

AvMed Medicare 2023 Formulary List of Covered Drugs

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

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This Condensed, Comprehensive formulary was updated on 09/01/2023. For more recent information or other questions, please contact AvMed Medicare Member Engagement Center at 1-800-782-8633 or for TTY users, 711, October 1 – March 31: 8:00 a.m. to 8:00 p.m., 7 days a week. April 1 - September 30: 8:00 a.m. to 8:00 p.m., Monday through Friday and Saturday 9:00 a.m. to 1:00 p.m., or visit www.avmed.org

o **Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

o **Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.



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 AvMed. When it refers to “plan” or “our plan,” it means AvMed Medicare.

This document includes a list of the drugs (formulary) for our plan which is current as of 09/01/2023. 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 co-payments/coinsurance may change on January 1, 2023, and from time to time during the year.

What is the AvMed Medicare Formulary?

A formulary is a list of covered drugs selected by AvMed Medicare 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. AvMed Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a AvMed Medicare 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 AvMed Medicare 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 find information in the section below entitled “How do I request an exception to the AvMed Medicare 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 new generic drug to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the AvMed Medicare Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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 09/01/2023. To get updated information about the drugs covered by AvMed Medicare, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular.” If you know what your drug is used for, look for the category name in the list that begins on page number 9. 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 65. 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?

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted 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 AvMed Medicare 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 AvMed Medicare formulary?” on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that AvMed Medicare does not cover your drug, you have two options:

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

You can ask AvMed Medicare 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 unless the drug is on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, AvMed Medicare 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, AvMed Medicare will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

Transition Supply for Current Members with changes in treatment setting:

If the setting where you receive treatment changes during the plan year, you may need a short-term supply of your drugs during the transition. For example:

- You're discharged from a hospital or skilled nursing facility (where your Medicare Part A payments include drug costs) and need a prescription from a pharmacy to continue taking a drug at home (using your Part D plan benefit); or
- You transfer from one skilled nursing facility to another

If you do change treatment settings and need to fill a prescription at a pharmacy, we'll cover up to a 30-day supply of a drug covered by Medicare Part D, so your drug treatment won't be interrupted. To ask for a temporary supply, call AvMed Member Engagement (phone numbers are printed on the front and back cover of this booklet).

If you change treatment settings multiple times within the same month, you may have to request an exception or prior authorization for continued coverage of your drug. See the "How do I request an exception to the AvMed Medicare Formulary?" section on page 4.

For more information

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

If you have questions about AvMed Medicare, 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>.

AvMed's Medicare Formulary

The formulary below provides coverage information about the drugs covered by AvMed Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 65. The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., CHANTIX) and generic drugs are listed in lower-case italics (e.g., *simvastatin*).

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

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

B/D PA: This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. For more information, call Member Engagement at 1-800- 782-8633 or for TTY users, 711, October 1 – March 31: 8:00 a.m. to 8:00 p.m., 7 days a week. April 1 - September 30: 8:00 a.m. to 8:00 p.m., Monday through Friday and Saturday 9:00 a.m. to 1:00 p.m.

ED: Excluded Drug. This prescription drug is not normally covered in a Medicare prescription drug plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

GC: Gap Coverage. We provide coverage of this prescription drug in the Coverage Gap. Please refer to our Evidence of Coverage for more information about this coverage.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call the Member Engagement Center.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

SI: Select Insulins: Insulins available at a set copay in the initial coverage and gap coverage phases. Does not apply to AvMed Medicare Premium Saver Broward County (HMO).

AvMed_Medicare effective 09/01/2023

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	GC
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	4	QL
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	3	
<i>febuxostat</i> TABS 40mg, 80mg	4	PA
MITIGARE CAPS .6mg QL (60 caps / 30 days)	3	QL
<i>probenecid</i> TABS 500mg	3	
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	3	QL
<i>celecoxib</i> CAPS 400mg QL (30 caps / 30 days)	3	QL
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	3	QL
<i>diclofenac sodium</i> TB24 100mg	3	
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	2	GC
<i>diclofenac w/ misoprostol tab</i> delayed release 50-0.2 mg	4	
<i>diclofenac w/ misoprostol tab</i> delayed release 75-0.2 mg	4	
<i>diflunisal</i> TABS 500mg	3	
<i>ec-naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	2	GC QL
<i>ec-naproxen</i> TBEC 500mg QL (90 tabs / 30 days)	4	QL
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
<i>flurbiprofen</i> TABS 100mg	3	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	GC
<i>ibuprofen</i> SUSP 100mg/5ml	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	GC
<i>meloxicam</i> TABS 7.5mg, 15mg	1	GC
<i>nabumetone</i> TABS 500mg, 750mg	2	GC
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	GC
<i>naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	2	GC QL
<i>naproxen</i> TBEC 500mg QL (90 tabs / 30 days)	4	QL
<i>naproxen sodium</i> TABS 275mg, 550mg	3	
<i>oxaprozin</i> TABS 600mg	4	
<i>piroxicam</i> CAPS 10mg, 20mg	3	
<i>sulindac</i> TABS 150mg, 200mg	2	GC
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	4	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	3	QL PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	3	QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	3	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	3	QL PA
<i>methadone hydrochloride i</i> CONC 10mg/ml QL (90 mL / 30 days)	3	QL PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	3	QL PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Prior Authorization, Part D vs. Part B only **LA** - Limited Availability **ED** - Excluded Drug **GC** - Gap Coverage . **SI** - Select Insulins. Does not apply to AvMed Medicare Premium Saver Broward County (HMO)

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All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/ Tier	Limits
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	3	QL
QL (2700 mL / 30 days)		
<i>acetaminophen w/ codeine tab 300-15 mg</i>	3	QL
QL (400 tabs / 30 days)		
<i>acetaminophen w/ codeine tab 300-30 mg</i>	3	QL
QL (360 tabs / 30 days)		
<i>acetaminophen w/ codeine tab 300-60 mg</i>	3	QL
QL (180 tabs / 30 days)		
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	4	
<i>butorphanol tartrate SOLN 10mg/ml</i>	3	QL
QL (10 mL / 30 days)		
<i>endocet tab 2.5-325mg</i>	3	QL
QL (360 tabs / 30 days)		
<i>endocet tab 5-325mg</i>	3	QL
QL (360 tabs / 30 days)		
<i>endocet tab 7.5-325mg</i>	3	QL
QL (240 tabs / 30 days)		
<i>endocet tab 10-325mg</i>	3	QL
QL (180 tabs / 30 days)		
<i>fentanyl citrate LPOP 200mcg</i>	4	QL PA
QL (120 lozenges / 30 days)		
<i>fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	5	QL PA
QL (120 lozenges / 30 days)		
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	4	QL
QL (2700 mL / 30 days)		
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	3	QL
QL (240 tabs / 30 days)		
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	3	QL
QL (180 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	3	QL
QL (180 tabs / 30 days)		
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL
QL (150 tabs / 30 days)		
<i>hydromorphone hcl LIQD 1mg/ml</i>	4	QL
QL (600 mL / 30 days)		
<i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i>	3	QL
QL (180 tabs / 30 days)		
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	4	B/D
<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i>	3	QL
QL (900 mL / 30 days)		
<i>morphine sulfate SOLN 20mg/ml</i>	3	QL
QL (180 mL / 30 days)		
<i>morphine sulfate TABS 15mg, 30mg</i>	3	QL
QL (180 tabs / 30 days)		
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	4	B/D
<i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>	4	
<i>oxycodone hcl CAPS 5mg</i>	4	QL
QL (180 caps / 30 days)		
<i>oxycodone hcl CONC 100mg/5ml</i>	4	QL
QL (180 mL / 30 days)		
<i>oxycodone hcl SOLN 5mg/5ml</i>	4	QL
QL (900 mL / 30 days)		
<i>oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg</i>	3	QL
QL (180 tabs / 30 days)		
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL
QL (360 tabs / 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone w/ acetaminophen</i> tab 5-325 mg QL (360 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> tab 7.5-325 mg QL (240 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> tab 10-325 mg QL (180 tabs / 30 days)	3	QL
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	2	GC QL
<i>tramadol-acetaminophen</i> tab 37.5-325 mg QL (240 tabs / 30 days)	3	QL
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	3	B/D
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg	5	
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	4	
<i>atovaquone</i> SUSP 750mg/5ml	4	
<i>aztreonam</i> SOLR 1gm, 2gm	4	
CAYSTON SOLR 75mg	5	LA PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	2	GC
<i>clindamycin palmitate</i> <i>hydrochloride</i> SOLR 75mg/5ml	4	
<i>clindamycin phosphate</i> SOLN 3 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	3	
<i>clindamycin phosphate in d5w</i> <i>iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w</i> <i>iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w</i> <i>iv soln 900 mg/50ml</i>	4	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	

Drug Name	Drug Requirements/ Tier	Limits
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium</i> SOLR 150mg	4	
<i>dapsone</i> TABS 25mg, 100mg	3	
DAPTOMYCIN SOLR 350mg	5	
<i>daptomycin</i> SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg QL (12 tabs / year)	5	QL
<i>ertapenem sodium</i> SOLR 1gm	4	
<i>gentamicin in saline inj 0.8</i> <i>mg/ml</i>	3	
<i>gentamicin in saline inj 1</i> <i>mg/ml</i>	3	
<i>gentamicin in saline inj 1.2</i> <i>mg/ml</i>	3	
<i>gentamicin in saline inj 1.6</i> <i>mg/ml</i>	3	
<i>gentamicin in saline inj 2</i> <i>mg/ml</i>	3	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	3	
<i>imipenem-cilastatin</i> <i>intravenous for soln 250 mg</i>	4	
<i>imipenem-cilastatin</i> <i>intravenous for soln 500 mg</i>	4	
<i>ivermectin</i> TABS 3mg QL (12 tabs / 90 days)	3	QL PA
<i>linezolid</i> SOLN 600mg/300ml	4	
<i>linezolid</i> SUSR 100mg/5ml QL (1800 mL / 30 days)	5	QL
<i>linezolid</i> TABS 600mg QL (60 tabs / 30 days)	4	QL
LINEZOLID INJ 2MG/ML	4	
<i>meropenem</i> SOLR 1gm, 500mg	4	
<i>methenamine hippurate</i> TABS 1gm	4	
<i>metronidazole</i> SOLN 500mg/100ml	3	
<i>metronidazole</i> TABS 250mg, 500mg	1	GC
<i>neomycin sulfate</i> TABS 500mg	2	GC

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Drug Name	Drug Requirements/ Tier	Limits
<i>nitazoxanide</i> TABS 500mg QL (6 tabs / 30 days)	5	QL
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	
<i>paromomycin sulfate</i> CAPS 250mg	4	
<i>pentamidine isethionate inh</i> SOLR 300mg	4	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	4	
<i>praziquantel</i> TABS 600mg	4	
SIVEXTRO SOLR 200mg; TABS 200mg	5	
<i>streptomycin sulfate</i> SOLR 1gm	4	
<i>sulfadiazine</i> TABS 500mg	4	
<i>sulfamethoxazole- trimethoprim iv soln</i> 400-80 mg/5ml	4	
<i>sulfamethoxazole- trimethoprim susp</i> 200-40 mg/5ml	3	
<i>sulfamethoxazole- trimethoprim tab</i> 400-80 mg	1	GC
<i>sulfamethoxazole- trimethoprim tab</i> 800-160 mg	1	GC
<i>tinidazole</i> TABS 250mg, 500mg	3	
<i>tobramycin</i> NEBU 300mg/5ml	5	PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	3	
<i>trimethoprim</i> TABS 100mg	3	
<i>vancomycin hcl</i> CAPS 125mg QL (80 caps / 180 days)	4	QL
<i>vancomycin hcl</i> CAPS 250mg QL (160 caps / 180 days)	4	QL
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	

Drug Name	Drug Requirements/ Tier	Limits
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	4	B/D
<i>amphotericin b</i> SOLR 50mg	4	B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	4	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 200mg	3	
<i>fluconazole</i> TABS 150mg	2	GC
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	3	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	3	
<i>flucytosine</i> CAPS 250mg, 500mg	5	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	4	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	4	
<i>itraconazole</i> CAPS 100mg	4	PA
<i>ketoconazole</i> TABS 200mg	3	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	5	
NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	5	QL PA
<i>nystatin</i> TABS 500000unit	3	
<i>posaconazole</i> SUSP 40mg/ml QL (630 mL / 30 days)	5	QL PA
<i>posaconazole</i> TBEC 100mg QL (93 tabs / 30 days)	5	QL PA
<i>terbinafine hcl</i> TABS 250mg QL (90 tabs / year)	1	GC QL
<i>voriconazole</i> SOLR 200mg; SUSR 40mg/ml	5	PA
<i>voriconazole</i> TABS 50mg QL (480 tabs / 30 days)	4	QL PA
<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	4	QL PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	4	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	4	

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Drug Name	Drug Requirements/ Tier	Limits
<i>chloroquine phosphate</i> TABS 250mg, 500mg	4	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	3	
<i>primaquine phosphate</i> TABS 26.3mg	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml	4	
<i>abacavir sulfate</i> TABS 300mg	3	
APTIVUS CAPS 250mg	5	
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	4	
<i>darunavir</i> TABS 600mg QL (60 tabs / 30 days)	5	QL
<i>darunavir</i> TABS 800mg QL (30 tabs / 30 days)	5	QL
EDURANT TABS 25mg	5	
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	4	
<i>emtricitabine</i> CAPS 200mg	3	
EMTRIVA SOLN 10mg/ml	4	
<i>etravirine</i> TABS 100mg, 200mg	5	
<i>fosamprenavir calcium</i> TABS 700mg	5	
FUZEON SOLR 90mg	5	
INTELENCE TABS 25mg	4	
ISENTRESS CHEW 25mg	4	
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	
ISENTRESS HD TABS 600mg	5	
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	3	
LEXIVA SUSP 50mg/ml	4	
<i>maraviroc</i> TABS 150mg, 300mg	5	
<i>nevirapine</i> SUSP 50mg/5ml; TB24 100mg, 400mg	4	
<i>nevirapine</i> TABS 200mg	2	GC

