------|----------------------------|
| SELZENTRY ORAL SOLUTION 20 MG/ML | 1 | |
| SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG | 1 | |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> | 1 | |
| STRIBILD ORAL TABLET 150-150-200-300 MG | 1 | |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | 1 | |
| TEMIXYS ORAL TABLET 300-300 MG | 1 | |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread) | 1 | |
| TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG | 1 | |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | 1 | |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 1 | |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) | 1 | |
| VEMLIDY ORAL TABLET 25 MG | 1 | QL (30 per 30 days) |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | 1 | |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | 1 | |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 1 | |
| VOCABRIA ORAL TABLET 30 MG | 1 | |
| <i>zidovudine oral capsule 100 mg</i> (Retrovir) | 1 | |
| <i>zidovudine oral syrup 10 mg/ml</i> (Retrovir) | 1 | |
| <i>zidovudine oral tablet 300 mg</i> | 1 | |
| Antivirals, Miscellaneous | | |
| <i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir) | 1 | PA BvD |
| <i>oseltamivir oral capsule 30 mg</i> (Tamiflu) | 1 | QL (84 per 180 days) |
| <i>oseltamivir oral capsule 45 mg</i> (Tamiflu) | 1 | QL (48 per 180 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>oseltamivir oral capsule 75 mg</i> (Tamiflu) | 1 | QL (42 per 180 days) |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu) | 1 | QL (540 per 180 days) |
| PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML | 1 | PA; QL (336 per 28 days) |
| PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML | 1 | PA; QL (672 per 28 days) |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | 1 | PA; QL (28 per 28 days) |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | 1 | QL (60 per 180 days) |
| <i>rimantadine oral tablet 100 mg</i> (Flumadine) | 1 | |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML | 1 | PA |
| XOFLUZA ORAL TABLET 20 MG, 40 MG | 1 | QL (4 per 180 days) |
| XOFLUZA ORAL TABLET 80 MG | 1 | QL (2 per 180 days) |
| Hcv Antivirals | | |
| EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG | 1 | PA; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG | 1 | PA; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG | 1 | PA; QL (56 per 28 days) |
| HARVONI ORAL TABLET 45-200 MG, 90-400 MG | 1 | PA; QL (28 per 28 days) |
| VOSEVI ORAL TABLET 400-100-100 MG | 1 | PA; QL (28 per 28 days) |
| Interferons | | |
| INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) | 1 | PA NSO |
| INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML | 1 | PA NSO |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 1 | |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | 1 | |
| PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML | 1 | |
| Nucleosides And Nucleotides | | |
| <i>acyclovir oral capsule 200 mg</i> | 1 | |
| <i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax) | 1 | |
| <i>acyclovir oral tablet 400 mg, 800 mg</i> | 1 | |
| <i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i> | 1 | PA BvD |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i> | 1 | PA BvD |
| <i>adefovir oral tablet 10 mg</i> (Hepsera) | 1 | |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude) | 1 | |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> | 1 | |
| <i>ganciclovir sodium intravenous recon soln 500 mg</i> (Cytovene) | 1 | PA BvD |
| <i>ganciclovir sodium intravenous solution 50 mg/ml</i> | 1 | PA BvD |
| <i>ribavirin inhalation recon soln 6 gram</i> (Virazole) | 1 | PA BvD |
| <i>ribavirin oral capsule 200 mg</i> | 1 | |
| <i>ribavirin oral tablet 200 mg</i> | 1 | |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex) | 1 | |
| <i>valganciclovir oral tablet 450 mg</i> (Valcyte) | 1 | |
| VEKLURY INTRAVENOUS RECON SOLN 100 MG | 1 | PA BvD |
| Blood Products/Modifiers/Volume Expanders | | |
| Anticoagulants | | |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| ELIQUIS ORAL TABLET 2.5 MG | 1 | QL (60 per 30 days) |
| ELIQUIS ORAL TABLET 5 MG | 1 | QL (74 per 30 days) |
| <i>enoxaparin subcutaneous solution</i> (Lovenox) 300 mg/3 ml | 1 | QL (30 per 30 days) |
| <i>enoxaparin subcutaneous syringe</i> (Lovenox) 100 mg/ml, 150 mg/ml | 1 | QL (60 per 30 days) |
| <i>enoxaparin subcutaneous syringe</i> (Lovenox) 120 mg/0.8 ml, 80 mg/0.8 ml | 1 | QL (48 per 30 days) |
| <i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox) | 1 | QL (18 per 30 days) |
| <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox) | 1 | QL (24 per 30 days) |
| <i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox) | 1 | QL (36 per 30 days) |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra) | 1 | QL (24 per 30 days) |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra) | 1 | QL (15 per 30 days) |
| <i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra) | 1 | QL (12 per 30 days) |
| <i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra) | 1 | QL (18 per 30 days) |
| <i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i> | 1 | |
| <i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i> | 1 | |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i> | 1 | |
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml</i> | 1 | |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i> | 1 | |
| <i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | 1 | |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) | 1 | |
| XARELTO ORAL TABLET 10 MG, 20 MG | 1 | QL (30 per 30 days) |
| XARELTO ORAL TABLET 15 MG, 2.5 MG | 1 | QL (60 per 30 days) |
| Blood Formation Modifiers | | |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) | 1 | PA; QL (20 per 30 days) |
| DOPTELET (10 TAB PACK) ORAL TABLET 20 MG | 1 | PA; QL (60 per 30 days) |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG | 1 | PA; QL (60 per 30 days) |
| DOPTELET (30 TAB PACK) ORAL TABLET 20 MG | 1 | PA; QL (60 per 30 days) |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 1 | PA |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT | 1 | PA; QL (30 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT | 1 | PA; QL (20 per 30 days) |
| LEUKINE INJECTION RECON SOLN 250 MCG | 1 | |
| MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML) | 1 | |
| MULPLETA ORAL TABLET 3 MG | 1 | PA; QL (7 per 7 days) |
| NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 1 | PA |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 1 | PA |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 1 | PA |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 1 | PA |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG | 1 | PA; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------|
| PROMACTA ORAL POWDER IN PACKET 12.5 MG | 1 | PA; QL (90 per 30 days) |
| PROMACTA ORAL POWDER IN PACKET 25 MG | 1 | PA; QL (180 per 30 days) |
| PROMACTA ORAL TABLET 12.5 MG | 1 | PA; QL (90 per 30 days) |
| PROMACTA ORAL TABLET 25 MG | 1 | PA; QL (30 per 30 days) |
| PROMACTA ORAL TABLET 50 MG, 75 MG | 1 | PA; QL (60 per 30 days) |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 1 | PA; QL (12 per 28 days) |
| RETACRIT INJECTION SOLUTION 40,000 UNIT/ML | 1 | PA; QL (4 per 28 days) |
| UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 1 | PA |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 1 | PA |
| Hematologic Agents, Miscellaneous | | |
| ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML | 1 | PA |
| <i>anagrelide oral capsule 0.5 mg</i> (Agrylin) | 1 | |
| <i>anagrelide oral capsule 1 mg</i> | 1 | |
| CABLIVI INJECTION KIT 11 MG | 1 | PA; QL (30 per 30 days) |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | 1 | |
| GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML | 1 | PA |
| <i>protamine intravenous solution 10 mg/ml</i> | 1 | |
| SIKLOS ORAL TABLET 1,000 MG, 100 MG | 1 | PA |
| TAVALISSE ORAL TABLET 100 MG, 150 MG | 1 | PA; QL (60 per 30 days) |
| <i>tranexamic acid intravenous solution</i> (Cyklokapron) <i>1,000 mg/10 ml (100 mg/ml)</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>tranexamic acid oral tablet 650 mg</i> (Lysteda) | 1 | QL (30 per 30 days) |
| Platelet-Aggregation Inhibitors | | |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> | 1 | QL (60 per 30 days) |
| BRILINTA ORAL TABLET 60 MG, 90 MG | 1 | |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | 1 | |
| <i>clopidogrel oral tablet 75 mg</i> (Plavix) | 1 | |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>pentoxifylline oral tablet extended release 400 mg</i> | 1 | |
| <i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient) | 1 | QL (30 per 30 days) |
| Caloric Agents | | |
| Caloric Agents | | |
| AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % | 1 | PA BvD |
| AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 % | 1 | PA BvD |
| CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 1 | PA BvD |
| CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 1 | PA BvD |
| CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 1 | PA BvD |
| CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 % | 1 | PA BvD |
| CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 % | 1 | PA BvD |

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 |
|---|------------------|----------------------------|
| CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 % | 1 | PA BvD |
| CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 % | 1 | PA BvD |
| CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 % | 1 | PA BvD |
| CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 1 | PA BvD |
| CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 1 | PA BvD |
| CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 1 | PA BvD |
| CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 1 | PA BvD |
| CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 % | 1 | PA BvD |
| CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 % | 1 | PA BvD |
| <i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i> | 1 | PA BvD |
| <i>dextrose 5 % in water (d5w) intravenous parenteral solution</i> | 1 | |
| <i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i> | 1 | |

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 |
|---|------------------|-----------------------------|
| HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 % | 1 | PA BvD |
| INTRALIPID INTRAVENOUS EMULSION 20 %, 30 % | 1 | PA BvD |
| NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 % | 1 | PA BvD |
| NUTRILIPID INTRAVENOUS EMULSION 20 % | 1 | PA BvD |
| PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 % | 1 | PA BvD |
| PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION | 1 | PA BvD |
| TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | 1 | PA BvD |
| TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | 1 | PA BvD |
| Cardiovascular Agents | | |
| Alpha-Adrenergic Agents | | |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> | 1 | |
| <i>clonidine transdermal patch weekly (Catapres-TTS-1) 0.1 mg/24 hr</i> | 1 | QL (4 per 28 days) |
| <i>clonidine transdermal patch weekly (Catapres-TTS-2) 0.2 mg/24 hr</i> | 1 | QL (4 per 28 days) |
| <i>clonidine transdermal patch weekly (Catapres-TTS-3) 0.3 mg/24 hr</i> | 1 | QL (8 per 28 days) |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura) | 1 | |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera) | 1 | PA; QL (180 per 30 days) |
| <i>guanfacine oral tablet 1 mg, 2 mg</i> | 1 | |
| <i>methyldopa oral tablet 250 mg, 500 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i> | 1 | |
| <i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep) | 1 | |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress) | 1 | |
| Angiotensin II Receptor Antagonists | | |
| EDARBI ORAL TABLET 40 MG, 80 MG | 1 | |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG | 1 | |
| ENTRESTO ORAL TABLET 24-26 MG | 1 | QL (180 per 30 days) |
| ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG | 1 | QL (60 per 30 days) |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro) | 1 | |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide) | 1 | |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar) | 1 | |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar) | 1 | |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar) | 1 | |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT) | 1 | |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis) | 1 | |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan) | 1 | |
| <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) | 1 | |
| Angiotensin-Converting Enzyme Inhibitors | | |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin) | 1 | |
| <i>benazepril oral tablet 5 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT) | 1 | |
| <i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i> | 1 | |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i> | 1 | |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec) | 1 | |
| <i>enalaprilat intravenous solution 1.25 mg/ml</i> | 1 | |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic) | 1 | |
| <i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i> | 1 | |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i> | 1 | |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 30 mg, 40 mg, 5 mg</i> (Zestril) | 1 | |
| <i>lisinopril oral tablet 20 mg</i> (Prinivil) | 1 | |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic) | 1 | |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i> | 1 | |
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril) | 1 | |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic) | 1 | |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace) | 1 | |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> | 1 | |
| Antiarrhythmic Agents | | |
| <i>amiodarone oral tablet 200 mg, 400 mg</i> (Pacerone) | 1 | |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace) | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i> | 1 | |
| <i>lidocaine (pf) injection solution 10 mg/ml (1%)</i> (Xylocaine-MPF) | 1 | |
| <i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2%), 50 mg/5 ml (1%)</i> | 1 | |
| <i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i> | 1 | |
| MULTAQ ORAL TABLET 400 MG | 1 | |
| <i>pacerone oral tablet 200 mg, 400 mg</i> | 1 | |
| <i>procainamide injection solution 100 mg/ml, 500 mg/ml</i> | 1 | |
| <i>procainamide intravenous syringe 100 mg/ml</i> | 1 | |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i> | 1 | |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i> | 1 | |
| Beta-Adrenergic Blocking Agents | | |
| <i>acebutolol oral capsule 200 mg, 400 mg</i> | 1 | |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin) | 1 | |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100) | 1 | |
| <i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50) | 1 | |
| <i>betaxolol oral tablet 10 mg, 20 mg</i> | 1 | |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> (Ziac) | 1 | |
| BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG | 1 | |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg) | 1 | |
| <i>labetalol intravenous solution 5 mg/ml</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i> | 1 | |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i> | 1 | |
| <i>metoprolol succinate oral tablet (Toprol XL) extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> | 1 | |
| <i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i> | 1 | |
| <i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg (Lopressor HCT)</i> | 1 | |
| <i>metoprolol tartrate intravenous solution 5 mg/5 ml</i> | 1 | |
| <i>metoprolol tartrate oral tablet 100 mg, 50 mg (Lopressor)</i> | 1 | |
| <i>metoprolol tartrate oral tablet 25 mg</i> | 1 | |
| <i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Bystolic)</i> | 1 | |
| <i>propranolol intravenous solution 1 mg/ml</i> | 1 | |
| <i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg (Inderal LA)</i> | 1 | |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i> | 1 | |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | 1 | |
| <i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i> | 1 | |
| <i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> | 1 | |
| <i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> | 1 | |
| <i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg (Sorine)</i> | 1 | |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------|
| Calcium-Channel Blocking Agents | | |
| <i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> | 1 | |
| <i>diltiazem hcl intravenous solution 5 mg/ml</i> | 1 | |
| <i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i> | 1 | |
| <i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiadylt ER) | 1 | |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT) | 1 | |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem) | 1 | |
| <i>diltiazem hcl oral tablet 90 mg</i> | 1 | |
| <i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> | 1 | |
| <i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> | 1 | |
| <i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 1 | |
| <i>verapamil intravenous syringe 2.5 mg/ml</i> | 1 | |
| <i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM) | 1 | |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i> (Verelan) | 1 | |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i> | 1 | |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR) | 1 | |
| Cardiovascular Agents, Miscellaneous | | |
| CORLANOR ORAL SOLUTION 5 MG/5 ML | 1 | QL (600 per 30 days) |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG | 1 | QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> | 1 | |
| <i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> | 1 | |
| <i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i> | 1 | |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek) | 1 | |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr) | 1 | QL (4 per 30 days) |
| <i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q) | 1 | QL (4 per 30 days) |
| <i>epinephrine injection solution 1 mg/ml</i> (Adrenalin) | 1 | |
| <i>hydralazine injection solution 20 mg/ml</i> | 1 | |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | 1 | |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr) | 1 | PA; QL (18 per 30 days) |
| <i>metyrosine oral capsule 250 mg</i> (Demser) | 1 | |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg</i> (Ranexa) | 1 | QL (60 per 30 days) |
| <i>ranolazine oral tablet extended release 12 hr 500 mg</i> (Ranexa) | 1 | QL (120 per 30 days) |
| VYNDAMAX ORAL CAPSULE 61 MG | 1 | PA; QL (30 per 30 days) |
| VYNDAQEL ORAL CAPSULE 20 MG | 1 | PA; QL (120 per 30 days) |
| Dihydropyridines | | |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvase) | 1 | |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel) | 1 | |
| <i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i> | 1 | |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>nicardipine oral capsule 20 mg, 30 mg</i> | 1 | |
| <i>nifedipine oral capsule 10 mg, 20 mg</i> | 1 | |
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL) | 1 | |
| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> (Adalat CC) | 1 | |
| Diuretics | | |
| <i>amiloride oral tablet 5 mg</i> | 1 | |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | 1 | |
| <i>bumetanide injection solution 0.25 mg/ml</i> | 1 | |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i> | 1 | |
| <i>chlorothiazide sodium intravenous recon soln 500 mg</i> (Diuril IV) | 1 | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | 1 | |
| <i>furosemide injection solution 10 mg/ml</i> | 1 | |
| <i>furosemide injection syringe 10 mg/ml</i> | 1 | |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> | 1 | |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix) | 1 | |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> | 1 | |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | 1 | |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i> | 1 | |
| JYNARQUE ORAL TABLET 15 MG, 30 MG | 1 | PA; QL (120 per 30 days) |
| JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) | 1 | PA; QL (56 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | 1 | |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone) | 1 | |
| <i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i> | 1 | |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> | 1 | |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg) | 1 | |
| <i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide) | 1 | |
| Dyslipidemics | | |
| <i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor) | 1 | QL (30 per 30 days) |
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran) | 1 | |
| <i>cholestyramine light oral powder in packet 4 gram</i> | 1 | |
| <i>colesevelam oral powder in packet 3.75 gram</i> (WelChol) | 1 | |
| <i>colesevelam oral tablet 625 mg</i> (WelChol) | 1 | |
| <i>colestipol oral packet 5 gram</i> (Colestid) | 1 | |
| <i>colestipol oral tablet 1 gram</i> (Colestid) | 1 | |
| <i>ezetimibe oral tablet 10 mg</i> (Zetia) | 1 | QL (30 per 30 days) |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i> | 1 | |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor) | 1 | |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i> | 1 | |
| <i>gemfibrozil oral tablet 600 mg</i> (Lopid) | 1 | |
| JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG | 1 | PA; QL (30 per 30 days) |
| JUXTAPID ORAL CAPSULE 20 MG | 1 | PA; QL (90 per 30 days) |
| JUXTAPID ORAL CAPSULE 5 MG | 1 | PA; QL (45 per 30 days) |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG | 1 | QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i> | 1 | |
| NEXLETOL ORAL TABLET 180 MG | 1 | QL (30 per 30 days) |
| NEXLIZET ORAL TABLET 180-10 MG | 1 | QL (30 per 30 days) |
| <i>niacin oral tablet 500 mg</i> (Niacor) | 1 | |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release) | 1 | |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza) | 1 | QL (120 per 30 days) |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML | 1 | QL (2 per 28 days) |
| <i>pravastatin oral tablet 10 mg, 80 mg</i> | 1 | |
| <i>pravastatin oral tablet 20 mg, 40 mg</i> | 1 | QL (30 per 30 days) |
| <i>prevalite oral powder in packet 4 gram</i> | 1 | |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML | 1 | QL (7 per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML | 1 | QL (6 per 28 days) |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML | 1 | QL (6 per 28 days) |
| <i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor) | 1 | QL (30 per 30 days) |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Zocor) | 1 | QL (30 per 30 days) |
| <i>simvastatin oral tablet 5 mg</i> | 1 | QL (30 per 30 days) |
| VASCEPA ORAL CAPSULE 0.5 GRAM | 1 | QL (240 per 30 days) |
| VASCEPA ORAL CAPSULE 1 GRAM | 1 | QL (120 per 30 days) |
| Renin-Angiotensin-Aldosterone System Inhibitors | | |
| <i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna) | 1 | |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| Vasodilators | | |
| BIDIL ORAL TABLET 20-37.5 MG | 1 | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i> | 1 | |
| <i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradoso) | 1 | |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> | 1 | |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i> | 1 | |
| <i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> | 1 | |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i> | 1 | |
| <i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i> | 1 | |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat) | 1 | |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Minitran) | 1 | |