Drug Name	Drug Requirements/ Tier	Limits
NORVIR PACK 100mg	4	
PIFELTRO TABS 100mg	5	
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	5	QL
PREZISTA TABS 75mg QL (480 tabs / 30 days)	4	QL
PREZISTA TABS 150mg QL (240 tabs / 30 days)	5	QL
PREZISTA TABS 600mg QL (60 tabs / 30 days)	5	QL
PREZISTA TABS 800mg QL (30 tabs / 30 days)	5	QL
REYATAZ PACK 50mg	5	
<i>ritonavir</i> TABS 100mg	3	
RUKOBIA TB12 600mg	5	
SELZENTRY SOLN 20mg/ml; TABS 75mg	5	
SELZENTRY TABS 25mg	4	
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	4	
SUNLENCA TBPk 300mg	5	LA
<i>tenofovir disoproxil fumarate</i> TABS 300mg	3	
TIVICAY TABS 10mg	3	
TIVICAY TABS 25mg, 50mg	5	
TIVICAY PD TBSO 5mg	5	
TROGARZO SOLN 200mg/1.33ml	5	LA
TYBOST TABS 150mg	3	
VIRACEPT TABS 250mg, 625mg	5	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml	4	
<i>zidovudine</i> TABS 300mg	3	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i> tab 600-300 mg	3	
BIKTARVY TAB 30-120-15 MG	5	
BIKTARVY TAB 50-200-25 MG	5	

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Drug Name	Drug Requirements/ Tier	Limits
CIMDUO TAB 300-300	5	
COMPLERA TAB	5	
DELSTRIGO TAB	5	
DESCOVY TAB 120-15MG QL (30 tabs / 30 days)	5	QL
DESCOVY TAB 200/25MG QL (30 tabs / 30 days)	5	QL
DOVATO TAB 50-300MG	5	
<i>efavirenz-emtricitabine- tenofovir df tab 600-200-300 mg</i>	5	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100- 150 mg</i> QL (30 tabs / 30 days)	5	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 133- 200 mg</i> QL (30 tabs / 30 days)	5	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 167- 250 mg</i> QL (30 tabs / 30 days)	5	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 200- 300 mg</i> QL (30 tabs / 30 days)	5	QL
EVOTAZ TAB 300-150	5	
GENVOYA TAB	5	
JULUCA TAB 50-25MG	5	
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	
<i>lopinavir-ritonavir soln 400- 100 mg/5ml (80-20 mg/ml)</i>	4	
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	
<i>lopinavir-ritonavir tab 200-50 mg</i>	4	
ODEFSEY TAB	5	
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	

Drug Name	Drug Requirements/ Tier	Limits
SYMTUZA TAB	5	
TRIUMEQ PD TAB	5	
TRIUMEQ TAB	5	
TRIZIVIR TAB	5	
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	5	
<i>ethambutol hcl TABS 100mg, 400mg</i>	3	
<i>isoniazid SYRP 50mg/5ml</i>	4	
<i>isoniazid TABS 100mg, 300mg</i>	1	GC
PRIFTIN TABS 150mg	4	
<i>pyrazinamide TABS 500mg</i>	4	
<i>rifabutin CAPS 150mg</i>	4	
<i>rifampin CAPS 150mg, 300mg</i>	3	
<i>rifampin SOLR 600mg</i>	4	
SIRTURO TABS 20mg, 100mg	5	LA PA
TRECTOR TABS 250mg	4	
ANTIVIRALS		
<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	2	GC
<i>acyclovir SUSP 200mg/5ml</i>	4	
<i>acyclovir sodium SOLN 50mg/ml</i>	4	B/D
<i>adefovir dipivoxil TABS 10mg</i>	5	
BARACLUDE SOLN .05mg/ml	5	
<i>entecavir TABS .5mg, 1mg</i>	4	
EPCLUSA PAK 150-37.5	5	PA
EPCLUSA PAK 200-50MG	5	PA
EPCLUSA TAB 200-50MG	5	PA
EPCLUSA TAB 400-100	5	PA
EPIVIR HBV SOLN 5mg/ml	4	
<i>famciclovir TABS 125mg, 250mg, 500mg</i>	3	
<i>ganciclovir sodium SOLR 500mg</i>	4	B/D
HARVONI PAK 33.75-150MG	5	PA
HARVONI PAK 45-200MG	5	PA
HARVONI TAB 45-200MG	5	PA
HARVONI TAB 90-400MG	5	PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>lamivudine (hbv)</i> TABS 100mg	4	
MAVYRET PAK 50-20MG	5	PA
MAVYRET TAB 100-40MG	5	PA
<i>oseltamivir phosphate</i> CAPS 30mg QL (168 caps / year)	3	QL
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg QL (84 caps / year)	3	QL
<i>oseltamivir phosphate</i> SUSR 6mg/ml QL (1080 mL / year)	3	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	PA
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	5	QL PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	3	QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg	3	
<i>ribavirin (hepatitis c)</i> TABS 200mg	4	
<i>rimantadine hydrochloride</i> TABS 100mg	4	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	3	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	
<i>valganciclovir hcl</i> TABS 450mg	3	
VEMLIDY TABS 25mg	5	
VOSEVI TAB	5	PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	3	
<i>cefaclor</i> SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	4	
CEFACTOR ER TB12 500mg	4	
<i>cefadroxil</i> CAPS 500mg	2	GC
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN SOLR 2gm, 3gm	4	

Drug Name	Drug Requirements/ Tier	Limits
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
<i>cefdinir</i> CAPS 300mg	2	GC
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	4	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	4	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	4	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml	4	
<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	3	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	4	
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	3	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	3	
<i>cephalexin</i> CAPS 250mg, 500mg	1	GC
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	GC
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	4	
<i>clarithromycin</i> TABS 250mg, 500mg; TB24 500mg	3	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
e.e.s. 400 TABS 400mg	4	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythrocin stearate</i> TABS 250mg	4	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
<i>erythromycin ethylsuccinate</i> TABS 400mg	4	
<i>erythromycin lactobionate</i> SOLR 500mg	4	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	3	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	3	
<i>ciprofloxacin hcl</i> TABS 100mg	4	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	GC
<i>levofloxacin</i> SOLN 25mg/ml	4	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	GC
<i>levofloxacin</i> in d5w iv soln 250 mg/50ml	3	
<i>levofloxacin</i> in d5w iv soln 500 mg/100ml	3	
<i>levofloxacin</i> in d5w iv soln 750 mg/150ml	3	
<i>moxifloxacin hcl</i> TABS 400mg	4	

Drug Name	Drug Requirements/ Tier	Limits
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	GC
<i>amoxicillin</i> CHEW 125mg, 250mg	2	GC
<i>amoxicillin & k clavulanate</i> <i>chew tab 200-28.5 mg</i>	4	
<i>amoxicillin & k clavulanate</i> <i>chew tab 400-57 mg</i>	4	
<i>amoxicillin & k clavulanate for</i> <i>susp 200-28.5 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for</i> <i>susp 250-62.5 mg/5ml</i>	4	
<i>amoxicillin & k clavulanate for</i> <i>susp 400-57 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for</i> <i>susp 600-42.9 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate tab</i> <i>250-125 mg</i>	3	
<i>amoxicillin & k clavulanate tab</i> <i>500-125 mg</i>	2	GC
<i>amoxicillin & k clavulanate tab</i> <i>875-125 mg</i>	2	GC
<i>amoxicillin & k clavulanate tab</i> <i>er 12hr 1000-62.5 mg</i>	4	
<i>ampicillin</i> CAPS 500mg	2	GC
<i>ampicillin & sulbactam sodium</i> <i>for inj 1.5 (1-0.5) gm</i>	4	
<i>ampicillin & sulbactam sodium</i> <i>for inj 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium</i> <i>for iv soln 1.5 (1-0.5) gm</i>	4	
<i>ampicillin & sulbactam sodium</i> <i>for iv soln 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium</i> <i>for iv soln 15 (10-5) gm</i>	4	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	4	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4	

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<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	3	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	4	
<i>nafcillin sodium</i> SOLR 10gm	5	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	4	
PEN GK/DEXTR INJ 40000/ML	4	
PEN GK/DEXTR INJ 60000/ML	4	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	4	
PENICILLIN G PROCAINE SUSP 600000unit/ml	4	
<i>penicillin g sodium</i> SOLR 5000000unit	4	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	2	GC
<i>penicillin v potassium</i> TABS 250mg, 500mg	1	GC
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	4	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	4	
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	4	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	2	GC
<i>doxycycline (monohydrate)</i> TABS 50mg, 75mg, 100mg	3	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; TABS 20mg, 100mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>doxycycline hyclate</i> SOLR 100mg	4	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	3	
NUZYRA SOLR 100mg; TABS 150mg	5	LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	4	PA
<i>tigecycline</i> SOLR 50mg	5	
TIGECYCLINE SOLR 50mg	5	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	5	B/D LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	3	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	3	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	5	B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	5	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D
GLEOSTINE CAPS 10mg, 40mg	4	
GLEOSTINE CAPS 100mg	5	
LEUKERAN TABS 2mg	4	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	4	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	5	B/D
<i>paraplatin</i> SOLN 1000mg/100ml	3	B/D
ANTIBIOTICS		
<i>doxorubicin hcl</i> SOLN 2mg/ml	4	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	B/D
ELLECE SOLN 50mg/25ml, 200mg/100ml	4	B/D

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ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	5	B/D
<i>cytarabine</i> SOLN 20mg/ml	3	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	B/D
INQOVI TAB 35-100MG	5	LA PA
LONSURF TAB 15-6.14	5	LA PA
LONSURF TAB 20-8.19	5	LA PA
<i>mercaptopurine</i> TABS 50mg	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	3	B/D
ONUREG TABS 200mg, 300mg	5	LA PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D
PURIXAN SUSP 2000mg/100ml	5	
TABLOID TABS 40mg	4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg, 500mg	5	PA
<i>anastrozole</i> TABS 1mg	2	GC
<i>bicalutamide</i> TABS 50mg	2	GC
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	PA
EMCYT CAPS 140mg	5	
ERLEADA TABS 60mg, 240mg	5	LA PA
EULEXIN CAPS 125mg	5	
<i>exemestane</i> TABS 25mg	4	
<i>fulvestrant</i> SOSY 250mg/5ml	5	B/D
<i>letrozole</i> TABS 2.5mg	2	GC
<i>leuprolide acetate</i> KIT 1mg/0.2ml	4	PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	PA

Drug Name	Drug Requirements/ Tier	Limits
LYSODREN TABS 500mg	5	
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	
NUBEQA TABS 300mg	5	LA PA
ORGOVYX TABS 120mg	5	LA PA
ORSERDU TABS 86mg, 345mg	5	LA PA
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	GC
<i>toremifene citrate</i> TABS 60mg	5	
XTANDI CAPS 40mg; TABS 40mg, 80mg	5	LA PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	5	QL LA PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	5	QL LA PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	5	QL LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	5	QL LA PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	5	QL LA PA
THALOMID CAPS 50mg, 100mg QL (28 caps / 28 days)	5	QL LA PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	5	QL LA PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	LA PA
<i>bexarotene</i> CAPS 75mg	5	PA
<i>hydroxyurea</i> CAPS 500mg	2	GC
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D

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All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/ Tier	Limits
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	5	QL PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	5	QL PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	5	QL PA
MATULANE CAPS 50mg	5	LA
SYNRIBO SOLR 3.5mg <i>tretinoin (chemotherapy)</i> CAPS 10mg	5	PA
WELIREG TABS 40mg	5	LA PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	4	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	3	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	5	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	2	GC B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	4	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	5	LA PA
ALUNBRIG TABS 30mg, 90mg, 180mg	5	LA PA
ALUNBRIG PAK	5	LA PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	5	QL LA PA
BALVERSA TABS 3mg, 4mg, 5mg	5	LA PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	5	PA
<i>bortezomib</i> SOLR 3.5mg	5	PA
BOSULIF TABS 100mg, 400mg, 500mg	5	PA

Drug Name	Drug Requirements/ Tier	Limits
BRAFTOVI CAPS 75mg	5	LA PA
BRUKINSA CAPS 80mg	5	LA PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	5	QL LA PA
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	5	QL LA PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	5	QL LA PA
CAPRELSA TABS 100mg, 300mg	5	LA PA
COMETRIQ (60MG DOSE) KIT 20mg	5	LA PA
COMETRIQ KIT 100MG	5	LA PA
COMETRIQ KIT 140MG	5	LA PA
COPIKTRA CAPS 15mg, 25mg	5	LA PA
COTELLIC TABS 20mg	5	LA PA
DAURISMO TABS 25mg, 100mg	5	LA PA
ERIVEDGE CAPS 150mg	5	LA PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	5	QL PA
<i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days)	5	QL PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	5	QL PA
<i>everolimus</i> TBSO 2mg QL (150 tabs / 30 days)	5	QL PA
<i>everolimus</i> TBSO 3mg QL (90 tabs / 30 days)	5	QL PA
<i>everolimus</i> TBSO 5mg QL (60 tabs / 30 days)	5	QL PA
EXKIVITY CAPS 40mg	5	LA PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	5	QL LA PA
GAVRETO CAPS 100mg	5	LA PA
<i>gefitinib</i> TABS 250mg	5	PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	LA PA
HERCEP HYLEC SOL 60- 10000	5	LA PA
HERCEPTIN SOLR 150mg	5	LA PA

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Drug Name	Drug Requirements/ Tier	Limits
HERZUMA SOLR 150mg, 420mg	5	LA PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	5	QL LA PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	5	QL LA PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	5	QL LA PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	5	QL LA PA
<i>imatinib mesylate</i> TABS 100mg QL (90 tabs / 30 days)	5	QL PA
<i>imatinib mesylate</i> TABS 400mg QL (60 tabs / 30 days)	5	QL PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	5	QL LA PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	5	QL LA PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	5	QL LA PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg QL (30 tabs / 30 days)	5	QL LA PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	5	QL LA PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	5	QL LA PA
INREBIC CAPS 100mg	5	LA PA
IRESSA TABS 250mg	5	LA PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	5	QL LA PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	5	QL LA PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	5	QL LA PA
KADCYLA SOLR 100mg, 160mg	5	B/D LA
KANJINTI SOLR 150mg, 420mg	5	LA PA

Drug Name	Drug Requirements/ Tier	Limits
KEYTRUDA SOLN 100mg/4ml	5	LA PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	5	QL PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	5	QL PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	5	QL PA
KRAZATI TABS 200mg	5	LA PA
<i>lapatinib ditosylate</i> TABS 250mg	5	PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	5	QL LA PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	5	QL LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	5	QL LA PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	5	QL LA PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	5	QL LA PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	5	QL LA PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	5	QL LA PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	5	QL LA PA
LORBRENA TABS 25mg, 100mg	5	LA PA
LUMAKRAS TABS 120mg, 320mg	5	LA PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	5	QL LA PA
LYTGOBI TBPK 4mg	5	LA PA
MEKINIST SOLR .05mg/ml; TABS .5mg, 2mg	5	LA PA
MEKTOVI TABS 15mg	5	LA PA

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All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/ Tier	Limits
MONJUVI SOLR 200mg	5	LA PA
MVASI SOLN 100mg/4ml, 400mg/16ml	5	LA PA
NERLYNX TABS 40mg	5	LA PA
NEXAVAR TABS 200mg QL (120 tabs / 30 days)	5	QL LA PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	5	QL PA
ODOMZO CAPS 200mg	5	LA PA
OGIVRI SOLR 150mg	5	LA PA
OGIVRI INJ 420MG	5	LA PA
ONTRUZANT SOLR 150mg, 420mg	5	LA PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	LA PA
PHESGO SOL	5	LA PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	PA
PIQRAY 250MG TAB DOSE	5	PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	PA
QINLOCK TABS 50mg	5	LA PA
RETEVMO CAPS 40mg, 80mg	5	LA PA
REZLIDHIA CAPS 150mg	5	LA PA
ROZLYTREK CAPS 100mg, 200mg	5	LA PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	5	QL LA PA
RYDAPT CAPS 25mg	5	PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	5	QL PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	5	QL PA
<i>sorafenib tosylate</i> TABS 200mg QL (120 tabs / 30 days)	5	QL PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	PA
STIVARGA TABS 40mg	5	LA PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	5	QL PA

Drug Name	Drug Requirements/ Tier	Limits
TABRECTA TABS 150mg, 200mg	5	PA
TAFINLAR CAPS 50mg, 75mg; TBSO 10mg	5	LA PA
TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	5	QL LA PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	5	QL LA PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	5	QL LA PA
TASIGNA CAPS 50mg, 150mg, 200mg	5	PA
TAZVERIK TABS 200mg	5	LA PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	LA PA
TEPMETKO TABS 225mg	5	LA PA
TIBSOVO TABS 250mg	5	LA PA
TRAZIMERA SOLR 150mg, 420mg	5	PA
TRUSELTIQ 50MG DAILY DOSE CPPK 25mg	5	LA PA
TRUSELTIQ 75MG DAILY DOSE CPPK 25mg	5	LA PA
TRUSELTIQ 100MG DAILY DOSE CPPK 100mg	5	LA PA
TRUSELTIQ 125MG DAILY DOSE	5	LA PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	PA
TUKYSA TABS 50mg, 150mg	5	LA PA
TURALIO CAPS 125mg, 200mg	5	LA PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	4	QL LA PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	5	QL LA PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	5	QL LA PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	5	QL LA PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	5	QL LA PA

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Drug Name	Drug Requirements/ Tier	Limits
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	LA PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	LA PA
VONJO CAPS 100mg QL (120 caps / 30 days)	5	QL LA PA
VOTRIENT TABS 200mg	5	LA PA
XALKORI CAPS 200mg, 250mg	5	LA PA
XOSPATA TABS 40mg	5	LA PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg QL (4 tabs / 28 days)	5	QL LA PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	5	QL LA PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg QL (4 tabs / 28 days)	5	QL LA PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg QL (24 tabs / 28 days)	5	QL LA PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	5	QL LA PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg QL (32 tabs / 28 days)	5	QL LA PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg QL (8 tabs / 28 days)	5	QL LA PA
ZEJULA CAPS 100mg QL (90 caps / 30 days)	5	QL LA PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	5	QL LA PA
ZELBORAF TABS 240mg	5	LA PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	LA PA
ZOLINZA CAPS 100mg	5	PA
ZYDELIG TABS 100mg, 150mg	5	LA PA
ZYKADIA TABS 150mg	5	LA PA

Drug Name	Drug Requirements/ Tier	Limits
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg	3	
<i>leucovorin calcium</i> TABS 25mg	4	
MESNEX TABS 400mg	5	
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	1	GC QL
<i>amlodipine besylate- benazepril hcl cap 5-10 mg</i> QL (30 caps / 30 days)	1	GC QL
<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i> QL (30 caps / 30 days)	1	GC QL
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	1	GC QL
<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> QL (30 caps / 30 days)	1	GC QL
<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> QL (30 caps / 30 days)	1	GC QL
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 20- 12.5 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	GC

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Drug Name	Drug Requirements/ Tier	Limits
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	GC
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	GC
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	GC
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	GC
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	GC
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	GC
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	GC
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	GC

Drug Name	Drug Requirements/ Tier	Limits
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	GC
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	GC
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	GC
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	GC
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	3	
<i>KERENDIA TABS 10mg, 20mg</i>	3	QL
QL (30 tabs / 30 days)		
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	GC
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	2	GC
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	3	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	2	GC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	GC QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	GC QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	GC QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	GC QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	GC QL
QL (30 tabs / 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate-valsartan</i> tab 5-320 mg QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine besylate-valsartan</i> tab 10-160 mg QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine besylate-valsartan</i> tab 10-320 mg QL (30 tabs / 30 days)	1	GC QL
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 16-12.5 mg QL (60 tabs / 30 days)	1	GC QL
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-12.5 mg QL (30 tabs / 30 days)	1	GC QL
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-25 mg QL (30 tabs / 30 days)	1	GC QL
EDARBYCLOR TAB 40-12.5 QL (30 tabs / 30 days)	4	QL
EDARBYCLOR TAB 40-25MG QL (30 tabs / 30 days)	4	QL
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>irbesartan-hydrochlorothiazide</i> tab 150-12.5 mg QL (60 tabs / 30 days)	1	GC QL
<i>irbesartan-hydrochlorothiazide</i> tab 300-12.5 mg QL (30 tabs / 30 days)	1	GC QL
<i>losartan potassium & hydrochlorothiazide</i> tab 50-12.5 mg	1	GC
<i>losartan potassium & hydrochlorothiazide</i> tab 100-12.5 mg	1	GC
<i>losartan potassium & hydrochlorothiazide</i> tab 100-25 mg	1	GC

Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan medoxomil-hydrochlorothiazide</i> tab 20-12.5 mg QL (30 tabs / 30 days)	1	GC QL
<i>olmesartan medoxomil-hydrochlorothiazide</i> tab 40-12.5 mg QL (30 tabs / 30 days)	1	GC QL
<i>olmesartan medoxomil-hydrochlorothiazide</i> tab 40-25 mg QL (30 tabs / 30 days)	1	GC QL
<i>olmesartan-amlodipine-hydrochlorothiazide</i> tab 20-5-12.5 mg QL (30 tabs / 30 days)	1	GC QL
<i>olmesartan-amlodipine-hydrochlorothiazide</i> tab 40-5-12.5 mg QL (30 tabs / 30 days)	1	GC QL
<i>olmesartan-amlodipine-hydrochlorothiazide</i> tab 40-5-25 mg QL (30 tabs / 30 days)	1	GC QL
<i>olmesartan-amlodipine-hydrochlorothiazide</i> tab 40-10-12.5 mg QL (30 tabs / 30 days)	1	GC QL
<i>olmesartan-amlodipine-hydrochlorothiazide</i> tab 40-10-25 mg QL (30 tabs / 30 days)	1	GC QL
<i>telmisartan-amlodipine</i> tab 40-5 mg QL (30 tabs / 30 days)	1	GC QL
<i>telmisartan-amlodipine</i> tab 40-10 mg QL (30 tabs / 30 days)	1	GC QL
<i>telmisartan-amlodipine</i> tab 80-5 mg QL (30 tabs / 30 days)	1	GC QL
<i>telmisartan-amlodipine</i> tab 80-10 mg QL (30 tabs / 30 days)	1	GC QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> QL (30 tabs / 30 days)	1	GC QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>candesartan cilexetil TABS 32mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>EDARBI TABS 40mg, 80mg</i> QL (30 tabs / 30 days)	4	QL
<i>irbesartan TABS 75mg, 150mg, 300mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	GC
<i>olmesartan medoxomil TABS 5mg</i> QL (60 tabs / 30 days)	1	GC QL

Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan medoxomil TABS 20mg, 40mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>telmisartan TABS 20mg, 40mg, 80mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>valsartan TABS 40mg, 80mg, 160mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>valsartan TABS 320mg</i> QL (30 tabs / 30 days)	1	GC QL
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg</i>	4	
<i>amiodarone hcl TABS 200mg</i>	1	GC
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	4	
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	3	
<i>MULTAQ TABS 400mg</i>	4	
<i>NORPACE CR CP12 100mg, 150mg</i>	4	
<i>pacerone TABS 100mg, 400mg</i>	4	
<i>pacerone TABS 200mg</i>	1	GC
<i>propafenone hcl CP12 225mg, 325mg, 425mg</i>	4	
<i>propafenone hcl TABS 150mg, 225mg, 300mg</i>	3	
<i>quinidine sulfate TABS 200mg, 300mg</i>	3	
<i>sorine TABS 80mg, 120mg, 160mg, 240mg</i>	2	GC
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	2	GC
<i>sotalol hcl (afib/afi) TABS 80mg, 120mg, 160mg</i>	3	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate CPDR 45mg, 135mg</i>	3	
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>fenofibrate micronized</i> CAPS 3 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS 600mg	1	GC
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg, 40mg, 60mg QL (30 tabs / 30 days)	5	QL ST
<i>atorvastatin calcium</i> TABS 1 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	GC QL
EZALLOR SPRINKLE CPSP 4 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days)	4	QL ST
<i>fluvastatin sodium</i> CAPS 1 20mg, 40mg QL (60 caps / 30 days)	1	GC QL
<i>fluvastatin sodium</i> TB24 1 80mg QL (30 tabs / 30 days)	1	GC QL
LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	4	QL ST
<i>lovastatin</i> TABS 10mg, 20mg, 1 40mg QL (60 tabs / 30 days)	1	GC QL
<i>pravastatin sodium</i> TABS 1 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	GC QL
<i>rosuvastatin calcium</i> TABS 1 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	GC QL
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	GC QL
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	4	QL ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	
<i>cholestyramine light</i> PACK 3 4gm; POWD 4gm/dose	3	
<i>colesevelam hcl</i> PACK 4 3.75gm; TABS 625mg	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	4	
<i>colestipol hcl</i> TABS 1gm	3	
<i>ezetimibe</i> TABS 10mg	3	
<i>ezetimibe-simvastatin tab</i> 10- 10 mg QL (30 tabs / 30 days)	1	GC QL
<i>ezetimibe-simvastatin tab</i> 10- 20 mg QL (30 tabs / 30 days)	1	GC QL
<i>ezetimibe-simvastatin tab</i> 10- 40 mg QL (30 tabs / 30 days)	1	GC QL
<i>ezetimibe-simvastatin tab</i> 10- 80 mg QL (30 tabs / 30 days)	1	GC QL
<i>niacin (antihyperlipidemic)</i> 3 TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	3	QL
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	PA
<i>prevalite</i> PACK 4gm; POWD 3 4gm/dose	3	
VASCEPA CAPS .5gm, 1gm	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab</i> 2 50-25 mg	2	GC
<i>atenolol & chlorthalidone tab</i> 2 100-25 mg	2	GC
<i>bisoprolol & hydrochlorothiazide tab</i> 2.5- 6.25 mg	2	GC
<i>bisoprolol & hydrochlorothiazide tab</i> 5-6.25 mg	2	GC
<i>bisoprolol & hydrochlorothiazide tab</i> 10- 6.25 mg	2	GC
<i>metoprolol & hydrochlorothiazide tab</i> 50-25 mg	3	
<i>metoprolol & hydrochlorothiazide tab</i> 100- 25 mg	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	3	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	3	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	GC
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	2	GC
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	GC
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	3	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	2	GC
<i>metoprolol tartrate SOLN 5mg/5ml</i>	4	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	GC
<i>nadolol TABS 20mg, 40mg, 80mg</i>	3	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i> QL (30 tabs / 30 days)	3	QL
<i>nebivolol hcl TABS 20mg</i> QL (60 tabs / 30 days)	3	QL
<i>pindolol TABS 5mg, 10mg</i>	3	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml</i>	3	
<i>propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	2	GC
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	4	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	GC
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	2	GC
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	3	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml</i>	3	
<i>diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg</i>	2	GC
<i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg</i>	2	GC
<i>diltiazem hcl coated beads CP24 360mg</i>	4	
<i>diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	GC
<i>felodipine TB24 2.5mg, 5mg, 10mg</i>	2	GC
<i>isradipine CAPS 2.5mg, 5mg</i>	4	
<i>matzim la TB24 180mg, 240mg, 300mg, 360mg, 420mg</i>	4	
<i>nicardipine hcl CAPS 20mg, 30mg</i>	4	
<i>nifedipine TB24 30mg, 60mg, 90mg</i>	3	
<i>nimodipine CAPS 30mg</i>	4	
<i>nisoldipine TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg</i>	4	
<i>NYMALIZE SOLN 6mg/ml</i>	5	
<i>taztia xt CP24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	GC
<i>tiadyt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	GC
<i>verapamil hcl CP24 100mg, 120mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml</i>	4	
<i>verapamil hcl CP24 180mg, 240mg</i>	3	
<i>verapamil hcl TABS 40mg, 80mg, 120mg</i>	1	GC
<i>verapamil hcl TBCR 120mg, 180mg, 240mg</i>	2	GC
DIURETICS		
<i>acetazolamide CP12 500mg</i>	4	

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Drug Name	Drug Requirements/ Tier	Limits
acetazolamide TABS 125mg, 250mg	3	
amiloride & hydrochlorothiazide tab 5-50 mg	2	GC
amiloride hcl TABS 5mg	2	GC
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	3	
chlorthalidone TABS 25mg, 50mg	2	GC
furosemide SOLN 10mg/ml, 40mg/5ml	2	GC
furosemide TABS 20mg, 40mg, 80mg	1	GC
furosemide inj SOLN 10mg/ml	3	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	GC
indapamide TABS 1.25mg, 2.5mg	1	GC
methazolamide TABS 25mg, 50mg	4	
metolazone TABS 2.5mg, 5mg, 10mg	3	
spironolactone & hydrochlorothiazide tab 25-25 mg	3	
toremide TABS 5mg, 10mg, 20mg, 100mg	2	GC
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	GC
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	GC
triamterene & hydrochlorothiazide tab 75-50 mg	1	GC
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	4	
aliskiren fumarate TABS 150mg, 300mg	4	
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	GC