| Central Nervous System Agents | | |
| Central Nervous System Agents | | |
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera) | 1 | QL (60 per 30 days) |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera) | 1 | QL (30 per 30 days) |
| AUBAGIO ORAL TABLET 14 MG, 7 MG | 1 | PA; QL (30 per 30 days) |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | 1 | PA; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | 1 | PA; QL (60 per 30 days) |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | 1 | PA; QL (1 per 28 days) |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | 1 | PA; QL (1 per 28 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | 1 | PA; QL (15 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>caffeine citrate intravenous solution</i> (Cafcit) 60 mg/3 ml (20 mg/ml) | 1 | PA BvD |
| <i>caffeine citrate oral solution</i> 60 mg/3 ml (20 mg/ml) | 1 | |
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML | 1 | PA; QL (30 per 30 days) |
| COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML | 1 | PA; QL (12 per 28 days) |
| <i>dalfampridine oral tablet extended</i> (Ampyra) <i>release 12 hr 10 mg</i> | 1 | PA; QL (60 per 30 days) |
| <i>dexmethylphenidate oral tablet 10</i> (Focalin) <i>mg, 2.5 mg, 5 mg</i> | 1 | QL (60 per 30 days) |
| <i>dextroamphetamine oral tablet 10</i> (Zenzedi) <i>mg</i> | 1 | QL (180 per 30 days) |
| <i>dextroamphetamine oral tablet 15</i> (Zenzedi) <i>mg, 5 mg</i> | 1 | QL (90 per 30 days) |
| <i>dextroamphetamine oral tablet 20</i> (Zenzedi) <i>mg, 30 mg</i> | 1 | QL (60 per 30 days) |
| <i>dextroamphetamine-amphetamine</i> (Adderall XR) <i>oral capsule, extended release 24hr</i> <i>10 mg, 15 mg, 5 mg</i> | 1 | QL (30 per 30 days) |
| <i>dextroamphetamine-amphetamine</i> (Adderall XR) <i>oral capsule, extended release 24hr</i> <i>20 mg, 25 mg, 30 mg</i> | 1 | QL (60 per 30 days) |
| <i>dextroamphetamine-amphetamine</i> (Adderall) <i>oral tablet 10 mg, 12.5 mg, 15 mg,</i> <i>20 mg, 30 mg, 5 mg, 7.5 mg</i> | 1 | QL (60 per 30 days) |
| <i>dimethyl fumarate oral</i> (Tecfidera) <i>capsule, delayed release(drlec) 120</i> <i>mg</i> | 1 | PA; QL (14 per 7 days) |
| <i>dimethyl fumarate oral</i> (Tecfidera) <i>capsule, delayed release(drlec) 120</i> <i>mg (14)- 240 mg (46)</i> | 1 | PA |
| <i>dimethyl fumarate oral</i> (Tecfidera) <i>capsule, delayed release(drlec) 240</i> <i>mg</i> | 1 | PA; QL (60 per 30 days) |
| <i>flumazenil intravenous solution 0.1</i> <i>mg/ml</i> | 1 | |
| GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG | 1 | PA; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone) | 1 | PA; QL (30 per 30 days) |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone) | 1 | PA; QL (12 per 28 days) |
| <i>glatopa subcutaneous syringe 20 mg/ml</i> | 1 | PA; QL (30 per 30 days) |
| <i>glatopa subcutaneous syringe 40 mg/ml</i> | 1 | PA; QL (12 per 28 days) |
| <i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER) | 1 | QL (30 per 30 days) |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML | 1 | PA; QL (1.2 per 28 days) |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i> | 1 | |
| <i>lithium carbonate oral tablet 300 mg</i> | 1 | |
| <i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid) | 1 | |
| <i>lithium carbonate oral tablet extended release 450 mg</i> | 1 | |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG | 1 | PA |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG | 1 | PA |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG | 1 | PA |
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG | 1 | PA |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG | 1 | PA |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG | 1 | PA |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG | 1 | PA |
| MAYZENT ORAL TABLET 0.25 MG | 1 | PA; QL (112 per 28 days) |
| MAYZENT ORAL TABLET 2 MG | 1 | PA; QL (30 per 30 days) |
| MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) | 1 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> | 1 | QL (30 per 30 days) |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> | 1 | QL (60 per 30 days) |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA) | 1 | QL (30 per 30 days) |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i> (Ritalin LA) | 1 | QL (60 per 30 days) |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 60 mg</i> | 1 | QL (30 per 30 days) |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin) | 1 | QL (900 per 30 days) |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin) | 1 | QL (90 per 30 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML | 1 | PA; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML | 1 | PA |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML | 1 | PA; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML | 1 | PA |
| RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML | 1 | PA; QL (2800 per 28 days) |
| <i>riluzole oral tablet 50 mg</i> (Rilutek) | 1 | QL (60 per 30 days) |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | 1 | QL (60 per 30 days) |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) | 1 | |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine) | 1 | PA; QL (112 per 28 days) |
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG | 1 | PA; QL (120 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| Contraceptives | | |
| Contraceptives | | |
| <i>afirmelle oral tablet 0.1-20 mg-mcg</i> | 1 | |
| <i>altavera (28) oral tablet 0.15-0.03 mg</i> | 1 | |
| <i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> | 1 | |
| <i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 1 | |
| <i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 1 | QL (91 per 84 days) |
| <i>apri oral tablet 0.15-0.03 mg</i> | 1 | |
| <i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i> | 1 | |
| <i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 1 | QL (91 per 84 days) |
| <i>aubra eq oral tablet 0.1-20 mg-mcg</i> | 1 | |
| <i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | 1 | |
| <i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i> | 1 | |
| <i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | 1 | |
| <i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | 1 | |
| <i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 1 | |
| <i>aviane oral tablet 0.1-20 mg-mcg</i> | 1 | |
| <i>ayuna oral tablet 0.15-0.03 mg</i> | 1 | |
| <i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 1 | |
| <i>balziva (28) oral tablet 0.4-35 mg-mcg</i> | 1 | |
| <i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 1 | |
| <i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | 1 | |
| <i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/175 mg (7)</i> | 1 | |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i> | 1 | |
| <i>camila oral tablet 0.35 mg</i> | 1 | |
| <i>caziant (28) oral tablet 0.11.125/1.15-25 mg-mcg</i> | 1 | |
| <i>chateal eq (28) oral tablet 0.15-0.03 mg</i> | 1 | |
| <i>cryselle (28) oral tablet 0.3-30 mg-mcg</i> | 1 | |
| <i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i> | 1 | |
| <i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 1 | |
| <i>cyred eq oral tablet 0.15-0.03 mg</i> | 1 | |
| <i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i> | 1 | |
| <i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 1 | |
| <i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 1 | QL (91 per 84 days) |
| <i>deblitane oral tablet 0.35 mg</i> | 1 | |
| <i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (Azurette (28))</i> | 1 | |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg (Apri)</i> | 1 | |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg (Jasmiel (28))</i> | 1 | |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg (Syeda)</i> | 1 | |
| <i>elinest oral tablet 0.3-30 mg-mcg</i> | 1 | |
| ELLA ORAL TABLET 30 MG | 1 | QL (6 per 365 days) |
| <i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i> | 1 | QL (1 per 28 days) |
| <i>emoquette oral tablet 0.15-0.03 mg</i> | 1 | |
| <i>enpresse oral tablet 50-30 (6)/175-40 (5)/125-30(10)</i> | 1 | |
| <i>enskyce oral tablet 0.15-0.03 mg</i> | 1 | |
| <i>errin oral tablet 0.35 mg</i> | 1 | |
| <i>estarylla oral tablet 0.25-35 mg-mcg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28)) | 1 | |
| <i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1-50 (28)) | 1 | |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng) | 1 | QL (1 per 28 days) |
| <i>falmina (28) oral tablet 0.1-20 mg-mcg</i> | 1 | |
| <i>femynor oral tablet 0.25-35 mg-mcg</i> | 1 | |
| <i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | 1 | |
| <i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | 1 | |
| <i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 1 | |
| <i>hailey oral tablet 1.5-30 mg-mcg</i> | 1 | |
| <i>heather oral tablet 0.35 mg</i> | 1 | |
| <i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | 1 | QL (91 per 84 days) |
| <i>incassia oral tablet 0.35 mg</i> | 1 | |
| <i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | 1 | QL (91 per 84 days) |
| <i>isibloom oral tablet 0.15-0.03 mg</i> | 1 | |
| <i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 1 | QL (91 per 84 days) |
| <i>jasmiel (28) oral tablet 3-0.02 mg</i> | 1 | |
| <i>jencycla oral tablet 0.35 mg</i> | 1 | |
| <i>juleber oral tablet 0.15-0.03 mg</i> | 1 | |
| <i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | 1 | |
| <i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i> | 1 | |
| <i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | 1 | |
| <i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 1 | |
| <i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | 1 | |
| <i>kalliga oral tablet 0.15-0.03 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 1 | |
| <i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i> | 1 | |
| <i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i> | 1 | |
| <i>kurvelo (28) oral tablet 0.15-0.03 mg</i> | 1 | |
| <i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (LoJaimiess) | 1 | 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) | 1 | QL (91 per 84 days) |
| <i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | 1 | |
| <i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i> | 1 | |
| <i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | 1 | |
| <i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | 1 | |
| <i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 1 | |
| <i>larissia oral tablet 0.1-20 mg-mcg</i> | 1 | |
| <i>lessina oral tablet 0.1-20 mg-mcg</i> | 1 | |
| <i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | 1 | |
| <i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i> (Afirmelle) | 1 | |
| <i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> (Altavera (28)) | 1 | |
| <i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Iclevia) | 1 | QL (91 per 84 days) |
| <i>levonorg-eth estradiol triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse) | 1 | |
| <i>levora-28 oral tablet 0.15-0.03 mg</i> | 1 | |
| <i>lillow (28) oral tablet 0.15-0.03 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>lojaimiess oral tablets, dose pack, 3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> | 1 | QL (91 per 84 days) |
| <i>loryna (28) oral tablet 3-0.02 mg</i> | 1 | |
| <i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i> | 1 | |
| <i>lo-zumandimine (28) oral tablet 3-0.02 mg</i> | 1 | |
| <i>luteria (28) oral tablet 0.1-20 mg-mcg</i> | 1 | |
| <i>lyleq oral tablet 0.35 mg</i> | 1 | |
| <i>lyza oral tablet 0.35 mg</i> | 1 | |
| <i>marlissa (28) oral tablet 0.15-0.03 mg</i> | 1 | |
| <i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 1 | |
| <i>mili oral tablet 0.25-35 mg-mcg</i> | 1 | |
| <i>mono-linyah oral tablet 0.25-35 mg-mcg</i> | 1 | |
| <i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i> | 1 | |