Drug Name	Drug Requirements/ Tier	Limits
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	GC
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	GC
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	GC
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	GC
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	GC
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	GC
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	GC
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	GC
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	GC
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	GC
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	3	
clonidine hcl TABS .1mg, .2mg, .3mg	1	GC
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	4	
digoxin SOLN .05mg/ml, .25mg/ml	4	
digoxin TABS 125mcg, 250mcg	2	GC QL
QL (30 tabs / 30 days)		
droxidopa CAPS 100mg	5	QL PA
QL (90 caps / 30 days)		
droxidopa CAPS 200mg, 300mg	5	QL PA
QL (180 caps / 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	4	
<i>guanfacine hcl</i> TABS 1mg, 2mg PA if 70 years and older	3	PA
<i>hydralazine hcl</i> SOLN 20mg/ml	4	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	GC
<i>metirosine</i> CAPS 250mg	5	PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg	3	
<i>midodrine hcl</i> TABS 10mg	4	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	GC
<i>ranolazine</i> TB12 500mg, 1000mg	4	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	3	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg	2	GC
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	GC
NITRO-BID OINT 2%	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	3	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	5	QL LA PA
<i>ambrisentan</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	5	QL LA PA
<i>bosentan</i> TABS 62.5mg, 125mg QL (60 tabs / 30 days)	5	QL LA PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	5	QL LA PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg QL (360 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	LA PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	LA PA
CENTRAL NERVOUS SYSTEM ANTI-ANXIETY		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	GC QL
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	1	GC
<i>buspirone hcl</i> TABS 7.5mg, 30mg	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	3	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	3	QL
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	2	GC
<i>lorazepam</i> TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	GC QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	3	QL
ANTICONVULSANTS		
APTOM TABS 200mg, 400mg QL (30 tabs / 30 days)	5	QL
APTOM TABS 600mg, 800mg QL (60 tabs / 30 days)	5	QL
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	5	QL PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	5	QL PA
<i>carbamazepine</i> CHEW 100mg; TABS 200mg	3	
<i>carbamazepine</i> CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
CELONTIN CAPS 300mg	4	

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Drug Name	Drug Requirements/ Tier	Limits
<i>clobazam</i> SUSP 2.5mg/ml QL (480 mL / 30 days)	4	QL PA
<i>clobazam</i> TABS 10mg, 20mg QL (60 tabs / 30 days)	4	QL PA
<i>clonazepam</i> TABS 2mg QL (300 tabs / 30 days)	2	GC QL
<i>clonazepam</i> TABS .5mg, 1mg QL (90 tabs / 30 days)	2	GC QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	3	QL
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	3	QL
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	4	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	5	QL LA PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	5	QL LA PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	5	QL LA PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	5	QL LA PA
<i>diazepam</i> CONC 5mg/ml QL (240 mL / 30 days) PA if 65 years and older	3	QL PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA if 65 years and older	3	QL PA
<i>diazepam</i> TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA if 65 years and older	2	GC QL PA
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	4	
<i>diazepam inj</i> SOLN 5mg/ml	4	
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	

Drug Name	Drug Requirements/ Tier	Limits
DILANTIN-125 SUSP 125mg/5ml	4	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg	4	
<i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg	3	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	5	QL LA PA
<i>epitol</i> TABS 200mg	3	
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	4	QL PA
<i>ethosuximide</i> CAPS 250mg	4	
<i>ethosuximide</i> SOLN 250mg/5ml	3	
<i>felbamate</i> SUSP 600mg/5ml	5	
<i>felbamate</i> TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	5	QL LA PA
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	5	QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	4	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	5	QL PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	2	GC QL
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	3	QL
<i>gabapentin</i> TABS 600mg QL (180 tabs / 30 days)	3	QL
<i>gabapentin</i> TABS 800mg QL (120 tabs / 30 days)	3	QL
<i>lacosamide</i> SOLN 200mg/20ml	5	
<i>lacosamide</i> TABS 50mg QL (120 tabs / 30 days)	4	QL
<i>lacosamide</i> TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	QL
<i>lacosamide oral</i> SOLN 10mg/ml QL (1200 mL / 30 days)	4	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>lamotrigine</i> CHEW 5mg, 25mg	3	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	GC
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBP 25mg, 50mg, 100mg, 200mg	4	
<i>levetiracetam</i> SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	3	
<i>levetiracetam</i> SOLN 500mg/5ml	4	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	4	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	4	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	4	
<i>methsuximide</i> CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml	4	
<i>oxcarbazepine</i> SUSP 300mg/5ml	4	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	3	
<i>phenobarbital</i> ELIX 20mg/5ml PA if 70 years and older	4	PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg PA if 70 years and older	3	PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	4	PA
PHENYTEK CAPS 200mg, 300mg	4	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	3	
<i>phenytoin sodium</i> SOLN 50mg/ml	3	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	3	QL PA
<i>pregabalin</i> CAPS 200mg QL (90 caps / 30 days)	3	QL PA
<i>pregabalin</i> CAPS 225mg, 300mg QL (60 caps / 30 days)	3	QL PA
<i>pregabalin</i> SOLN 20mg/ml QL (900 mL / 30 days)	4	QL PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	2	GC
<i>roweepra</i> TABS 500mg	3	
<i>rufinamide</i> SUSP 40mg/ml QL (2400 mL / 30 days)	5	QL PA
<i>rufinamide</i> TABS 200mg QL (480 tabs / 30 days)	4	QL PA
<i>rufinamide</i> TABS 400mg QL (240 tabs / 30 days)	5	QL PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	4	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	4	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	4	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	4	QL
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	GC
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	5	QL PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
<i>topiramate</i> CPSP 15mg, 25mg	3	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	GC
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS 250mg	3	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	

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Drug Name	Drug Requirements/ Tier	Limits
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	
<i>vigabatin</i> PACK 500mg QL (180 packets / 30 days)	5	QL LA PA
<i>vigabatin</i> TABS 500mg QL (180 tabs / 30 days)	5	QL LA PA
<i>vigadrone</i> PACK 500mg QL (180 packets / 30 days)	5	QL LA PA
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	5	QL
XCOPRI TABS 50mg, 100mg QL (30 tabs / 30 days)	5	QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	5	QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	4	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	5	QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	5	QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	5	QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	5	QL
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	4	QL PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	GC
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	5	QL LA PA
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg QL (30 tabs / 30 days)	2	GC QL
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	2	GC

Drug Name	Drug Requirements/ Tier	Limits
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	3	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml	4	
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	3	QL
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml PA if < 30 yrs	4	PA
<i>memantine hcl</i> TABS 5mg, 10mg PA if < 30 yrs	3	PA
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	4	QL
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	3	QL
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	4	QL PA
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	3	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	3	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	GC
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	4	QL PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	3	
<i>doxepin hcl</i> CAPS 150mg	4	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	4	QL PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	3	QL
<i>duloxetine hcl</i> CPEP 40mg QL (60 caps / 30 days)	4	QL
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	5	QL PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	4	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	GC
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	4	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	4	QL PA
FETZIMA CAP TITRATIO	4	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg	1	GC
<i>fluoxetine hcl</i> CAPS 40mg	2	GC
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	GC
MARPLAN TABS 10mg QL (180 tabs / 30 days)	4	QL
<i>mirtazapine</i> TABS 7.5mg; TBP 15mg, 30mg, 45mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	2	GC

Drug Name	Drug Requirements/ Tier	Limits
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	GC
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days)	4	QL PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	GC
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	4	QL
<i>phenelzine sulfate</i> TABS 15mg	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	3	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	GC
<i>tranylcypromine sulfate</i> TABS 10mg	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	GC
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	4	QL
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	4	QL
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	4	QL
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	2	GC
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
VIIIBRYD KIT STARTER	4	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	4	QL
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>amantadine hcl</i> SOLN 50mg/5ml	3	
<i>amantadine hcl</i> TABS 100mg	4	
<i>benztropine mesylate</i> SOLN 1mg/ml	4	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA if 70 years and older	3	PA
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	4	
<i>carb/levo orally disintegrating tab</i> 10-100mg	4	
<i>carb/levo orally disintegrating tab</i> 25-100mg	4	
<i>carb/levo orally disintegrating tab</i> 25-250mg	4	
<i>carbidopa</i> TABS 25mg	4	
<i>carbidopa & levodopa tab</i> 10-100 mg	2	GC
<i>carbidopa & levodopa tab</i> 25-100 mg	2	GC
<i>carbidopa & levodopa tab</i> 25-250 mg	2	GC
<i>carbidopa & levodopa tab er</i> 25-100 mg	3	
<i>carbidopa & levodopa tab er</i> 50-200 mg	3	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	4	
<i>entacapone</i> TABS 200mg	4	

Drug Name	Drug Requirements/ Tier	Limits
INBRIJA CAPS 42mg QL (300 caps / 30 days)	5	QL LA PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	2	GC
<i>pramipexole dihydrochloride</i> TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	4	
<i>rasagiline mesylate</i> TABS .5mg, 1mg QL (30 tabs / 30 days)	4	QL
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	GC
<i>ropinirole hydrochloride</i> TB24 2mg, 4mg, 6mg, 8mg, 12mg	4	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg PA if 70 years and older	3	PA
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	5	QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	5	QL
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	4	QL
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	QL
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	5	QL
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	5	QL

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Drug Name	Drug Requirements/ Tier	Limits
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	5	QL
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	4	QL
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	4	QL PA
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
<i>clozapine</i> TABS 25mg, 50mg	3	
<i>clozapine</i> TABS 100mg QL (270 tabs / 30 days)	4	QL
<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	4	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	4	PA
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	4	QL PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	4	QL PA
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	5	QL PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	4	QL PA
FANAPT PAK	4	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	3	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	

Drug Name	Drug Requirements/ Tier	Limits
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	5	QL
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	4	QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	5	QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	5	QL
LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	4	QL
LATUDA TABS 80mg QL (60 tabs / 30 days)	4	QL
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	4	QL
<i>lurasidone hcl</i> TABS 80mg QL (60 tabs / 30 days)	4	QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	4	QL LA PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	4	QL LA PA
<i>olanzapine</i> SOLR 10mg QL (3 vials / 1 day)	4	QL
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	3	QL
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	4	QL
<i>olanzapine</i> TBDP 10mg QL (60 tabs / 30 days)	4	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	4	QL
<i>paliperidone</i> TB24 6mg QL (60 tabs / 30 days)	4	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3	
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	5	QL
<i>pimozide</i> TABS 1mg, 2mg	4	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg	3	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	4	QL PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg QL (30 tabs / 30 days)	4	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	4	QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	4	QL
RISPERDAL CONSTA SRER 12.5mg, 25mg QL (2 injections / 28 days)	4	QL
RISPERDAL CONSTA SRER 37.5mg, 50mg QL (2 injections / 28 days)	5	QL
<i>risperidone</i> SOLN 1mg/ml QL (240 mL / 30 days)	3	QL
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	GC
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	4	QL
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	4	QL
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	4	QL
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	3	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	4	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	4	QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	4	QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	4	QL
VRAYLAR CAP 1.5-3MG	4	
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	4	QL
<i>ziprasidone mesylate</i> SOLR 20mg QL (6 injections / 3 days)	4	QL
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	4	QL PA
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	5	QL PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	5	QL PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er</i> 24hr 5 mg QL (30 caps / 30 days)	4	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 10 mg QL (30 caps / 30 days)	4	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> QL (30 caps / 30 days)	4	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> QL (30 caps / 30 days)	4	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> QL (30 caps / 30 days)	4	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> QL (30 caps / 30 days)	4	QL PA
<i>amphetamine-dextroamphetamine tab 5 mg</i> QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 10 mg</i> QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 15 mg</i> QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 20 mg</i> QL (90 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> QL (60 tabs / 30 days)	3	QL PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i> QL (120 caps / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>atomoxetine hcl CAPS 40mg</i> QL (60 caps / 30 days)	4	QL
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i> QL (30 caps / 30 days)	4	QL
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i> QL (120 tabs / 30 days)	3	QL PA
<i>dexmethylphenidate hcl TABS 10mg</i> QL (60 tabs / 30 days)	3	QL PA
<i>guanfacine hcl (adhd) 1mg, 2mg, 4mg</i> QL (30 tabs / 30 days) PA if 70 years and older	TB24 3	QL PA
<i>guanfacine hcl (adhd) 3mg</i> QL (60 tabs / 30 days) PA if 70 years and older	TB24 3	QL PA
<i>metadate er TBCR 20mg</i> QL (90 tabs / 30 days)	4	QL PA
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg</i> QL (180 tabs / 30 days)	4	QL PA
<i>methylphenidate hcl SOLN 5mg/5ml</i> QL (1800 mL / 30 days)	4	QL PA
<i>methylphenidate hcl SOLN 10mg/5ml</i> QL (900 mL / 30 days)	4	QL PA
<i>methylphenidate hcl TABS 5mg, 10mg</i> QL (180 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl TABS 20mg</i> QL (90 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl TBCR 10mg, 20mg</i> QL (90 tabs / 30 days)	4	QL PA
<i>VYVANSE CAPS 10mg, 20mg, 30mg</i> QL (60 caps / 30 days)	4	QL PA
<i>VYVANSE CAPS 40mg, 50mg, 60mg, 70mg</i> QL (30 caps / 30 days)	4	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	4	QL PA
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	4	QL PA
HYPNOTICS		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	4	QL
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL
<i>tasimelteon</i> CAPS 20mg QL (30 caps / 30 days)	5	QL PA
<i>temazepam</i> CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA if 65 years and older	4	QL PA
<i>temazepam</i> CAPS 15mg QL (60 caps / 30 days) PA if 65 years and older	4	QL PA
<i>zolpidem tartrate</i> TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	GC QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	3	QL PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days)	5	QL PA
<i>ergotamine w/ caffeine tab 1- 100 mg</i> QL (40 tabs / 28 days)	3	QL PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
NURTEC TBDP 75mg QL (16 tabs / 30 days)	3	QL PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg QL (18 tabs / 30 days)	3	QL
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	4	QL
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	4	QL
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	4	QL
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml QL (12 injections / 30 days)	4	QL
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	2	GC QL
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	4	QL
MISCELLANEOUS		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	5	QL LA PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	5	QL LA PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	5	QL PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	5	QL PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	5	QL PA
GRALISE TABS 300mg QL (180 tabs / 30 days)	4	QL PA
GRALISE TABS 450mg QL (120 tabs / 30 days)	4	QL PA
GRALISE TABS 600mg QL (90 tabs / 30 days)	4	QL PA
GRALISE TABS 750mg, 900mg QL (60 tabs / 30 days)	4	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
INGREZZA CAPS 40mg, 60mg, 80mg QL (30 caps / 30 days)	5	QL LA PA
INGREZZA CAP 40-80MG QL (28 caps / 28 days)	5	QL LA PA
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg	1	GC
<i>lithium carbonate</i> TABS 300mg; TBCR 300mg, 450mg	2	GC
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	4	QL PA
<i>pyridostigmine bromide</i> TABS 60mg	3	
<i>riluzole</i> TABS 50mg	4	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	4	QL PA
SAVELLA MIS TITR PAK	4	PA
<i>tetrabenazine</i> TABS 12.5mg QL (90 tabs / 30 days)	5	QL PA
<i>tetrabenazine</i> TABS 25mg QL (120 tabs / 30 days)	5	QL PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	5	QL LA PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	5	QL PA
<i>dalfampridine</i> TB12 10mg	3	PA
<i> fingolimod hcl</i> CAPS .5mg QL (28 caps / 28 days)	5	QL PA
<i>glatiramer acetate</i> SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL PA
<i>glatiramer acetate</i> SOSY 40mg/ml QL (12 syringes / 28 days)	5	QL PA
<i>glatopa</i> SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL PA
<i>glatopa</i> SOSY 40mg/ml QL (12 syringes / 28 days)	5	QL PA

Drug Name	Drug Requirements/ Tier	Limits
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / year)	5	QL LA PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg, 10mg, 20mg	3	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older	3	PA
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	4	
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	GC
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg QL (60 tabs / 30 days)	3	QL PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	3	QL PA
<i>modafinil</i> TABS 100mg QL (30 tabs / 30 days)	4	QL PA
<i>modafinil</i> TABS 200mg QL (60 tabs / 30 days)	4	QL PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	5	QL LA PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	5	QL LA PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	4	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	3	QL PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> QL (90 films / 30 days)	4	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> QL (90 films / 30 days)	4	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> QL (90 films / 30 days)	4	QL

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<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> QL (60 films / 30 days)	4	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	2	GC QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	2	GC QL
<i>bupropion hcl (smoking deterrent) TB12 150mg</i>	3	
<i>disulfiram TABS 250mg, 500mg</i>	3	
<i>naloxone hcl LIQD 4mg/0.1ml</i>	3	
<i>naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml</i>	2	GC
<i>naltrexone hcl TABS 50mg</i>	3	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate TABS .5mg, 1mg</i> QL (56 tabs / 28 days)	4	QL PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	4	PA
VIVITROL SUSR 380mg	5	
ENDOCRINE AND METABOLIC ANDROGENS		
<i>depo-testosterone SOLN 100mg/ml, 200mg/ml</i>	3	PA
<i>oxandrolone TABS 2.5mg</i> QL (120 tabs / 30 days)	3	QL PA
<i>oxandrolone TABS 10mg</i> QL (60 tabs / 30 days)	4	QL PA
<i>testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm</i> QL (300 gm / 30 days)	4	QL PA
<i>testosterone GEL 1.62%</i> QL (150 gm / 30 days)	4	QL PA
<i>testosterone cypionate SOLN 100mg/ml, 200mg/ml</i>	3	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>testosterone enanthate SOLN 200mg/ml</i>	3	PA
ANTIDIABETICS		
<i>acarbose TABS 25mg, 50mg, 100mg</i>	3	
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	3	QL
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	4	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
<i>glimepiride TABS 1mg, 2mg</i> QL (90 tabs / 30 days)	1	GC QL
<i>glimepiride TABS 4mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>glipizide TABS 5mg</i> QL (240 tabs / 30 days)	1	GC QL
<i>glipizide TABS 10mg</i> QL (120 tabs / 30 days)	1	GC QL
<i>glipizide TB24 2.5mg, 5mg</i> QL (90 tabs / 30 days)	1	GC QL
<i>glipizide TB24 10mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>glipizide xl TB24 2.5mg, 5mg</i> QL (90 tabs / 30 days)	1	GC QL
<i>glipizide xl TB24 10mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>glipizide-metformin hcl tab 2.5-250 mg</i> QL (240 tabs / 30 days)	1	GC QL
<i>glipizide-metformin hcl tab 2.5-500 mg</i> QL (120 tabs / 30 days)	1	GC QL
<i>glipizide-metformin hcl tab 5-500 mg</i> QL (120 tabs / 30 days)	1	GC QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	3	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	3	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	3	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	3	QL
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL
JARDIANCE TABS 10mg QL (60 tabs / 30 days)	3	QL
JARDIANCE TABS 25mg QL (30 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days)	3	QL
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	1	GC QL
<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	1	GC QL
<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	1	GC QL
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	GC QL
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	GC QL
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	GC QL
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml, 2mg/3ml QL (1 pen / 28 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	3	QL
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML QL (1 pen / 28 days)	3	QL
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	GC QL
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	GC QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	GC QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	3	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	3	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 12.5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	3	QL
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	3	QL
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	3	QL
VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	3	QL
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	3	QL
ANTIDIABETICS, INSULINS		
BASAGLAR KWIKPEN SOPN 100unit/ml SI	3	
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH SI	3	
FIASP INJ 100/ML SI	3	
FIASP PENFIL INJ U-100 SI	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml SI	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml SI	5	
INSULIN PEN NEEDLES: BD/NOVO	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD	3	
LANTUS SOLN 100unit/ml SI	3	

Drug Name	Drug Requirements/ Tier	Limits
LANTUS SOLOSTAR SOPN 100unit/ml SI	3	
LEVEMIR SOLN 100unit/ml SI	3	
LEVEMIR FLEXPEN SOPN 100unit/ml SI	3	
LEVEMIR FLEXTOUCH SOPN 100unit/ml SI	3	
NOVOLIN INJ 70/30 SI (brand RELION not covered)	3	
NOVOLIN INJ 70/30 FP SI (brand RELION not covered)	3	
NOVOLIN N SUSP 100unit/ml SI (brand RELION not covered)	3	
NOVOLIN N FLEXPEN SUPN 100unit/ml SI (brand RELION not covered)	3	
NOVOLIN R SOLN 100unit/ml SI (brand RELION not covered)	3	
NOVOLIN R FLEXPEN SOPN 100unit/ml SI (brand RELION not covered)	3	
NOVOLOG SOLN 100unit/ml SI (brand RELION not covered)	3	
NOVOLOG FLEXPEN SOPN 100unit/ml SI (brand RELION not covered)	3	
NOVOLOG MIX INJ 70/30 SI (brand RELION not covered)	3	
NOVOLOG MIX INJ FLEXPEN SI (brand RELION not covered)	3	

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Drug Name	Drug Requirements/ Tier	Limits
NOVOLOG PENFILL SOCT 100unit/ml SI (brand RELION not covered)	3	
OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	4	QL PA
OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	4	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	4	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	4	QL PA
OMNIPOD PDM KIT CLASSIC QL (1 kit / year)	4	QL PA
SOLIQUA INJ 100/33 QL (5 pens / 25 days) SI	3	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml SI	3	

Drug Name	Drug Requirements/ Tier	Limits
TOUJEO SOLOSTAR SOPN 300unit/ml SI	3	
TRESIBA SOLN 100unit/ml SI	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml SI	3	
V-GO 20 KIT QL (1 kit / 30 days)	4	QL PA
V-GO 30 KIT QL (1 kit / 30 days)	4	QL PA
V-GO 40 KIT QL (1 kit / 30 days)	4	QL PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days) SI	3	QL
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	4	
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	GC
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
FORTEO SOPN 600mcg/2.4ml	5	PA
FOSAMAX + D TAB 70-2800	4	ST
FOSAMAX + D TAB 70-5600	4	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml QL (1 injection / 90 days)	4	B/D QL
<i>ibandronate sodium</i> TABS 150mg	3	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	LA PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	3	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	4	QL
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	3	

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<i>risedronate sodium</i> TABS 30mg; TBEC 35mg	4	
TERIPARATIDE SOPN 620mcg/2.48ml	5	PA
XGEVA SOLN 120mg/1.7ml	5	PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	4	B/D
CHELATING AGENTS		
CHEMET CAPS 100mg	4	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg; TBSO 125mg, 250mg, 500mg	5	PA
<i>deferasirox</i> TABS 90mg	3	PA
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps</i> SUSP 15gm/60ml	3	
<i>trientine hcl</i> CAPS 250mg	5	PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	
CONTRACEPTIVES		
<i>afirmelle</i>	2	GC
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>apri</i>	2	GC
<i>aranelle</i>	3	
<i>aubra eq</i>	2	GC
<i>aurovela 1/20</i>	3	
<i>aurovela fe 1.5/30</i>	2	GC
<i>aurovela fe 1/20</i>	2	GC
<i>aviane</i>	2	GC
<i>ayuna</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>blisovi fe 1.5/30</i>	2	GC
<i>briellyn</i>	3	
<i>camila</i> TABS .35mg	2	GC
<i>chateal</i>	3	
<i>cryselle-28</i>	3	
<i>cyred eq</i>	2	GC

Drug Name	Drug Requirements/ Tier	Limits
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>deblitane</i> TABS .35mg	2	GC
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	GC
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	3	
<i>elinest</i>	3	
<i>eluryng</i>	4	
<i>emoquette</i>	2	GC
<i>enpresse-28</i>	2	GC
<i>enskyce</i>	2	GC
<i>errin</i> TABS .35mg	2	GC
<i>estarylla</i>	2	GC
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	GC
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	3	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	4	
<i>falmina</i>	2	GC
<i>femynor</i>	2	GC
<i>hailey 1.5/30</i>	3	
<i>heather</i> TABS .35mg	2	GC
<i>iclevia</i>	3	
<i>incassia</i> TABS .35mg	2	GC
<i>introvale</i>	3	
<i>isibloom</i>	2	GC
<i>jasmiel</i>	3	
<i>jolessa</i>	3	
<i>juleber</i>	2	GC
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	2	GC
<i>junel fe 1/20</i>	2	GC
<i>kariva</i>	3	
<i>kelnor 1/35</i>	2	GC
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	3	

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larin 1.5/30	3	
larin 1/20	3	
larin fe 1.5/30	2	GC
larin fe 1/20	2	GC
leena	3	
lessina	2	GC
levonest	2	GC
levonorgestrel & ethinyl estradiol (91-day) tab 0.15- 0.03 mg	3	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	GC
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg	2	GC
levora 0.15/30-28	3	
lillow	3	
loestrin 1.5/30-21	3	
loestrin 1/20-21	3	
loestrin fe 1.5/30	2	GC
loestrin fe 1/20	2	GC
loryna	3	
low-ogestrel	3	
lutera	2	GC
lyleq TABS .35mg	2	GC
lyza TABS .35mg	2	GC
marlissa	3	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	3	
microgestin 1.5/30	3	
microgestin 1/20	3	
microgestin fe 1.5/30	2	GC
microgestin fe 1/20	2	GC
mili	2	GC
mono-lynyah	2	GC
necon 0.5/35-28	3	
nikki	3	
nora-be TABS .35mg	2	GC
norethindrone (contraceptive) TABS .35mg	2	GC

Drug Name	Drug Requirements/ Tier	Limits
norethindrone ac-ethinyl estradiol tab 1-20/1-30/1-35 mg-mcg	4	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	GC
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	GC
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg- mcg	3	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg- mcg	3	
norlyroc TABS .35mg	2	GC
nortrel 0.5/35 (28)	3	
nortrel 1/35 (21)	3	
nortrel 1/35 (28)	3	
nortrel 7/7/7	3	
nylia 1/35	3	
nylia 7/7/7	3	
nymyo	2	GC
ocella	3	
philith	3	
pimtrea	3	
pirmella 1/35	3	
portia-28	3	
reclipsen	2	GC
setlakin	3	
sharobel TABS .35mg	2	GC
simliya	3	
sprintec 28	2	GC
sronyx	2	GC
syeda	3	
tarina fe 1/20 eq	2	GC
tilia fe	4	
tri-estarylla	3	
tri-legest fe	4	
tri-lynyah	3	
tri-lo-estarylla	3	
tri-lo-marzia	3	

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All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/ Tier	Limits
<i>tri-lo-mili</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>tri-vylibra lo</i>	3	
<i>trivora-28</i>	2	GC
<i>velivet</i>	3	
<i>vestura</i>	3	
<i>vienva</i>	2	GC
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	2	GC
<i>wera</i>	3	
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zovia 1/35</i>	2	GC
<i>zumandimine</i>	3	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	4	
SYNAREL SOLN 2mg/ml	5	
ESTROGENS		
<i>amabelz</i>	3	
DELESTROGEN OIL 10mg/ml	4	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	GC
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>estradiol vaginal</i> CREA .1mg/gm	3	
<i>estradiol vaginal</i> TABS 10mcg	4	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	4	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvaferm</i> TABS 10mcg	4	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	3	
<i>fludrocortisone acetate</i> TABS .1mg	2	GC
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	3	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	3	B/D
<i>methylprednisolone</i> TBPK 4mg	2	GC
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	3	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	GC B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml	4	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	GC B/D
<i>prednisolone sodium phosphate</i> SOLN 25mg/5ml	3	B/D
<i>prednisone</i> SOLN 5mg/5ml	4	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	2	GC B/D
<i>prednisone</i> TBPK 5mg, 10mg	3	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	LA PA
<i>betaine powder for oral solution</i>	5	LA
<i>cabergoline</i> TABS .5mg	3	
<i>carglumic acid</i> TBSO 200mg	5	LA PA
CERDELGA CAPS 84mg	5	LA PA
CEREZYME SOLR 400unit	5	LA PA
<i>cinacalcet hcl</i> TABS 30mg QL (60 tabs / 30 days)	4	B/D QL
<i>cinacalcet hcl</i> TABS 60mg QL (60 tabs / 30 days)	5	B/D QL
<i>cinacalcet hcl</i> TABS 90mg QL (120 tabs / 30 days)	5	B/D QL
CYSTAGON CAPS 50mg, 150mg	4	LA PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> TABS .1mg, .2mg	3	
<i>desmopressin acetate spray</i> SOLN .01%	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	LA PA
GENOTROPIN CART 5mg, 12mg	5	PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	PA
INCRELEX SOLN 40mg/4ml	5	LA PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	LA PA
KORLYM TABS 300mg	5	LA PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	LA PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	5	PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	5	PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg)	5	PA
<i>miglustat</i> CAPS 100mg QL (90 caps / 30 days)	5	QL PA
NAGLAZYME SOLN 1mg/ml	5	LA PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	PA
<i>raloxifene hcl</i> TABS 60mg	3	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	LA PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	PA