| <i>nikki (28) oral tablet 3-0.02 mg</i> | 1 | |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg (Camila)</i> | 1 | |
| <i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg (Aurovela 1.5/30 (21))</i> | 1 | |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg (Aurovela 1/20 (21))</i> | 1 | |
| <i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4) (Gem mily)</i> | 1 | |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7) (Aurovela Fe 1-20 (28))</i> | 1 | |
| <i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7) (Aurovela Fe 1.5/30 (28))</i> | 1 | |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg (Tri-Lo-Estarylla)</i> | 1 | |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28) (Tri Femynor)</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla) | 1 | |
| <i>norlyda oral tablet 0.35 mg</i> | 1 | |
| <i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i> | 1 | |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i> | 1 | |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> | 1 | |
| <i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 1 | |
| <i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 1 | |
| <i>nymyo oral tablet 0.25-35 mg-mcg</i> | 1 | |
| <i>orsythia oral tablet 0.1-20 mg-mcg</i> | 1 | |
| <i>philith oral tablet 0.4-35 mg-mcg</i> | 1 | |
| <i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 1 | |
| <i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg, 1-35 mg-mcg</i> | 1 | |
| <i>portia 28 oral tablet 0.15-0.03 mg</i> | 1 | |
| <i>previfem oral tablet 0.25-35 mg-mcg</i> | 1 | |
| <i>reclipsen (28) oral tablet 0.15-0.03 mg</i> | 1 | |
| <i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | 1 | QL (91 per 84 days) |
| <i>sharobel oral tablet 0.35 mg</i> | 1 | |
| <i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 1 | |
| <i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 1 | QL (91 per 84 days) |
| <i>sprintec (28) oral tablet 0.25-35 mg-mcg</i> | 1 | |
| <i>sronyx oral tablet 0.1-20 mg-mcg</i> | 1 | |
| <i>syeda oral tablet 3-0.03 mg</i> | 1 | |
| <i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | 1 | |
| <i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>tri femynor oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28) | 1 | |
| <i>tri-estarylla oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28) | 1 | |
| <i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> | 1 | |
| <i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | 1 | |
| <i>tri-lo-estarylla oral tablet</i> 0.18/0.215/0.25 mg-25 mcg | 1 | |
| <i>tri-lo-marzia oral tablet</i> 0.18/0.215/0.25 mg-25 mcg | 1 | |
| <i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | 1 | |
| <i>tri-lo-sprintec oral tablet</i> 0.18/0.215/0.25 mg-25 mcg | 1 | |
| <i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | 1 | |
| <i>tri-nymyo oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28) | 1 | |
| <i>tri-previfem (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28) | 1 | |
| <i>tri-sprintec (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28) | 1 | |
| <i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | 1 | |
| <i>tri-vylibra lo oral tablet</i> 0.18/0.215/0.25 mg-25 mcg | 1 | |
| <i>tri-vylibra oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28) | 1 | |
| <i>tulana oral tablet 0.35 mg</i> | 1 | |
| <i>tyblume oral tablet, chewable 0.1 mg- 20 mcg</i> | 1 | |
| <i>velivet triphasic regimen (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i> | 1 | |
| <i>vestura (28) oral tablet 3-0.02 mg</i> | 1 | |
| <i>vienva oral tablet 0.1-20 mg-mcg</i> | 1 | |
| <i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 1 | |
| <i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i> | 1 | |
| <i>vylibra oral tablet 0.25-35 mg-mcg</i> | 1 | |
| <i>wera (28) oral tablet 0.5-35 mg-mcg</i> | 1 | |
| <i>xulane transdermal patch weekly 150-35 mcg/24 hr</i> | 1 | QL (3 per 28 days) |
| <i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i> | 1 | QL (3 per 28 days) |
| <i>zarah oral tablet 3-0.03 mg</i> | 1 | |
| <i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i> | 1 | |
| <i>zovia 1-35e tablet outer 1-35 mg-mcg</i> | 1 | |
| <i>zumandimine (28) oral tablet 3-0.03 mg</i> | 1 | |
| Dental And Oral Agents | | |
| Dental And Oral Agents | | |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse) | 1 | |
| <i>denta 5000 plus dental cream 1.1 %</i> | 1 | |
| <i>dentagel dental gel 1.1 %</i> | 1 | |
| <i>fluoride (sodium) dental solution 0.2 %</i> (PreviDent) | 1 | |
| <i>oralone dental paste 0.1 %</i> | 1 | |
| <i>paroex oral rinse mucous membrane mouthwash 0.12 %</i> | 1 | |
| <i>periogard mucous membrane mouthwash 0.12 %</i> | 1 | |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine)) | 1 | |
| <i>sf 5000 plus dental cream 1.1 %</i> | 1 | |
| <i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Fluoridex Sensitivity Relief) | 1 | |
| <i>triamcinolone acetonide dental paste 0.1 %</i> (Oralene) | 1 | |
| Dermatological Agents | | |
| Dermatological Agents, Other | | |
| <i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | 1 | |

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>acitretin oral capsule 10 mg, 25 mg</i> (Soriatane) | 1 | |
| <i>acitretin oral capsule 17.5 mg</i> | 1 | |
| <i>acyclovir topical ointment 5 %</i> (Zovirax) | 1 | QL (30 per 30 days) |
| ALCOHOL PADS TOPICAL PADS, MEDICATED | 1 | |
| <i>ammonium lactate topical cream 12 %</i> | 1 | |
| <i>ammonium lactate topical lotion 12 %</i> (Skin Treatment) | 1 | |
| BD SINGLE USE SWAB | 1 | |
| <i>calcipotriene scalp solution 0.005 %</i> | 1 | QL (120 per 30 days) |
| <i>calcipotriene topical cream 0.005 %</i> (Dovonex) | 1 | QL (120 per 30 days) |
| <i>fluorouracil topical cream 0.5 %</i> (Carac) | 1 | |
| <i>fluorouracil topical cream 5 %</i> (Efudex) | 1 | |
| <i>fluorouracil topical solution 2 %, 5 %</i> | 1 | |
| <i>imiquimod topical cream in packet 5 %</i> (Aldara) | 1 | QL (24 per 30 days) |
| <i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> | 1 | |
| PANRETIN TOPICAL GEL 0.1 % | 1 | QL (180 per 30 days) |
| <i>podofilox topical solution 0.5 %</i> | 1 | |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | 1 | QL (180 per 30 days) |
| VALCHLOR TOPICAL GEL 0.016 % | 1 | |
| <i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | 1 | |
| Dermatological Antibacterials | | |
| <i>clindamycin phosphate topical solution 1 %</i> (Cleocin T) | 1 | QL (180 per 30 days) |
| <i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ) | 1 | |
| <i>ery pads topical swab 2 %</i> | 1 | |
| <i>erythromycin with ethanol topical gel 2 %</i> (Erygel) | 1 | QL (180 per 30 days) |
| <i>erythromycin with ethanol topical solution 2 %</i> | 1 | QL (180 per 30 days) |
| <i>gentamicin topical cream 0.1 %</i> | 1 | QL (120 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>gentamicin topical ointment 0.1 %</i> | 1 | QL (120 per 30 days) |
| <i>metronidazole topical cream 0.75 %</i> (Rosadan) | 1 | |
| <i>metronidazole topical gel 0.75 %</i> (Rosadan) | 1 | |
| <i>metronidazole topical gel 1 %</i> (Metrogel) | 1 | |
| <i>metronidazole topical lotion 0.75 %</i> (MetroLotion) | 1 | |
| <i>mupirocin topical ointment 2 %</i> (Centany) | 1 | QL (220 per 30 days) |
| <i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i> | 1 | |
| <i>rosadan topical cream 0.75 %</i> | 1 | |
| <i>selenium sulfide topical lotion 2.5 %</i> | 1 | |
| <i>silver sulfadiazine topical cream 1 %</i> (SSD) | 1 | |
| <i>ssd topical cream 1 %</i> | 1 | |
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron) | 1 | |
| Dermatological Anti-Inflammatory Agents | | |
| <i>ala-cort topical cream 1 %</i> | 1 | |
| <i>alclometasone topical cream 0.05 %</i> | 1 | |
| <i>alclometasone topical ointment 0.05 %</i> | 1 | |
| <i>betamethasone dipropionate topical cream 0.05 %</i> | 1 | |
| <i>betamethasone dipropionate topical lotion 0.05 %</i> | 1 | |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> | 1 | |
| <i>betamethasone valerate topical cream 0.1 %</i> | 1 | |
| <i>betamethasone valerate topical lotion 0.1 %</i> | 1 | |
| <i>betamethasone valerate topical ointment 0.1 %</i> | 1 | |
| <i>betamethasone, augmented topical cream 0.05 %</i> | 1 | |
| <i>betamethasone, augmented topical gel 0.05 %</i> | 1 | |
| <i>betamethasone, augmented topical lotion 0.05 %</i> | 1 | |
| <i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented)) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>clobetasol scalp solution 0.05 %</i> | 1 | |
| <i>clobetasol topical cream 0.05 %</i> (Temovate) | 1 | |
| <i>clobetasol-emollient topical cream 0.05 %</i> | 1 | |
| <i>desoximetasone topical cream 0.25 %</i> (Topicort) | 1 | QL (120 per 30 days) |
| EUCRISA TOPICAL OINTMENT 2 % | 1 | |
| <i>fluocinolone topical cream 0.01 %</i> | 1 | |
| <i>fluocinolone topical cream 0.025 %</i> (Synalar) | 1 | |
| <i>fluocinolone topical ointment 0.025 %</i> (Synalar) | 1 | |
| <i>fluocinonide topical cream 0.05 %</i> | 1 | |
| <i>fluocinonide topical solution 0.05 %</i> | 1 | |
| <i>fluocinonide-e topical cream 0.05 %</i> | 1 | |
| <i>fluticasone propionate topical cream 0.05 %</i> (Cutivate) | 1 | |
| <i>fluticasone propionate topical ointment 0.005 %</i> | 1 | |
| <i>halobetasol propionate topical cream 0.05 %</i> | 1 | |
| <i>halobetasol propionate topical ointment 0.05 %</i> | 1 | |
| <i>hydrocortisone 2.5% cream 2.5 %</i> | 1 | |
| <i>hydrocortisone topical cream 1 %</i> (Ala-Cort) | 1 | |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC) | 1 | |
| <i>hydrocortisone topical lotion 2.5 %</i> | 1 | |
| <i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC)) | 1 | |
| <i>hydrocortisone topical ointment 2.5 %</i> | 1 | |
| <i>mometasone topical cream 0.1 %</i> | 1 | |
| <i>mometasone topical ointment 0.1 %</i> | 1 | |
| <i>mometasone topical solution 0.1 %</i> | 1 | |
| <i>pimecrolimus topical cream 1 %</i> (Elidel) | 1 | QL (100 per 30 days) |
| <i>prednicarbate topical ointment 0.1 %</i> | 1 | |
| <i>procto-med hc topical cream with perineal applicator 2.5 %</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>proctosol hc topical cream with perineal applicator 2.5 %</i> | 1 | |
| <i>proctozone-hc topical cream with perineal applicator 2.5 %</i> | 1 | |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic) | 1 | QL (100 per 30 days) |
| <i>triamcinolone acetone topical cream 0.025 %</i> | 1 | |
| <i>triamcinolone acetone topical cream 0.1 %, 0.5 %</i> (Triderm) | 1 | |
| <i>triamcinolone acetone topical lotion 0.025 %, 0.1 %</i> | 1 | |
| <i>triamcinolone acetone topical ointment 0.025 %, 0.1 %, 0.5 %</i> | 1 | |
| Dermatological Retinoids | | |
| <i>adapalene topical cream 0.1 %</i> (Differin) | 1 | |
| <i>adapalene topical gel 0.1 %</i> (Differin) | 1 | |
| ALTRENO TOPICAL LOTION 0.05 % | 1 | PA |
| <i>tazarotene topical cream 0.1 %</i> (Tazorac) | 1 | |
| TAZORAC TOPICAL CREAM 0.05 % | 1 | |
| <i>tretinoin topical cream 0.025 %</i> (Avita) | 1 | PA |
| <i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A) | 1 | PA |
| <i>tretinoin topical gel 0.01 %</i> (Retin-A) | 1 | PA |
| <i>tretinoin topical gel 0.025 %</i> (Avita) | 1 | PA |
| <i>tretinoin topical gel 0.05 %</i> (Atralin) | 1 | PA |
| Scabicides And Pediculicides | | |
| <i>malathion topical lotion 0.5 %</i> (Ovide) | 1 | |
| <i>permethrin topical cream 5 %</i> (Elimite) | 1 | |
| Devices | | |
| Devices | | |
| ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" | 1 | |
| BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32" | 1 | |
| BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64" | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64" | 1 | |
| BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64" | 1 | |
| GAUZE PAD TOPICAL BANDAGE 2 X 2 " | 1 | |
| INSULIN SYRINGE-NEEDLE (Ultilet Insulin Syringe) U-100 SYRINGE 0.3 ML 29 GAUGE | 1 | |
| INSULIN SYRINGE-NEEDLE (Advocate Syringes) U-100 SYRINGE 1 ML 29 GAUGE X 1/2" | 1 | |
| INSULIN SYRINGE-NEEDLE (Lite Touch Insulin Syringe) U-100 SYRINGE 1/2 ML 28 GAUGE | 1 | |
| OMNIPOD DASH 5 PACK POD SUBCUTANEOUS CARTRIDGE | 1 | |
| OMNIPOD DASH PDM KIT | 1 | QL (1 per 365 days) |
| OMNIPOD INSULIN MANAGEMENT | 1 | QL (1 per 365 days) |
| OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE | 1 | |
| PEN NEEDLE, DIABETIC (1st Tier Unifine NEEDLE 29 GAUGE X 1/2" Pentips) | 1 | |
| SM STERILE PADS 2" X 2" 2"X2", STERILE 2 X 2 " | 1 | |
| SURE COMFORT 0.5 ML SYRINGE 0.5 ML 29 GAUGE X 1/2" | 1 | |
| V-GO 20 DEVICE | 1 | |
| V-GO 30 DEVICE | 1 | |
| V-GO 40 DEVICE | 1 | |
| Enzyme Replacement/Modifiers | | |
| Enzyme Replacement/Modifiers | | |
| ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| CERDELGA ORAL CAPSULE 84 MG | 1 | PA |
| CEREZYME INTRAVENOUS RECON SOLN 400 UNIT | 1 | |
| 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 | 1 | |
| ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML | 1 | |
| ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG | 1 | |
| FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG | 1 | PA |
| GALAFOLD ORAL CAPSULE 123 MG | 1 | PA; QL (14 per 28 days) |
| KANUMA INTRAVENOUS SOLUTION 2 MG/ML | 1 | PA |
| KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML | 1 | PA BvD |
| MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML | 1 | PA |
| <i>miglustat oral capsule 100 mg</i> (Zavesca) | 1 | PA; QL (90 per 30 days) |
| NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML | 1 | |
| <i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (Orfadin) | 1 | PA |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG | 1 | PA |
| ORFADIN ORAL CAPSULE 20 MG | 1 | PA |
| ORFADIN ORAL SUSPENSION 4 MG/ML | 1 | PA |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML | 1 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| PULMOZYME INHALATION SOLUTION 1 MG/ML | 1 | PA BvD |
| REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) | 1 | PA |
| <i>sapropterin oral tablet, soluble 100 mg</i> (Kuvan) | 1 | |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML | 1 | PA; LA |
| VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML) | 1 | PA |
| VPRIV INTRAVENOUS RECON SOLN 400 UNIT | 1 | |
| 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 | 1 | |
| Eye, Ear, Nose, Throat Agents | | |
| Eye, Ear, Nose, Throat Agents, Miscellaneous | | |
| <i>apraclonidine ophthalmic (eye) drops 0.5 %</i> | 1 | |
| <i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine) | 1 | |
| <i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i> | 1 | QL (30 per 25 days) |
| <i>azelastine ophthalmic (eye) drops 0.05 %</i> | 1 | |
| <i>cromolyn ophthalmic (eye) drops 4 %</i> | 1 | |
| <i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------|
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % | 1 | PA; QL (60 per 28 days) |
| <i>epinastine ophthalmic (eye) drops 0.05 %</i> | 1 | |
| <i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i> | 1 | QL (30 per 28 days) |
| <i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i> | 1 | QL (15 per 10 days) |
| <i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf) | 1 | |
| <i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief) | 1 | |
| <i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine) | 1 | |
| TEPEZZA INTRAVENOUS RECON SOLN 500 MG | 1 | PA |
| Eye, Ear, Nose, Throat Anti-Infectives Agents | | |
| <i>acetic acid otic (ear) solution 2 %</i> | 1 | |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i> | 1 | |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin) | 1 | |
| <i>bleph-10 ophthalmic (eye) drops 10 %</i> | 1 | |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> (Ciloxan) | 1 | |
| <i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i> (Ciprodex) | 1 | QL (7.5 per 7 days) |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i> | 1 | QL (3.5 per 4 days) |
| <i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i> | 1 | |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i> | 1 | |
| <i>levofloxacin ophthalmic (eye) drops 0.5 %</i> | 1 | |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % | 1 | |
| neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit/g-1% (Neo-Polycin HC) | 1 | |
| neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit-unit/g (Neo-Polycin) | 1 | |
| neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 % (Maxitrol) | 1 | |
| neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 % (Maxitrol) | 1 | |
| neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg- 10,000 unit-0.025mg/ml | 1 | |
| neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000- 10 mg-unit-mg/ml | 1 | |
| neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-% | 1 | |
| neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml- % | 1 | |
| neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g- 1% | 1 | |
| neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit- unit/g | 1 | |
| ofloxacin ophthalmic (eye) drops 0.3 % (Ocuflox) | 1 | |
| ofloxacin otic (ear) drops 0.3 % | 1 | |
| polycin ophthalmic (eye) ointment 500-10,000 unit/gram | 1 | |
| polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml (Polytrim) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> (Bleph-10) | 1 | |
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i> | 1 | |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i> | 1 | |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i> (Tobrex) | 1 | |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> (TobraDex) | 1 | |
| <i>trifluridine ophthalmic (eye) drops 1 %</i> | 1 | |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % | 1 | |
| ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % | 1 | |
| Eye, Ear, Nose, Throat Anti-Inflammatory Agents | | |
| ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % | 1 | ST |
| BROMSITE OPHTHALMIC (EYE) DROPS 0.075 % | 1 | |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i> | 1 | |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i> | 1 | |
| DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % | 1 | |
| EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | 1 | QL (8.3 per 14 days) |
| <i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i> | 1 | QL (50 per 25 days) |
| <i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm) | 1 | |
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i> | 1 | |
| <i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief) | 1 | QL (16 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------|
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % | 1 | |
| INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | 1 | |
| <i>ketorolac ophthalmic (eye) drops</i> (Acular) 0.5 % | 1 | QL (10 per 25 days) |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % | 1 | |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % | 1 | |
| <i>loteprednol etabonate ophthalmic (eye) drops,gel</i> (Lotemax) 0.5 % | 1 | |
| <i>mometasone nasal spray,non-aerosol</i> (Nasonex) 50 mcg/actuation | 1 | QL (34 per 30 days) |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension</i> (Pred Forte) 1 % | 1 | |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops</i> 1 % | 1 | |
| PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % | 1 | |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % | 1 | QL (60 per 30 days) |
| XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION | 1 | ST; QL (32 per 30 days) |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % | 1 | QL (60 per 30 days) |
| Gastrointestinal Agents | | |
| Antiulcer Agents And Acid Suppressants | | |
| <i>cimetidine hcl oral solution</i> 300 mg/5 ml | 1 | |
| <i>esomeprazole magnesium oral capsule,delayed release(drlec)</i> (Nexium) 20 mg | 1 | QL (30 per 30 days) |
| <i>esomeprazole magnesium oral capsule,delayed release(drlec)</i> (Nexium) 40 mg | 1 | QL (60 per 30 days) |
| <i>esomeprazole sodium intravenous recon soln</i> 20 mg | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>esomeprazole sodium intravenous recon soln 40 mg</i> (Nexium IV) | 1 | |
| <i>famotidine (pf) intravenous solution 20 mg/2 ml</i> | 1 | |
| <i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i> | 1 | |
| <i>famotidine intravenous solution 10 mg/ml</i> | 1 | |
| <i>famotidine oral tablet 20 mg</i> (Acid Controller) | 1 | |
| <i>famotidine oral tablet 40 mg</i> (Pepcid) | 1 | |
| <i>lansoprazole oral capsule, delayed release (drlec) 15 mg</i> (Prevacid 24Hr) | 1 | QL (30 per 30 days) |
| <i>lansoprazole oral capsule, delayed release (drlec) 30 mg</i> (Prevacid) | 1 | QL (60 per 30 days) |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec) | 1 | |
| <i>nizatidine oral capsule 150 mg, 300 mg</i> | 1 | |
| <i>omeprazole oral capsule, delayed release (drlec) 10 mg, 40 mg</i> | 1 | |
| <i>omeprazole oral capsule, delayed release (drlec) 20 mg</i> | 1 | |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid) | 1 | ST; QL (30 per 30 days) |
| <i>pantoprazole intravenous recon soln 40 mg</i> (Protonix) | 1 | |
| <i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i> (Protonix) | 1 | QL (30 per 30 days) |
| <i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i> (Protonix) | 1 | QL (60 per 30 days) |
| <i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i> (AcipHex) | 1 | QL (30 per 30 days) |
| <i>sucralfate oral tablet 1 gram</i> (Carafate) | 1 | |
| Gastrointestinal Agents, Other | | |
| CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG | 1 | |
| <i>constulose oral solution 10 gram/15 ml</i> | 1 | |
| <i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom) | 1 | |

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>dicyclomine oral capsule 10 mg</i> | 1 | |
| <i>dicyclomine oral solution 10 mg/5 ml</i> | 1 | |
| <i>dicyclomine oral tablet 20 mg</i> | 1 | |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil) | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>enulose oral solution 10 gram/15 ml</i> | 1 | |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG | 1 | PA |
| <i>generlac oral solution 10 gram/15 ml</i> | 1 | |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i> | 1 | |
| <i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i> | 1 | |
| <i>lactulose oral solution 10 gram/15 ml</i> (Constulose) | 1 | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | 1 | QL (30 per 30 days) |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM | 1 | QL (34 per 30 days) |
| LOKELMA ORAL POWDER IN PACKET 5 GRAM | 1 | QL (30 per 30 days) |
| <i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide)) | 1 | |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza) | 1 | QL (60 per 30 days) |
| <i>methscopolamine oral tablet 2.5 mg, 5 mg</i> | 1 | |
| <i>metoclopramide hcl injection solution 5 mg/ml</i> | 1 | |
| <i>metoclopramide hcl injection syringe 5 mg/ml</i> | 1 | |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i> | 1 | |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan) | 1 | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | 1 | QL (30 per 30 days) |
| OICALIVA ORAL TABLET 10 MG, 5 MG | 1 | PA; QL (30 per 30 days) |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML | 1 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl) | 1 | |
| <i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i> | 1 | |
| <i>sodium polystyrene sulfonate oral powder</i> | 1 | |
| <i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i> | 1 | |
| <i>ursodiol oral capsule 300 mg</i> | 1 | |
| <i>ursodiol oral tablet 250 mg</i> (URSO 250) | 1 | |
| <i>ursodiol oral tablet 500 mg</i> (URSO Forte) | 1 | |
| XERMELO ORAL TABLET 250 MG | 1 | PA; QL (90 per 30 days) |
| Laxatives | | |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML | 1 | |
| <i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> | 1 | |
| <i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> | 1 | |
| <i>gavilyte-n oral recon soln 420 gram</i> | 1 | |
| SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM | 1 | |