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Drug Name	Drug Requirements/ Tier	Limits
SOMATULINE DEPOT SOLN 5 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	LA PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	LA PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) CAPS 667mg QL (360 caps / 30 days)	3	QL
calcium acetate (phosphate binder) TABS 667mg QL (360 tabs / 30 days)	3	QL
sevelamer carbonate PACK 2.4gm QL (180 packets / 30 days)	5	QL
sevelamer carbonate PACK .8gm QL (540 packets / 30 days)	5	QL
sevelamer carbonate TABS 800mg QL (540 tabs / 30 days)	4	QL
VELPHORO CHEW 500mg QL (180 tabs / 30 days)	5	QL
PROGESTINS		
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	GC
megestrol acetate SUSP 40mg/ml	3	
megestrol acetate (appetite) SUSP 625mg/5ml	4	PA
norethindrone acetate TABS 5mg	3	
THYROID AGENTS		
euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	GC
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC

Drug Name	Drug Requirements/ Tier	Limits
levoxy/ TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	GC
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	3	
methimazole TABS 5mg, 10mg	1	GC
propylthiouracil TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	2	GC B/D
calcitriol (oral) SOLN 1mcg/ml	4	B/D
doxercalciferol CAPS .5mcg, 1mcg, 2.5mcg	4	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	4	B/D
RAYALDEE CPR 30mcg	5	
GASTROINTESTINAL ANTIEMETICS		
aprepitant CAPS 40mg, 80mg, 125mg	4	B/D
aprepitant capsule therapy pack 80 & 125 mg	4	B/D
compro SUPP 25mg	4	
dronabinol CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	4	B/D QL
granisetron hcl SOLN 1mg/ml, 4mg/4ml	4	
granisetron hcl TABS 1mg	4	B/D
meclizine hcl TABS 12.5mg, 25mg	2	GC
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	GC
<i>ondansetron</i> TBDP 4mg, 8mg	3	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
<i>ondansetron hcl</i> SOLN 4mg/5ml	4	B/D
<i>ondansetron hcl</i> TABS 4mg, 8mg	3	B/D
<i>prochlorperazine</i> SUPP 25mg	4	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	4	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	GC
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	3	PA
<i>scopolamine</i> PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	4	QL PA
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>glycopyrrolate</i> TABS 1mg, 2mg	3	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
<i>famotidine</i> SUSR 40mg/5ml QL (300 mL / 30 days)	4	QL
<i>famotidine</i> TABS 20mg QL (120 tabs / 30 days)	1	GC QL
<i>famotidine</i> TABS 40mg QL (60 tabs / 30 days)	1	GC QL
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	3	
<i>nizatidine</i> CAPS 150mg, 300mg	4	

Drug Name	Drug Requirements/ Tier	Limits
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	3	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	4	QL PA
<i>budesonide</i> TB24 9mg QL (30 tabs / 30 days)	5	QL PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	4	
<i>mesalamine</i> CP24 .375gm QL (120 caps / 30 days)	4	QL
<i>mesalamine</i> CPDR 400mg QL (180 caps / 30 days)	4	QL
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	4	
<i>mesalamine</i> TBEC 1.2gm QL (120 tabs / 30 days)	4	QL
<i>mesalamine w/ cleanser</i> KIT 4gm	4	
<i>sulfasalazine</i> TABS 500mg	2	GC
<i>sulfasalazine</i> TBEC 500mg	3	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	3	
<i>enulose</i> SOLN 10gm/15ml	3	
<i>gavilyte-c</i>	2	GC
<i>gavilyte-g</i>	2	GC
<i>generlac</i> SOLN 10gm/15ml	3	
GOLYTELY SOL	3	
<i>lactulose</i> SOLN 10gm/15ml	3	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm	2	GC
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	2	GC
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml	4	
SUPREP BOWEL SOL PREP KIT	4	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS .5mg, 1mg QL (60 tabs / 30 days)	5	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>cromolyn sodium (mastocytosis) CONC</i> 100mg/5ml	4	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	4	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg	3	
GATTEX KIT 5mg	5	LA PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	4	QL
<i>loperamide hcl</i> CAPS 2mg	3	
<i>misoprostol</i> TABS 100mcg, 200mcg	3	
MOVANTI TABS 12.5mg, 25mg QL (30 tabs / 30 days)	3	QL
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	PA
<i>sucralfate</i> TABS 1gm	3	
<i>ursodiol</i> CAPS 300mg	3	
<i>ursodiol</i> TABS 250mg, 500mg	4	
XERMELO TABS 250mg QL (90 tabs / 30 days)	5	QL LA PA
XIFAXAN TABS 550mg	5	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg QL (30 caps / 30 days)	4	QL ST

Drug Name	Drug Requirements/ Tier	Limits
<i>lansoprazole</i> CPDR 15mg, 30mg QL (60 caps / 30 days)	3	QL
<i>lansoprazole</i> TBDD 15mg, 30mg QL (60 tabs / 30 days)	4	QL ST
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	GC
<i>pantoprazole sodium</i> SOLR 40mg	4	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	GC
<i>rabeprazole sodium</i> TBEC 20mg QL (30 tabs / 30 days)	3	QL
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg QL (30 tabs / 30 days)	2	GC QL
<i>dutasteride</i> CAPS .5mg QL (30 caps / 30 days)	3	QL
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg QL (30 caps / 30 days)	4	QL
<i>finasteride</i> TABS 5mg	1	GC
<i>silodosin</i> CAPS 4mg, 8mg QL (30 caps / 30 days)	3	QL
<i>tamsulosin hcl</i> CAPS .4mg	2	GC
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	2	GC
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	3	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	4	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg QL (30 tabs / 30 days)	4	QL ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg QL (30 tabs / 30 days)	4	QL
GEMTESA TABS 75mg QL (30 tabs / 30 days)	4	QL
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	4	QL

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Drug Name	Drug Requirements/ Tier	Limits
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	4	QL
oxybutynin chloride SYRP 5mg/5ml; TABS 5mg	3	
oxybutynin chloride TB24 5mg QL (30 tabs / 30 days)	3	QL
oxybutynin chloride TB24 10mg, 15mg QL (60 tabs / 30 days)	3	QL
solifenacin succinate TABS 5mg, 10mg QL (30 tabs / 30 days)	4	QL
tolterodine tartrate CP24 2mg, 4mg QL (30 caps / 30 days)	4	QL ST
tolterodine tartrate TABS 1mg, 2mg QL (60 tabs / 30 days)	4	QL
tropium chloride CP24 60mg QL (30 caps / 30 days)	4	QL
tropium chloride TABS 20mg QL (60 tabs / 30 days)	3	QL
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	3	
metronidazole vaginal GEL .75%	3	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	3	
HEMATOLOGIC ANTICOAGULANTS		
dabigatran etexilate mesylate CAPS 75mg, 150mg QL (60 caps / 30 days)	4	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	3	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	3	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
fondaparinux sodium SOLN 2.5mg/0.5ml	4	
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NACL INJ 12500UNT	3	
HEP SOD/NACL INJ 25000UNT	3	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
HEPARIN/NACL INJ 25000UNT	3	
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	GC
PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	4	QL
PRADAXA CAPS 110mg QL (120 caps / 30 days)	4	QL
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	GC
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	3	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	3	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	3	QL

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HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	PA
ZIEXTENZO SOSY 6mg/0.6ml	5	PA
MISCELLANEOUS		
anagrelide hcl CAPS .5mg, 1mg	4	
BERINERT KIT 500unit QL (24 boxes / 30 days)	5	QL LA PA
cilostazol TABS 50mg, 100mg	2	GC
DOPTELET TABS 20mg	5	LA PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	LA PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	5	QL LA PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	5	QL LA PA
icatibant acetate SOSY 30mg/3ml QL (9 syringes / 30 days)	5	QL PA
pentoxifylline TBCR 400mg	2	GC
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	5	QL LA PA
PROMACTA PACK 25mg QL (180 packets / 30 days)	5	QL LA PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	5	QL LA PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	5	QL LA PA
sajazir SOSY 30mg/3ml QL (9 syringes / 30 days)	5	QL LA PA

Drug Name	Drug Requirements/ Tier	Limits
tranexamic acid SOLN 1000mg/10ml	4	
tranexamic acid TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	4	
BRILINTA TABS 60mg, 90mg	3	
clopidogrel bisulfate TABS 75mg	1	GC
dipyridamole TABS 25mg, 50mg, 75mg PA if 70 years and older	3	PA
prasugrel hcl TABS 5mg, 10mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	5	PA
ENBREL SOLN 25mg/0.5ml; SOLR 25mg QL (16 vials / 28 days)	5	QL PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	5	QL PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	5	QL PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	5	QL PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	5	QL PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml QL (2 syringes / 28 days)	5	QL PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	5	QL PA
HUMIRA PEDIA INJ CROHNS	5	PA

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Drug Name	Drug Requirements/ Tier	Limits
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	5	QL PA
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	5	QL PA
HUMIRA PEN KIT PS/UV	5	PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	5	PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	PA
INFLIXIMAB SOLR 100mg	5	LA PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	5	QL PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	5	QL PA
OTEZLA TABS 30mg QL (60 tabs / 30 days)	5	QL PA
OTEZLA TAB 10/20/30 QL (110 tabs / year)	5	QL PA
REMICADE SOLR 100mg	5	LA PA
RENFLEXIS SOLR 100mg	5	LA PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	5	QL PA
RINVOQ TB24 45mg QL (168 tabs / year)	5	QL PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	5	QL PA
SKYRIZI SOLN 600mg/10ml QL (6 vials / year)	5	QL PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	5	QL PA

Drug Name	Drug Requirements/ Tier	Limits
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	5	QL PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	5	QL LA PA
STELARA SOLN 130mg/26ml	5	LA PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	5	QL PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	5	QL LA PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	5	QL PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	5	QL PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	5	QL PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate</i> TABS 200mg	3	
<i>leflunomide</i> TABS 10mg, 20mg QL (30 tabs / 30 days)	3	QL
<i>methotrexate sodium</i> TABS 2.5mg	3	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	4	B/D
XATMEP SOLN 2.5mg/ml	4	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml, 10%	5	LA PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	PA
GAMASTAN INJ	4	B/D LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	PA

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Drug Name	Drug Requirements/ Tier	Limits
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	LA PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	5	PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	5	LA PA
ARCALYST SOLR 220mg	5	LA PA
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	5	B/D LA
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	5	QL LA PA
BENLYSTA SOLR 120mg, 400mg	5	LA PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	5	B/D
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	3	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	B/D
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	4	B/D
NULOJIX SOLR 250mg	5	B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	LA PA
SANDIMMUNE SOLN 100mg/ml	4	B/D
<i>sirolimus</i> SOLN 1mg/ml	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	4	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	4	B/D
VACCINES		
ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE SOLR 50mg	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DENGVAXIA SUS	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	3	B/D
GARDASIL 9 INJ	3	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	
HEPLISAV-B SOSY 20mcg/0.5ml	3	B/D
HIBERIX SOLR 10mcg	3	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	3	B/D

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Drug Name	Drug Requirements/ Tier	Limits
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
MENVEO SOL	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	
PENTACEL INJ	3	
PREHEVBRIO SUSP 10mcg/ml	3	B/D
PRIORIX INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	3	
RBAVERT INJ	3	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	3	QL
TDVAX INJ 2-2 LF	3	B/D
TENIVAC INJ 5-2LF	3	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	3	
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	3	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	
VARIVAX INJ 1350pfu/0.5ml	3	
YF-VAX INJ	3	

Drug Name	Drug Requirements/ Tier	Limits
NUTRITIONAL/SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NAACL INJ 0.45%	4	
D5W/LYTES INJ #48	4	
D10W/NAACL INJ 0.2%	3	
dextrose 2.5% w/ sodium chloride 0.45%	3	
dextrose 5% in lactated ringers	3	
dextrose 5% w/ sodium chloride 0.2%	3	
dextrose 5% w/ sodium chloride 0.3%	3	
dextrose 5% w/ sodium chloride 0.9%	3	
dextrose 5% w/ sodium chloride 0.45%	3	
dextrose 5% w/ sodium chloride 0.225%	3	
dextrose 10% w/ sodium chloride 0.45%	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
ISOLYTE-S INJ PH 7.4	4	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	3	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	3	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	3	

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Drug Name	Drug Requirements/ Tier	Limits
KCL/D5W/NACL INJ 0.3/0.9%	4	
<i>lactated ringer's solution</i>	3	
MAGNESIUM SULFATE	3	
SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml		
<i>magnesium sulfate</i> SOLN	3	
2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%		
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
<i>multiple electrolytes ph 5.5</i>	4	
<i>multiple electrolytes ph 7.4</i>	4	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	3	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
<i>potassium chloride</i> SOLN	3	
2meq/ml		
POTASSIUM CHLORIDE	4	
SOLN 10meq/50ml, 20meq/50ml		
<i>potassium chloride</i> SOLN	4	
10meq/100ml, 20meq/100ml, 40meq/100ml		
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	3	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i> PACK 20meq	4	
<i>klor-con 8</i> TBCR 8meq	2	GC
<i>klor-con 10</i> TBCR 10meq	2	GC
<i>klor-con m10</i> TBCR 10meq	2	GC
<i>klor-con m15</i> TBCR 15meq	3	
<i>klor-con m20</i> TBCR 20meq	2	GC

Drug Name	Drug Requirements/ Tier	Limits
M-NATAL PLUS TAB	3	
<i>potassium chloride</i> CPCR 8meq, 10meq	3	
<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	4	
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	2	GC
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 20meq</i>	2	GC
<i>potassium chloride microencapsulated crystals er TBCR 15meq</i>	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	GC
TRICARE TAB PRENATAL	3	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf 15%</i>	4	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%	3	
<i>dextrose</i> SOLN 50%, 70%	3	B/D
FREAMINE III INJ 10%	4	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	4	B/D
PREMASOL SOL 10%	5	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin- neomycin-hc ophth oint 1%</i>	3	
<i>neo-polycin hc ophth oint 1%</i>	3	