| <i>trilyte with flavor packets oral recon soln 420 gram</i> | 1 | |
| Phosphate Binders | | |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i> | 1 | |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i> | 1 | |
| PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML | 1 | |
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela) | 1 | |
| <i>sevelamer carbonate oral tablet 800 mg</i> (Renvela) | 1 | |
| <i>sevelamer hcl oral tablet 400 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------|
| VELPHORO ORAL TABLET,CHEWABLE 500 MG | 1 | |
| Genitourinary Agents | | |
| Antispasmodics, Urinary | | |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | 1 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG | 1 | |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i> | 1 | |
| <i>oxybutynin chloride oral tablet 5 mg</i> | 1 | |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL) | 1 | |
| <i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i> | 1 | |
| <i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> (Detrol LA) | 1 | |
| <i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol) | 1 | |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG | 1 | |
| <i>tropium oral tablet 20 mg</i> | 1 | |
| Genitourinary Agents, Miscellaneous | | |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral) | 1 | QL (30 per 30 days) |
| <i>dutasteride oral capsule 0.5 mg</i> (Avodart) | 1 | |
| <i>finasteride oral tablet 5 mg</i> (Proscar) | 1 | |
| <i>tamsulosin oral capsule 0.4 mg</i> (Flomax) | 1 | |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 1 | |
| THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG | 1 | PA |
| <i>tiopronin oral tablet 100 mg</i> (Thiola) | 1 | |
| Heavy Metal Antagonists | | |
| Heavy Metal Antagonists | | |
| <i>clovique oral capsule 250 mg</i> | 1 | PA; QL (240 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>deferasirox oral granules in packet</i> (Jadenu Sprinkle) 180 mg, 360 mg, 90 mg | 1 | PA |
| <i>deferasirox oral tablet</i> 180 mg, 360 mg, 90 mg (Jadenu) | 1 | PA |
| <i>deferasirox oral tablet, dispersible</i> (Exjade) 125 mg, 250 mg, 500 mg | 1 | PA |
| <i>deferiprone oral tablet</i> 500 mg (Ferriprox) | 1 | PA |
| <i>deferoxamine injection recon soln</i> 2 gram | 1 | PA |
| <i>deferoxamine injection recon soln</i> (Desferal) 500 mg | 1 | PA |
| FERRIPROX 1,000 MG TAB(2X/DAY) 1,000 MG | 1 | PA |
| FERRIPROX ORAL SOLUTION 100 MG/ML | 1 | PA |
| FERRIPROX ORAL TABLET 1,000 MG | 1 | PA |
| <i>penicillamine oral capsule</i> 250 mg (Cuprimine) | 1 | PA |
| <i>penicillamine oral tablet</i> 250 mg (Depen Titratabs) | 1 | PA |
| <i>trientine oral capsule</i> 250 mg (Clovique) | 1 | PA; QL (240 per 30 days) |
| Hormonal Agents, Stimulant/Replacement/Modifying | | |
| Androgens | | |
| ANADROL-50 ORAL TABLET 50 MG | 1 | PA |
| <i>danazol oral capsule</i> 100 mg, 200 mg, 50 mg | 1 | |
| <i>oxandrolone oral tablet</i> 10 mg, 2.5 mg (Oxandrin) | 1 | |
| <i>testosterone cypionate intramuscular oil</i> 100 mg/ml, 200 mg/ml (Depo-Testosterone) | 1 | PA |
| <i>testosterone cypionate intramuscular oil</i> 200 mg/ml (1 ml) | 1 | PA |
| <i>testosterone enanthate intramuscular oil</i> 200 mg/ml | 1 | PA; QL (5 per 28 days) |
| <i>testosterone transdermal gel in metered-dose pump</i> 12.5 mg/ 1.25 gram (1%) (Vogelxo) | 1 | PA; QL (300 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel) | 1 | PA; QL (150 per 30 days) |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel) | 1 | PA; QL (300 per 30 days) |
| <i>testosterone transdermal solution in metered pump w/lapp 30 mg/lactuation (1.5 ml)</i> | 1 | PA; QL (180 per 30 days) |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML | 1 | PA; QL (2 per 28 days) |
| Estrogens And Antiestrogens | | |
| <i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <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> | 1 | PA-HRM; QL (8 per 28 days); AGE (Max 64 Years) |
| DUAVEE ORAL TABLET 0.45-20 MG | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace) | 1 | PA-HRM; AGE (Max 64 Years) |
| <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</i> (Dotti) | 1 | PA-HRM; QL (8 per 28 days); AGE (Max 64 Years) |
| <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</i> (Climara) | 1 | PA-HRM; QL (4 per 28 days); AGE (Max 64 Years) |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace) | 1 | |
| <i>estradiol vaginal tablet 10 mcg</i> (Yuvafem) | 1 | QL (18 per 28 days) |
| <i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen) | 1 | |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Amabelz) | 1 | PA-HRM; AGE (Max 64 Years) |
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR | 1 | QL (1 per 84 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>jinteli oral tablet 1-5 mg-mcg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>lyllana 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> | 1 | PA-HRM; QL (8 per 28 days); AGE (Max 64 Years) |
| <i>mimvey oral tablet 1-0.5 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv) | 1 | PA-HRM; AGE (Max 64 Years) |
| PREMARIN INJECTION RECON SOLN 25 MG | 1 | |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | 1 | PA-HRM; AGE (Max 64 Years) |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM | 1 | |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) | 1 | PA-HRM; AGE (Max 64 Years) |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>raloxifene oral tablet 60 mg</i> (Evista) | 1 | |
| <i>yuvafem vaginal tablet 10 mcg</i> | 1 | QL (18 per 28 days) |
| Glucocorticoids/Mineralocorticoids | | |
| <i>a-hydrocort injection recon soln 100 mg</i> | 1 | |
| <i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan) | 1 | |
| <i>dexamethasone 0.5 mg/5 ml liq 0.5 mg/5 ml</i> | 1 | |
| <i>dexamethasone oral elixir 0.5 mg/5 ml</i> | 1 | |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i> (Decadron) | 1 | |
| <i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i> | 1 | |
| <i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i> | 1 | |
| <i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i> | 1 | |
| <i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i> | 1 | |
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML | 1 | PA; QL (91 per 28 days) |
| EMFLAZA ORAL TABLET 18 MG | 1 | PA; QL (30 per 30 days) |
| EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG | 1 | PA; QL (60 per 30 days) |
| <i>fludrocortisone oral tablet 0.1 mg</i> | 1 | |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef) | 1 | |
| <i>methylprednisolone acetate injection (Depo-Medrol) suspension 40 mg/ml, 80 mg/ml</i> | 1 | |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol) | 1 | |
| <i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak)) | 1 | |
| <i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i> | 1 | |
| <i>methylprednisolone sodium succ (Solu-Medrol) intravenous recon soln 1,000 mg, 500 mg</i> | 1 | |
| <i>prednisolone 15 mg/5 ml soln alf, dlf 15 mg/5 ml (3 mg/ml)</i> | 1 | PA BvD |
| <i>prednisolone oral solution 15 mg/5 ml</i> | 1 | PA BvD |
| <i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i> | 1 | PA BvD |
| <i>prednisolone sodium phosphate oral (Pediapred) solution 5 mg base/5 ml (6.7 mg/5 ml)</i> | 1 | PA BvD |
| <i>prednisone oral solution 5 mg/5 ml</i> | 1 | PA BvD |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i> | 1 | PA BvD |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i> | 1 | |
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML | 1 | |
| <i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog) | 1 | |
| Pituitary | | |
| BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML | 1 | |
| <i>desmopressin injection solution 4 mcg/ml</i> (DDAVP) | 1 | |
| <i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i> | 1 | |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP) | 1 | |
| EGRIFTA SUBCUTANEOUS RECON SOLN 2 MG | 1 | PA; QL (30 per 30 days) |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG | 1 | PA; QL (30 per 30 days) |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | 1 | |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG | 1 | |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG | 1 | |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG | 1 | |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---------------------------------|
| NORDITROPIN FLEXP RO 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 MG/1.5 ML (3.3 MG/ML) | 1 | PA |
| <i>octreotide acetate injection solution</i> <i>1,000 mcg/ml, 200 mcg/ml</i> | 1 | |
| <i>octreotide acetate injection solution</i> (Sandostatin) <i>100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | 1 | |
| <i>octreotide acetate injection syringe</i> <i>100 mcg/ml (1 ml), 50 mcg/ml (1</i> <i>ml), 500 mcg/ml (1 ml)</i> | 1 | |
| ORGOVYX ORAL TABLET 120 MG | 1 | PA NSO |
| ORILISSA ORAL TABLET 150 MG | 1 | PA; QL (28 per 28 days) |
| ORILISSA ORAL TABLET 200 MG | 1 | PA; QL (56 per 28 days) |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG | 1 | |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | 1 | PA |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) | 1 | PA; QL (60 per 30 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML | 1 | PA NSO; QL (0.5 per 28 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML | 1 | PA NSO; QL (0.2 per 28 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML | 1 | PA NSO; QL (0.3 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 | 1 | PA |
| SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY) | 1 | QL (1 per 360 days) |
| SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML | 1 | |
| TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG | 1 | QL (1 per 168 days) |
| ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG | 1 | PA |
| Progestins | | |
| <i>hydroxyprogesterone cap(ppres)</i> (Makena) <i>intramuscular oil 250 mg/ml</i> | 1 | |
| <i>medroxyprogesterone intramuscular</i> (Depo-Provera) <i>suspension 150 mg/ml</i> | 1 | QL (1 per 84 days) |
| <i>medroxyprogesterone intramuscular</i> (Depo-Provera) <i>syringe 150 mg/ml</i> | 1 | QL (1 per 84 days) |
| <i>medroxyprogesterone oral tablet 10</i> (Provera) <i>mg, 2.5 mg, 5 mg</i> | 1 | |
| <i>megestrol oral suspension 400 mg/10</i> <i>ml (40 mg/ml)</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>norethindrone acetate oral tablet 5</i> (Aygestin) <i>mg</i> | 1 | |
| <i>progesterone intramuscular oil 50</i> <i>mg/ml</i> | 1 | |
| <i>progesterone micronized oral</i> (Prometrium) <i>capsule 100 mg, 200 mg</i> | 1 | |
| Thyroid And Antithyroid Agents | | |
| <i>levothyroxine oral tablet 100 mcg,</i> (Euthyrox) <i>112 mcg, 125 mcg, 137 mcg, 150</i> <i>mcg, 175 mcg, 200 mcg, 25 mcg, 50</i> <i>mcg, 75 mcg, 88 mcg</i> | 1 | |
| <i>levothyroxine oral tablet 300 mcg</i> (Levo-T) | 1 | |
| <i>liothyronine oral tablet 25 mcg, 5</i> (Cytomel) <i>mcg, 50 mcg</i> | 1 | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole) | 1 | |
| <i>propylthiouracil oral tablet 50 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| Immunological Agents | | |
| Immunological Agents | | |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | 1 | |
| <i>azathioprine oral tablet 50 mg</i> (Imuran) | 1 | PA BvD |
| <i>azathioprine sodium injection recon soln 100 mg</i> | 1 | PA BvD |
| BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG | 1 | PA |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML | 1 | PA; QL (8 per 28 days) |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML | 1 | PA; QL (8 per 28 days) |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | 1 | PA |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 1 | PA |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | 1 | PA |
| <i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune) | 1 | PA BvD |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf) | 1 | PA BvD |