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neomycin-polymyxin-dexamethasone ophth oint 0.1%	2	GC
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	GC
neomycin-polymyxin-hc ophth susp	4	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	GC
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	4	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
bacitracin (ophthalmic) OINT 500unit/gm	3	
bacitracin-polymyxin b ophth oint	2	GC
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
ciprofloxacin hcl (ophth) SOLN .3%	2	GC
erythromycin (ophth) OINT 5mg/gm	2	GC
gatifloxacin (ophth) SOLN .5%	3	
gentak OINT .3%	3	
gentamicin sulfate (ophth) SOLN .3%	2	GC
moxifloxacin hcl (ophth) SOLN .5%	3	
NATACYN SUSP 5%	4	
neo-polycin 5(3.5)mg-400unt-10000unt op oin	3	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
ofloxacin (ophth) SOLN .3%	2	GC
polycin ophth oint	2	GC

Drug Name	Drug Requirements/ Tier	Limits
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	GC
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	3	
tobramycin (ophth) SOLN .3%	1	GC
trifluridine SOLN 1%	4	
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	3	
bromfenac sodium (ophth) SOLN .09%	4	
BROMSITE SOLN .075%	4	
dexamethasone sodium phosphate (ophth) SOLN .1%	3	
diclofenac sodium (ophth) SOLN .1%	2	GC
difluprednate EMUL .05%	4	
EYSUVIS SUSP .25%	4	
FLAREX SUSP .1%	4	
fluorometholone (ophth) SUSP .1%	3	
flurbiprofen sodium SOLN .03%	3	
ILEVRO SUSP .3%	3	
ketorolac tromethamine (ophth) SOLN .4%	3	
ketorolac tromethamine (ophth) SOLN .5%	2	GC
LOTEMAX OINT .5%	3	
prednisolone acetate (ophth) SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	3	
cromolyn sodium (ophth) SOLN 4%	2	GC
olopatadine hcl SOLN .1%	3	
ZERVIAE SOLN .24%	4	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	

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<i>betaxolol hcl (ophth)</i> SOLN .5%	3	
BETOPTIC-S SUSP .25%	3	
<i>brimonidine tartrate</i> SOLN .2%	1	GC
<i>brimonidine tartrate</i> SOLN .15%	4	
<i>brinzolamide</i> SUSP 1%	4	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	GC
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	2	GC
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml	2	GC
<i>latanoprost</i> SOLN .005%	1	GC
<i>levobunolol hcl</i> SOLN .5%	2	GC
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	3	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	4	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	GC
<i>travoprost</i> SOLN .004%	4	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	3	
CYSTADROPS SOLN .37%	5	LA PA
CYSTARAN SOLN .44%	5	LA PA
ISOPTO ATROPINE SOLN 1%	3	
<i>proparacaine hcl</i> SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
TYRVAYA SOLN .03mg/act	4	
XIIDRA SOLN 5%	3	

Drug Name	Drug Requirements/ Tier	Limits
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	3	
CIPRO HC SUS OTIC	4	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	4	
<i>flac</i> OIL .01%	3	
<i>fluocinolone acetonide (otic)</i> OIL .01%	3	
<i>neomycin-polymyxin-hc otic soln</i> 1%	3	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	3	
<i>ofloxacin (otic)</i> SOLN .3%	4	
Phosphodiesterase Type 5 Inhibitors		
Phosphodiesterase Type 5 Inhibitors		
<i>sildenafil citrate</i> TABS 25mg, 50mg, 100mg QL (4 tabs / 30 days)	3	ED QL
<i>tadalafil</i> TABS 10mg, 20mg QL (4 tabs / 30 days)	3	ED QL
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	3	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	3	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	3	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	3	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	4	QL
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	3	QL
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	4	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	3	QL
<i>ipratropium bromide</i> SOLN .02%	2	GC B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	3	
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%, .15%	3	
<i>cetirizine hcl</i> SOLN 1mg/ml	2	GC
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA if 70 years and older	3	PA
<i>desloratadine</i> TABS 5mg	3	
<i>diphenhydramine hcl</i> SOLN 50mg/ml	3	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA if 70 years and older	4	PA
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA if 70 years and older	3	PA
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg PA if 70 years and older	3	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	4	
<i>levocetirizine dihydrochloride</i> TABS 5mg	3	
<i>olopatadine hcl (nasal)</i> SOLN .6%	4	

Drug Name	Drug Requirements/ Tier	Limits
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	3	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	3	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	3	QL
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
<i>albuterol sulfate</i> NEBU .083%	2	GC B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	3	
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	4	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	5	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	3	QL ST
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	3	QL
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	3	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg	3	
<i>montelukast sodium</i> PACK 4mg	4	
<i>montelukast sodium</i> TABS 10mg	1	GC
<i>zafirlukast</i> TABS 10mg, 20mg	3	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	4	B/D
ARALAST NP SOLR 1000mg	5	LA PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml (generic of EpiPen)	3	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	3	
FASENRA SOSY 30mg/ml	5	LA PA
FASENRA PEN SOAJ 30mg/ml	5	LA PA
KALYDECO PACK 13.4mg, 25mg, 50mg, 75mg QL (56 packs / 28 days)	5	QL LA PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	5	QL LA PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	5	QL LA PA
ORKAMBI GRA 75-94MG QL (56 packs / 28 days)	5	QL LA PA
ORKAMBI GRA 100-125 QL (56 packs / 28 days)	5	QL LA PA
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	5	QL LA PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	5	QL LA PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	5	QL LA PA
<i>pirfenidone</i> CAPS 267mg QL (270 caps / 30 days)	5	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>pirfenidone</i> TABS 267mg QL (270 tabs / 30 days)	5	QL PA
<i>pirfenidone</i> TABS 534mg, 801mg QL (90 tabs / 30 days)	5	QL PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	5	LA PA
PULMOZYME SOLN 2.5mg/2.5ml	5	PA
<i>roflumilast</i> TABS 250mcg, 500mcg	3	
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	5	QL LA PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	5	QL LA PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	5	QL LA PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	5	QL LA PA
TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days)	5	QL LA PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	5	QL LA PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	LA PA
ZEMAIRA SOLR 1000mg	5	LA PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	3	QL
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	2	GC QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act QL (2 inhalers / 30 days)	4	QL ST
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	4	QL ST
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	4	QL PA
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	3	QL
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS AEPB 50mcg/blist QL (180 inhalations / 30 days)	3	QL
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist QL (240 inhalations / 30 days)	3	QL
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	3	QL
PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days)	4	QL
PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days)	4	QL
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	3	QL
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	3	QL
ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days)	3	QL
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	3	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	3	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	3	QL
SYMBICORT AER 80-4.5 QL (3 inhalers / 30 days)	3	QL
SYMBICORT AER 160-4.5 QL (3 inhalers / 30 days)	3	QL
TOPICAL DERMATOLOGY, ACNE		
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	4	PA
<i>avita</i> CREA .025% QL (45 gm / 30 days)	4	QL PA
<i>benzoyl peroxide- erythromycin gel 5-3%</i> QL (46.6 gm / 30 days)	4	QL
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>clindamycin phosphate (topical) GEL 1%</i> QL (75 gm / 30 days)	4	QL
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i> QL (60 mL / 30 days)	3	QL
<i>ery</i> PADS 2% QL (60 pledgets / 30 days)	3	QL
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	3	QL
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10% QL (118 mL / 30 days)	4	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	4	QL PA
QL (45 gm / 30 days)		
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%	4	QL
QL (30 gm / 30 days)		
<i>gentamicin sulfate (topical)</i> OINT .1%	3	QL
QL (30 gm / 30 days)		
<i>mupirocin</i> OINT 2%	2	GC QL
QL (220 gm / 30 days)		
<i>silver sulfadiazine</i> CREA 1%	2	GC
<i>ssd</i> CREA 1%	2	GC
SULFAMYLON CREA 85mg/gm	4	QL
QL (453.6 gm / 30 days)		
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> CREA .77%	3	QL
QL (90 gm / 30 days)		
<i>ciclopirox olamine</i> SUSP .77%	3	QL
QL (60 mL / 30 days)		
<i>clotrimazole (topical)</i> CREA 1%	3	QL
QL (45 gm / 30 days)		
<i>clotrimazole (topical)</i> SOLN 1%	3	QL
QL (30 mL / 30 days)		
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	3	QL
QL (45 gm / 30 days)		
<i>ketconazole (topical)</i> CREA 2%	3	QL
QL (60 gm / 30 days)		
<i>nyamyc</i> POWD 100000unit/gm	3	QL
QL (60 gm / 30 days)		
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	3	QL
QL (30 gm / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
<i>nystatin (topical)</i> POWD 100000unit/gm	3	QL
QL (60 gm / 30 days)		
<i>nystop</i> POWD 100000unit/gm	3	QL
QL (60 gm / 30 days)		
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	4	PA
<i>calcipotriene</i> OINT .005%	4	QL PA
QL (120 gm / 30 days)		
<i>calcipotriene</i> SOLN .005%	4	QL PA
QL (120 mL / 30 days)		
<i>calcitrene</i> OINT .005%	4	QL PA
QL (120 gm / 30 days)		
<i>tazarotene</i> CREA .1%	3	QL PA
QL (60 gm / 30 days)		
TAZORAC CREA .05%	4	QL PA
QL (60 gm / 30 days)		
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketconazole (topical)</i> SHAM 2%	2	GC QL
QL (120 mL / 30 days)		
<i>selenium sulfide</i> LOTN 2.5%	2	GC
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	GC
<i>ala-cort</i> CREA 2.5%	2	GC
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	3	QL
QL (60 gm / 30 days)		
<i>betamethasone dipropionate (topical)</i> CREA .05%	3	QL
QL (120 gm / 30 days)		
<i>betamethasone dipropionate (topical)</i> LOTN .05%	3	QL
QL (120 mL / 30 days)		
<i>betamethasone dipropionate (topical)</i> OINT .05%	4	QL
QL (120 gm / 30 days)		
<i>betamethasone dipropionate augmented</i> CREA .05%	2	GC QL
QL (120 gm / 30 days)		
<i>betamethasone dipropionate augmented</i> GEL .05%; OINT .05%	4	QL
QL (120 gm / 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone dipropionate augmented</i> LOTN .05% QL (120 mL / 30 days)	4	QL
<i>betamethasone valerate</i> CREA .1%; OINT .1% QL (120 gm / 30 days)	3	QL
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	3	QL
<i>clobetasol propionate</i> CREA .05% QL (60 gm / 30 days)	3	QL
<i>clobetasol propionate</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	4	QL
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	4	QL
<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	4	QL
ENSTILAR AER QL (120 gm / 30 days)	4	QL PA
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	4	QL
<i>fluocinolone acetonide</i> CREA .025% QL (120 gm / 30 days)	4	QL
<i>fluocinolone acetonide</i> OIL .01% QL (118.28 mL / 30 days)	3	QL
<i>fluocinolone acetonide</i> OINT .025% QL (120 gm / 30 days)	3	QL
<i>fluocinolone acetonide</i> SOLN .01% QL (90 mL / 30 days)	4	QL
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	3	QL
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	4	QL
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	3	QL
<i>fluticasone propionate</i> CREA .05%; OINT .005%	3	
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	4	QL
<i>hydrocortisone (topical)</i> CREA 1%	1	GC
<i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	GC
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	3	
<i>triamcinolone acetonide (topical)</i> CREA .1% QL (454 gm / 30 days)	2	GC QL
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; OINT .025%, .1%, .5%	2	GC
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	3	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	4	QL PA
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	4	QL PA
<i>lidocaine</i> PTCH 5% QL (3 patches / 1 day)	4	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	3	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>azelaic acid</i> GEL 15% QL (50 gm / 30 days)	4	QL
<i>bexarotene (topical)</i> GEL 1% QL (60 gm / 30 days)	5	QL PA
<i>diclofenac sodium (topical)</i> GEL 1% QL (1000 gm / 30 days)	3	QL
FINACEA FOAM 15% QL (50 gm / 30 days)	4	QL

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<i>fluorouracil (topical)</i> CREA 5%		4	QL
	QL (40 gm / 30 days)		
<i>fluorouracil (topical)</i> SOLN 2%, 5%		3	QL
	QL (10 mL / 30 days)		
<i>hydrocortisone (rectal)</i> CREA 1%		3	
<i>hydrocortisone (rectal)</i> CREA 2.5%		2	GC
<i>imiquimod</i> CREA 5%		3	QL
	QL (24 packets / 30 days)		
<i>lactic acid (ammonium lactate)</i> CREA 12%		2	GC
<i>lactic acid (ammonium lactate)</i> LOTN 12%		3	
<i>metronidazole (topical)</i> CREA .75%		4	QL
	QL (45 gm / 30 days)		
<i>metronidazole (topical)</i> GEL .75%		3	QL
	QL (45 gm / 30 days)		
<i>metronidazole (topical)</i> LOTN .75%		4	QL
	QL (59 mL / 30 days)		
NORITATE CREA 1%		5	QL
	QL (60 gm / 30 days)		
PANRETIN GEL .1%		5	QL PA
	QL (60 gm / 30 days)		
<i>podofilox</i> SOLN .5%		3	QL
	QL (7 mL / 28 days)		
<i>procto-med hc</i> CREA 2.5%		3	
<i>proctosol hc</i> CREA 2.5%		3	
<i>proctozone-hc</i> CREA 2.5%		3	
RECTIV OINT .4%		4	QL
	QL (30 gm / 30 days)		
<i>tacrolimus (topical)</i> OINT .03%, .1%		4	QL
	QL (100 gm / 30 days)		
VALCHLOR GEL .016%		5	QL LA PA
	QL (60 gm / 30 days)		
ZYCLARA PUMP CREA 2.5%		5	QL
	QL (7.5 gm / 28 days)		

Drug Name		Drug Requirements/ Tier	Limits
DERMATOLOGY, SCABICIDES AND PEDICULIDES			
<i>malathion</i> LOTN .5%		4	QL
	QL (59 mL / 30 days)		
<i>permethrin</i> CREA 5%		3	QL
	QL (60 gm / 30 days)		
DERMATOLOGY, WOUND CARE AGENTS			
REGRANEX GEL .01%		5	QL PA
	QL (30 gm / 30 days)		
SANTYL OINT 250unit/gm		4	QL
	QL (180 gm / 30 days)		
<i>sodium chloride (gu irrigant)</i> SOLN .9%		3	
<i>water for irrigation, sterile irrigation soln</i>		2	GC
MOUTH/THROAT/DENTAL AGENTS			
<i>cevimeline hcl</i> CAPS 30mg		4	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%		1	GC
<i>clotrimazole</i> TROC 10mg		4	QL
	QL (150 lozenges / 30 days)		
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%		2	GC
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml		3	
<i>perigard</i> SOLN .12%		1	GC
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg		3	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%		3	
Vitamins			
Vitamin B Complex			
<i>cyanocobalamin</i> SOLN 1000mcg/ml		2	ED GC
<i>folic acid</i> TABS 1mg		1	ED GC QL
	QL (30 tabs / 30 days)		
Vitamin D			
<i>ergocalciferol</i> CAPS 50000unit		2	ED GC QL
	QL (4 caps / 28 days)		
Vitamin K Activity			
<i>phytonadione</i> TABS 5mg		4	ED QL
	QL (60 tabs / 30 days)		