| <i>cyclosporine modified oral capsule 50 mg</i> | 1 | PA BvD |
| <i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf) | 1 | PA BvD |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune) | 1 | PA BvD |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) | 1 | PA |
| ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) | 1 | PA |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML | 1 | PA |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | 1 | PA |

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 |
|--|------------------|----------------------------|
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | 1 | PA |
| <i>everolimus (immunosuppressive)</i> (Zortress) <i>oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i> | 1 | PA BvD |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 % | 1 | PA BvD |
| GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML | 1 | PA |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 % | 1 | PA BvD |
| GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM | 1 | PA BvD |
| GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % | 1 | PA BvD |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML) | 1 | PA BvD |
| <i>gengraf oral capsule 100 mg, 25 mg</i> | 1 | PA BvD |
| <i>gengraf oral solution 100 mg/ml</i> | 1 | PA BvD |
| HUMIRA PEN CROHNS-UC- HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 1 | PA |
| HUMIRA PEN PSOR-UEVITS- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 1 | PA |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 1 | PA |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | 1 | PA |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML | 1 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 1 | PA |
| HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 1 | PA |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML | 1 | PA |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML | 1 | PA |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | 1 | PA |
| 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 %) | 1 | PA BvD |
| ILARIS (PF) SUBCUTANEOUS RECON SOLN 150 MG/ML | 1 | PA |
| ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML | 1 | PA |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava) | 1 | |
| <i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous) | 1 | PA BvD |
| <i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept) | 1 | PA BvD |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept) | 1 | PA BvD |
| <i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept) | 1 | PA BvD |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG | 1 | PA BvD |
| OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 % | 1 | PA BvD |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| PRIVIGEN INTRAVENOUS SOLUTION 10 % | 1 | PA BvD |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML | 1 | PA BvD |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG | 1 | 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 | 1 | |
| REZUROCK ORAL TABLET 200 MG | 1 | PA NSO |
| RIDAURA ORAL CAPSULE 3 MG | 1 | |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG | 1 | PA |
| <i>sirolimus oral solution 1 mg/ml</i> (Rapamune) | 1 | PA BvD |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune) | 1 | PA BvD |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 1 | PA |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML | 1 | PA |
| SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2) | 1 | PA |
| STELARA INTRAVENOUS SOLUTION 130 MG/26 ML | 1 | PA |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 1 | PA |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | 1 | PA |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf) | 1 | PA BvD |

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

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML | 1 | |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML | 1 | |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML | 1 | PA BvD |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML | 1 | PA BvD |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML | 1 | PA BvD |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML | 1 | QL (1.5 per 365 days) |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 1 | QL (1.5 per 365 days) |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML | 1 | |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 1 | |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT | 1 | PA BvD |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF- MCG-LF/0.5ML | 1 | |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML | 1 | |
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML | 1 | |
| KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML | 1 | |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML | 1 | |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML | 1 | |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML | 1 | |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML | 1 | |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML | 1 | |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML | 1 | |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML | 1 | |
| PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML | 1 | |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3- 4.3-3- 3.99 TCID50/0.5 | 1 | |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT | 1 | PA BvD |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML | 1 | PA BvD |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML | 1 | PA BvD |
| ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML | 1 | |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML | 1 | |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | 1 | QL (2 per 365 days) |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML | 1 | |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML | 1 | |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML | 1 | |
| TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML | 1 | |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 1 | |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML | 1 | |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML | 1 | |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML | 1 | |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML | 1 | |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML | 1 | QL (2 per 365 days) |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML | 1 | |
| ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML | 1 | QL (1 per 365 days) |
| Inflammatory Bowel Disease | | |
| Agents | | |
| Inflammatory Bowel Disease Agents | | |
| <i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex) | 1 | |
| <i>balsalazide oral capsule 750 mg</i> (Colazal) | 1 | |
| <i>budesonide oral capsule, delayed, extend. release 3 mg</i> (Entocort EC) | 1 | |
| DIPENTUM ORAL CAPSULE 250 MG | 1 | ST |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema) | 1 | |
| <i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| <i>mesalamine oral capsule,extended release 24hr 0.375 gram</i> (Apriso) | 1 | |
| <i>mesalamine oral tablet,delayed release (drlec) 1.2 gram</i> (Lialda) | 1 | |
| <i>mesalamine oral tablet,delayed release (drlec) 800 mg</i> (Asacol HD) | 1 | |
| <i>mesalamine rectal suppository 1,000 mg</i> (Canasa) | 1 | |
| <i>sulfasalazine oral tablet 500 mg</i> (Azulfidine) | 1 | |
| <i>sulfasalazine oral tablet,delayed release (drlec) 500 mg</i> (Azulfidine EN-tabs) | 1 | |
| UCERIS RECTAL FOAM 2 MG/ACTUATION | 1 | |
| Metabolic Bone Disease Agents | | |
| Metabolic Bone Disease Agents | | |
| <i>alendronate oral tablet 10 mg, 5 mg</i> | 1 | QL (30 per 30 days) |
| <i>alendronate oral tablet 35 mg</i> | 1 | QL (4 per 28 days) |
| <i>alendronate oral tablet 70 mg</i> (Fosamax) | 1 | QL (4 per 28 days) |
| <i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/lactuation</i> | 1 | QL (3.7 per 28 days) |
| <i>calcitriol intravenous solution 1 mcg/ml</i> | 1 | |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol) | 1 | |
| <i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol) | 1 | |
| <i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar) | 1 | QL (60 per 30 days) |
| <i>cinacalcet oral tablet 90 mg</i> (Sensipar) | 1 | QL (120 per 30 days) |
| EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2) | 1 | PA; QL (2.34 per 30 days) |
| <i>ibandronate intravenous solution 3 mg/3 ml</i> | 1 | QL (3 per 84 days) |
| <i>ibandronate intravenous syringe 3 mg/3 ml</i> | 1 | QL (3 per 84 days) |
| <i>ibandronate oral tablet 150 mg</i> (Boniva) | 1 | QL (1 per 28 days) |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE | 1 | PA; QL (2 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar) | 1 | |
| <i>paricalcitol oral capsule 4 mcg</i> | 1 | |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML | 1 | QL (1 per 180 days) |
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG | 1 | QL (60 per 30 days) |
| <i>risedronate oral tablet 150 mg</i> (Actonel) | 1 | QL (1 per 28 days) |
| <i>risedronate oral tablet 30 mg, 5 mg</i> | 1 | QL (30 per 30 days) |
| <i>risedronate oral tablet 35 mg</i> (Actonel) | 1 | QL (4 per 28 days) |
| <i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i> | 1 | QL (4 per 28 days) |
| <i>risedronate oral tablet, delayed release (drlec) 35 mg</i> (Atelvia) | 1 | QL (4 per 28 days) |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | 1 | PA; QL (1.56 per 30 days) |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) | 1 | PA |
| <i>zoledronic acid intravenous recon soln 4 mg</i> | 1 | |
| <i>zoledronic acid intravenous solution 4 mg/5 ml</i> | 1 | |
| <i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast) | 1 | QL (100 per 300 days) |
| Miscellaneous Therapeutic Agents | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML | | |
| <i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i> | 1 | |
| CYSTADANE ORAL POWDER 1 GRAM/1.7 ML | 1 | |
| <i>diazoxide oral suspension 50 mg/ml</i> (Proglycem) | 1 | |
| ELMIRON ORAL CAPSULE 100 MG | 1 | QL (90 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| ENDARI ORAL POWDER IN PACKET 5 GRAM | 1 | PA; QL (180 per 30 days) |
| EVRYSDI ORAL RECON SOLN 0.75 MG/ML | 1 | PA |
| EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML | 1 | PA; LA |
| <i>fomepizole intravenous solution 1 gram/ml</i> | 1 | |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | 1 | |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML | 1 | |
| <i>hydroxyzine pamoate oral capsule 100 mg</i> | 1 | |
| <i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril) | 1 | |
| KEYEYIS ORAL TABLET 50 MG | 1 | PA; QL (120 per 30 days) |
| <i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i> | 1 | |
| <i>leucovorin calcium injection solution 10 mg/ml</i> | 1 | |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> | 1 | |
| <i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor) | 1 | |
| <i>levocarnitine oral tablet 330 mg</i> (Carnitor) | 1 | |
| <i>levoleucovorin calcium intravenous recon soln 50 mg</i> (Fusilev) | 1 | |
| <i>mesna intravenous solution 100 mg/ml</i> (Mesnex) | 1 | |
| MESNEX ORAL TABLET 400 MG | 1 | |
| OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML | 1 | PA |
| <i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------|
| <i>pyridostigmine bromide oral tablet</i> 30 mg | 1 | |
| <i>pyridostigmine bromide oral tablet</i> (Mestinon) 60 mg | 1 | |
| RECTIV RECTAL OINTMENT 0.4 % (W/W) | 1 | QL (30 per 30 days) |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) | 1 | PA; QL (4 per 28 days) |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | 1 | PA NSO; QL (60 per 30 days) |
| TOTECT INTRAVENOUS RECON SOLN 500 MG | 1 | |
| TYBOST ORAL TABLET 150 MG | 1 | QL (30 per 30 days) |
| VISTOGARD ORAL GRANULES IN PACKET 10 GRAM | 1 | QL (24 per 14 days) |
| XURIDEN ORAL GRANULES IN PACKET 2 GRAM | 1 | PA; QL (120 per 30 days) |
| Ophthalmic Agents | | |
| Antiglaucoma Agents | | |
| <i>acetazolamide oral capsule, extended release 500 mg</i> | 1 | |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | 1 | |
| <i>acetazolamide sodium injection recon soln 500 mg</i> | 1 | |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 % | 1 | |
| AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | 1 | |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i> | 1 | |
| <i>carteolol ophthalmic (eye) drops 1 %</i> | 1 | |
| COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % | 1 | |
| <i>dorzolamide ophthalmic (eye) drops</i> (Trusopt) 2 % | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt) | 1 | |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan) | 1 | QL (2.5 per 25 days) |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i> | 1 | |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | 1 | QL (2.5 per 25 days) |
| <i>metipranolol ophthalmic (eye) drops 0.3 %</i> | 1 | |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> (Isopto Carpine) | 1 | |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % | 1 | QL (2.5 per 25 days) |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % | 1 | QL (2.5 per 25 days) |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % | 1 | |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> (Timoptic) | 1 | |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i> (Timoptic-XE) | 1 | |
| <i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z) | 1 | QL (2.5 per 25 days) |
| Replacement Preparations | | |
| Replacement Preparations | | |
| <i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i> | 1 | |
| <i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i> | 1 | |
| <i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i> | 1 | |
| ISOLYTE S IV SOLUTION-EXCEL SINGLE USE | 1 | |
| ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION | 1 | |
| ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 % | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>klor-con m10 oral tablet,er particles/crystals 10 meq</i> | 1 | |
| <i>klor-con m15 oral tablet,er particles/crystals 15 meq</i> | 1 | |
| <i>klor-con m20 oral tablet,er particles/crystals 20 meq</i> | 1 | |
| <i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i> | 1 | |
| <i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4%), 40 gram/1,000 ml (4%)</i> | 1 | 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> | 1 | PA BvD |
| <i>magnesium sulfate injection syringe 4 meq/ml</i> | 1 | PA BvD |
| NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION | 1 | |
| PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION | 1 | |
| PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION | 1 | |
| <i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i> | 1 | PA BvD |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i> | 1 | |
| <i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i> | 1 | |
| <i>potassium chloride oral tablet (K-Tab) extended release 10 meq, 20 meq, 8 meq</i> | 1 | |
| <i>potassium chloride oral tablet,er particles/crystals 10 meq (Klor-Con M10)</i> | 1 | |
| <i>potassium chloride oral tablet,er particles/crystals 15 meq (Klor-Con M15)</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20) | 1 | |
| <i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i> | 1 | |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10) | 1 | |
| <i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15) | 1 | |
| <i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5) | 1 | |
| <i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i> | 1 | |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i> | 1 | |
| <i>sodium chloride 0.9 % intravenous piggyback</i> | 1 | |
| 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 | 1 | QL (60 per 30 days) |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | 1 | QL (12 per 30 days) |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | 1 | QL (30 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE | 1 | 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 |
|--|------------------|------------------------------|
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort) | 1 | PA BvD; QL (120 per 30 days) |
| <i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort) | 1 | PA BvD; QL (60 per 30 days) |
| FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION | 1 | QL (60 per 30 days) |
| FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION | 1 | QL (120 per 30 days) |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION | 1 | QL (60 per 30 days) |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION | 1 | QL (120 per 30 days) |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION | 1 | QL (12 per 30 days) |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION | 1 | QL (24 per 30 days) |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION | 1 | QL (21.2 per 30 days) |
| SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION | 1 | QL (30.6 per 30 days) |
| Antileukotrienes | | |
| <i>montelukast oral tablet 10 mg</i> (Singulair) | 1 | |
| <i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair) | 1 | |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate) | 1 | |
| Bronchodilators | | |
| <i>albuterol 5 mg/ml solution 5 mg/ml</i> | 1 | PA BvD; QL (120 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (ProAir HFA) | 1 | QL (17 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>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i> | 1 | QL (13.4 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i> | 1 | 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 %)</i> | 1 | PA BvD; QL (360 per 30 days) |
| <i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i> | 1 | PA BvD; QL (120 per 30 days) |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i> | 1 | |
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i> | 1 | |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | 1 | QL (60 per 30 days) |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION | 1 | QL (25.8 per 28 days) |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION | 1 | QL (10.7 per 30 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | 1 | QL (8 per 30 days) |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | 1 | PA BvD; QL (312.5 per 30 days) |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i> | 1 | PA BvD; QL (540 per 30 days) |
| <i>metaproterenol oral syrup 10 mg/5 ml</i> | 1 | |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | 1 | QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION | 1 | QL (4 per 30 days) |
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG | 1 | QL (30 per 30 days) |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION | 1 | QL (4 per 30 days) |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i> | 1 | |
| <i>terbutaline subcutaneous solution 1 mg/ml</i> | 1 | |
| <i>theophylline oral solution 80 mg/15 ml</i> | 1 | |
| <i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i> | 1 | |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i> | 1 | |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200- 62.5-25 MCG | 1 | QL (60 per 30 days) |
| Respiratory Tract Agents, Other | | |
| <i>acetylcysteine intravenous solution (Acetadote) 200 mg/ml (20%)</i> | 1 | |
| <i>acetylcysteine solution 100 mg/ml (10%), 200 mg/ml (20%)</i> | 1 | PA BvD |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG | 1 | QL (560 per 28 days) |
| CINQAIR INTRAVENOUS SOLUTION 10 MG/ML | 1 | PA |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i> | 1 | PA BvD |
| DALIRESP ORAL TABLET 250 MCG | 1 | QL (28 per 28 days) |
| DALIRESP ORAL TABLET 500 MCG | 1 | QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| ESBRIET ORAL CAPSULE 267 MG | 1 | PA; QL (270 per 30 days) |
| ESBRIET ORAL TABLET 267 MG | 1 | PA; QL (270 per 30 days) |
| ESBRIET ORAL TABLET 801 MG | 1 | PA; QL (90 per 30 days) |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | 1 | PA; QL (1 per 28 days) |
| FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML | 1 | PA; QL (1 per 28 days) |
| KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG | 1 | PA; QL (56 per 28 days) |
| KALYDECO ORAL TABLET 150 MG | 1 | PA; QL (56 per 28 days) |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 1 | PA; LA; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG | 1 | PA; LA; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | 1 | PA; LA; QL (3 per 28 days) |
| OFEV ORAL CAPSULE 100 MG, 150 MG | 1 | PA; QL (60 per 30 days) |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG | 1 | PA; QL (56 per 28 days) |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | 1 | PA; QL (120 per 30 days) |
| PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,L/F,SUV 1,000 MG (+-)/20 ML | 1 | PA BvD |
| PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG | 1 | PA BvD |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) | 1 | PA; QL (56 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) | 1 | PA; QL (84 per 28 days) |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG | 1 | PA |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML | 1 | PA |
| Skeletal Muscle Relaxants | | |
| Skeletal Muscle Relaxants | | |
| <i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i> | 1 | |
| <i>chlorzoxazone oral tablet 250 mg</i> | 1 | PA-HRM; QL (120 per 30 days); AGE (Max 64 Years) |
| <i>chlorzoxazone oral tablet 500 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>dantrolene oral capsule 100 mg</i> | 1 | |
| <i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium) | 1 | |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>revonto intravenous recon soln 20 mg</i> | 1 | |
| <i>tizanidine oral tablet 2 mg</i> | 1 | |
| <i>tizanidine oral tablet 4 mg</i> (Zanaflex) | 1 | |
| Sleep Disorder Agents | | |
| Sleep Disorder Agents | | |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil) | 1 | PA; QL (30 per 30 days) |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | 1 | QL (30 per 30 days) |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta) | 1 | QL (30 per 30 days) |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML | 1 | PA; QL (150 per 30 days) |
| HETLIOZ ORAL CAPSULE 20 MG | 1 | PA; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| SUNOSI ORAL TABLET 150 MG, 75 MG | 1 | PA; QL (30 per 30 days) |
| XYREM ORAL SOLUTION 500 MG/ML | 1 | PA; LA; QL (540 per 30 days) |
| <i>zaleplon oral capsule 10 mg, 5 mg</i> | 1 | QL (30 per 30 days) |
| <i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien) | 1 | 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 | 1 | PA; QL (90 per 30 days) |
| <i>alyq oral tablet 20 mg</i> | 1 | PA; QL (60 per 30 days) |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis) | 1 | PA; QL (30 per 30 days) |
| <i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i> (Flolan) | 1 | PA |
| OPSUMIT ORAL TABLET 10 MG | 1 | PA; QL (30 per 30 days) |
| <i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i> (Revatio) | 1 | PA; QL (37.5 per 1 day) |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio) | 1 | PA; QL (90 per 30 days) |
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq) | 1 | PA; QL (60 per 30 days) |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG | 1 | PA; LA; QL (60 per 30 days) |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG | 1 | PA; 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) | 1 | PA |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) | 1 | PA |
| UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG | 1 | PA; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG | 1 | PA; QL (60 per 30 days) |
| UPTRAVI ORAL TABLET 200 MCG | 1 | PA; QL (240 per 30 days) |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60) | 1 | PA |

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