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1.1 (0.5 f) mg/ml soln ..56	<i>sulfamethoxazole-</i>	TAFINLAR21
SODIUM OXYBATE39	<i>trimethoprim tab 800-160</i>	TAGRISSO21
<i>sodium phenylbutyrate</i> ...47	mg.....12	TALTZ.....53
<i>sodium polystyrene</i>	SULFAMYLON62	TALZENNA.....21
<i>sulfonate powder</i>44	<i>sulfasalazine</i>49	<i>tamoxifen citrate</i>18
<i>solifenacin succinate</i>51	<i>sulindac</i>9	<i>tamsulosin hcl</i>50
SOLQUA INJ 100/3343	<i>sumatriptan</i>38	<i>tarina fe 1/20 eq</i>45
SOLTAMOX.....18	<i>sumatriptan succinate</i>38	TASIGNA.....21
SOLU-CORTEF47	<i>sunitinib malate</i>21	<i>tasimelteon</i>38
SOMATULINE DEPOT ...48	SUNLENCA13	<i>tazarotene</i>62
SOMAVERT48	SUPREP BOWEL SOL	<i>tazicef</i>15
<i>sorafenib tosylate</i>21	PREP KIT.....49	TAZORAC.....62
<i>sorine</i>25	<i>syeda</i>45	<i>taztia xt</i>27
<i>sotalol hcl</i>25		TAZVERIK21

TDVAX INJ 2-2 LF	55	<i>timolol maleate (ophth)</i> ...	58	<i>triamterene &</i>	
TECENTRIQ	21	<i>tinidazole</i>	12	<i>hydrochlorothiazide cap</i>	
TEFLARO	15	TIVICAY	13	37.5-25 mg	28
<i>telmisartan</i>	25	TIVICAY PD	13	<i>triamterene &</i>	
<i>telmisartan-amlodipine tab</i>		<i>tizanidine hcl</i>	39	<i>hydrochlorothiazide tab</i>	
40-10 mg	24	TOBRADEX OIN 0.3-0.1%		37.5-25 mg	28
<i>telmisartan-amlodipine tab</i>		.....	57	<i>triamterene &</i>	
40-5 mg	24	TOBRADEX ST SUS 0.3-		<i>hydrochlorothiazide tab</i>	
<i>telmisartan-amlodipine tab</i>		0.05	57	75-50 mg	28
80-10 mg	24	<i>tobramycin</i>	12	TRICARE TAB PRENATAL	
<i>telmisartan-amlodipine tab</i>		<i>tobramycin (ophth)</i>	57	.....	56
80-5 mg	24	<i>tobramycin sulfate</i>	12	<i>trientine hcl</i>	44
<i>telmisartan-</i>		<i>tobramycin-dexamethasone</i>		<i>tri-estarylla</i>	45
<i>hydrochlorothiazide tab</i>		<i>ophth susp 0.3-0.1%</i> ...	57	<i>trifluoperazine hcl</i>	36
40-12.5 mg	25	<i>tolterodine tartrate</i>	51	<i>trifluridine</i>	57
<i>telmisartan-</i>		<i>topiramate</i>	31	<i>trihexyphenidyl hcl</i>	34
<i>hydrochlorothiazide tab</i>		<i>toremifene citrate</i>	18	TRIJARDY XR TAB ER	
80-12.5 mg	25	<i>torseamide</i>	28	24HR 10-5-1000MG ...	41
<i>telmisartan-</i>		TOUJEO MAX SOLOSTAR		TRIJARDY XR TAB ER	
<i>hydrochlorothiazide tab</i>		.....	43	24HR 12.5-2.5-1000MG	
80-25 mg	25	TOUJEO SOLOSTAR	43	.....	41
<i>temazepam</i>	38	TPN ELECTROL INJ	56	TRIJARDY XR TAB ER	
TENIVAC INJ 5-2LF	55	TRADJENTA	41	24HR 25-5-1000MG ...	42
<i>tenofovir disoproxil</i>		<i>tramadol hcl</i>	11	TRIJARDY XR TAB ER	
<i>fumarate</i>	13	<i>tramadol-acetaminophen</i>		24HR 5-2.5-1000MG ...	41
TEPMETKO	21	<i>tab 37.5-325 mg</i>	11	TRIKAFTA PAK 59.5MG 60	
<i>terazosin hcl</i>	23	<i>trandolapril</i>	23	TRIKAFTA PAK 75MG ...	60
<i>terbinafine hcl</i>	12	<i>tranexamic acid</i>	52	TRIKAFTA TAB 100-50-	
<i>terbutaline sulfate</i>	59	<i>tranylcypromine sulfate</i> ...	33	75MG & 150MG	60
<i>terconazole vaginal</i>	51	TRAVASOL INJ 10%	56	TRIKAFTA TAB 50-25-	
TERIPARATIDE	44	<i>travoprost</i>	58	37.5MG & 75MG	60
<i>testosterone</i>	40	TRAZIMERA	21	<i>tri-legest fe</i>	45
<i>testosterone cypionate</i> ...	40	<i>trazodone hcl</i>	33	<i>tri-linyah</i>	45
<i>testosterone enanthate</i> ...	40	TRECTOR	14	<i>tri-lo-estarylla</i>	45
<i>tetrabenazine</i>	39	TRELEGY AER ELLIPTA		<i>tri-lo-marzia</i>	45
<i>tetracycline hcl</i>	17	100-62.5-25 MCG	58	<i>tri-lo-mili</i>	46
THALOMID	18	TRELEGY AER ELLIPTA		<i>tri-lo-sprintec</i>	46
THEO-24	60	200-62.5-25 MCG	59	<i>trimethoprim</i>	12
<i>theophylline</i>	60	<i>treprostinil</i>	29	<i>tri-mili</i>	46
<i>thioridazine hcl</i>	36	TRESIBA	43	<i>trimipramine maleate</i>	33
<i>thiothixene</i>	36	TRESIBA FLEXTOUCH ..	43	TRINTELLIX	33
<i>tiadylt er</i>	27	<i>tretinoin</i>	62	<i>tri-nymyo</i>	46
<i>tiagabine hcl</i>	31	<i>tretinoin (chemotherapy)</i> .	19	<i>tri-sprintec</i>	46
TIBSOVO	21	TREXALL	53	TRIUMEQ PD TAB	14
TICOVAC	55	<i>triamcinolone acetonide</i>		TRIUMEQ TAB	14
<i>tigecycline</i>	17	(<i>mouth</i>)	64	<i>trivora-28</i>	46
TIGECYCLINE	17	<i>triamcinolone acetonide</i>		<i>tri-vylibra</i>	46
<i>tilia fe</i>	45	(<i>topical</i>)	63	<i>tri-vylibra lo</i>	46
<i>timolol maleate</i>	27			TRIZIVIR TAB	14

TROGARZO	13	<i>vancomycin hcl</i>	12	VONJO	22
TROPHAMINE INJ 10% .	56	VANCOMYCIN INJ 1 GM	12	<i>voriconazole</i>	12
<i>trospium chloride</i>	51	VANCOMYCIN INJ 500MG	12	VOSEVI TAB	15
TRULICITY	42	.....	12	VOTRIENT.....	22
TRUMENBA INJ	55	VANCOMYCIN INJ 750MG	12	VRAYLAR.....	36
TRUSELTIQ 100MG DAILY		.....	12	VRAYLAR CAP 1.5-3MG	36
DOSE	21	VAQTA	55	<i>vyfemla</i>	46
TRUSELTIQ 125MG DAILY		<i>varenicline tartrate</i>	40	<i>vylibra</i>	46
DOSE	21	<i>varenicline tartrate tab 11 x</i>		VYVANSE.....	37, 38
TRUSELTIQ 50MG DAILY		<i>0.5 mg & 42 x 1 mg start</i>		VYZULTA.....	58
DOSE	21	<i>pack</i>	40	W	
TRUSELTIQ 75MG DAILY		VARIVAX	55	<i>warfarin sodium</i>	51
DOSE	21	VASCEPA.....	26	<i>water for irrigation, sterile</i>	
TRUXIMA	21	<i>velivet</i>	46	<i>irrigation soln</i>	64
TUKYSA	21	VELPHORO.....	48	WELIREG	19
TURALIO	21	VELTASSA	44	<i>wera</i>	46
TWINRIX INJ.....	55	VEMLIDY	15	X	
TYBOST	13	VENCLEXTA	21	XALKORI	22
TYPHIM VI.....	55	VENCLEXTA TAB START		XARELTO.....	51
TYRVAYA.....	58	PK.....	21	XARELTO STAR TAB	
U		<i>venlafaxine hcl</i>	33	15/20MG	51
<i>unithroid</i>	48	VENTAVIS.....	29	XATMEP	53
<i>ursodiol</i>	50	VENTOLIN HFA.....	59	XCOPRI.....	32
V		VENTOLIN HFA		XCOPRI PAK 100-150...	32
<i>valacyclovir hcl</i>	15	(INSTITUTIONAL PACK)		XCOPRI PAK 12.5-25.....	32
VALCHLOR	64	.....	59	XCOPRI PAK 150-200MG	
<i>valganciclovir hcl</i>	15	<i>verapamil hcl</i>	27	(MAINTENANCE).....	32
<i>valproate sodium</i>	31	VERQUVO.....	29	XCOPRI PAK 150-200MG	
<i>valproic acid</i>	31	VERSACLOZ.....	36	(TITRATION).....	32
<i>valsartan</i>	25	VERZENIO	21	XCOPRI PAK 50-100MG	32
<i>valsartan-</i>		<i>vestura</i>	46	XELJANZ.....	53
<i>hydrochlorothiazide tab</i>		V-GO 20 KIT	43	XELJANZ XR	53
160-12.5 mg.....	25	V-GO 30 KIT	43	XERMELLO	50
<i>valsartan-</i>		V-GO 40 KIT	43	XGEVA	44
<i>hydrochlorothiazide tab</i>		VICTOZA	42	XHANCE.....	61
160-25 mg.....	25	<i>vienva</i>	46	XIFAXAN	50
<i>valsartan-</i>		<i>vigabatrin</i>	32	XIGDUO XR TAB 10-1000	
<i>hydrochlorothiazide tab</i>		<i>vigadrone</i>	32	.....	42
320-12.5 mg.....	25	VIIBRYD KIT STARTER	33	XIGDUO XR TAB 10-	
<i>valsartan-</i>		<i>vilazodone hcl</i>	33	500MG	42
<i>hydrochlorothiazide tab</i>		VIMPAT	32	XIGDUO XR TAB 2.5-1000	
320-25 mg.....	25	<i>vincristine sulfate</i>	19	.....	42
<i>valsartan-</i>		<i>vinorelbine tartrate</i>	19	XIGDUO XR TAB 5-	
<i>hydrochlorothiazide tab</i>		<i>viorele</i>	46	1000MG	42
80-12.5 mg.....	25	VIRACEPT.....	13	XIGDUO XR TAB 5-500MG	
VALTOCO 10 MG DOSE	32	VIREAD	13	.....	42
VALTOCO 15 MG DOSE	32	VITRAKVI	22	XIIDRA.....	58
VALTOCO 20 MG DOSE	32	VIVITROL	40	XOLAIR	60
VALTOCO 5 MG DOSE..	31	VIZIMPRO	22	XOSPATA.....	22

XPOVIO 100 MG ONCE	
WEEKLY	22
XPOVIO 40 MG ONCE	
WEEKLY	22
XPOVIO 40 MG TWICE	
WEEKLY	22
XPOVIO 60 MG ONCE	
WEEKLY	22
XPOVIO 60 MG TWICE	
WEEKLY	22
XPOVIO 80 MG ONCE	
WEEKLY	22
XPOVIO 80 MG TWICE	
WEEKLY	22
XTANDI	18
<i>xulane</i>	46
XULTOPHY INJ 100/3.6	43
XYREM	39
Y	
YF-VAX INJ	55
<i>yuvafem</i>	46

Z	
<i>zafemy</i>	46
<i>zafirlukast</i>	60
ZARXIO	52
ZEJULA	22
ZELBORAF	22
ZEMAIRA	60
<i>zenatane</i>	62
ZENPEP CAP 10000UNT	
.....	50
ZENPEP CAP 15000UNT	
.....	50
ZENPEP CAP 20000UNT	
.....	50
ZENPEP CAP 25000UNT	
.....	50
ZENPEP CAP 3000UNIT	50
ZENPEP CAP 40000UNT	
.....	50
ZENPEP CAP 5000UNIT	50
ZERVIAE	57

<i>zidovudine</i>	13
ZIEXTENZO	52
<i>ziprasidone hcl</i>	36
<i>ziprasidone mesylate</i>	36
ZIRABEV	22
ZIRGAN	57
<i>zoledronic acid</i>	44
ZOLINZA	22
<i>zolmitriptan</i>	38
<i>zolpidem tartrate</i>	38
ZONISADE	32
<i>zonisamide</i>	32
<i>zovia 1/35</i>	46
ZTALMY	32
<i>zumandimine</i>	46
ZYCLARA PUMP	64
ZYDELIG	22
ZYKADIA	22
ZYLET SUS 0.5-0.3%	57
ZYPITAMAG	26
ZYPREXA RELPREVV	36

This formulary was updated on 09/01/2023. For more recent information or other questions, please contact AvMed Medicare Member Engagement Center at 1-800-782-8633 or for TTY users, 711, October 1 – March 31: 8:00 a.m. to 8:00 p.m., 7 days a week. April 1 - September 30: 8:00 a.m. to 8:00 p.m., Monday through Friday and Saturday 9:00 a.m. to 1:00 p.m., or visit www.avmed.org

Multi-Language Insert

Multi-language Interpreter Services

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Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-882-8633. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-882-8633。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-882-8633。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-882-8633. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-882-8633. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

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German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-882-8633. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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