

AvMed Medicare 2022 Formulary List of Covered Drugs

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

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This formulary was updated on 08/01/2022. 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



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 08/01/2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

The enclosed formulary is current as of 08/01/2022. 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 8. 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 64. 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 8. 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 .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 eff 08/01/2022

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	2	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
<i>MITIGARE</i> CAPS .6mg QL (60 caps / 30 days)	3	QL
<i>probenecid</i> TABS 500mg	3	
NSAIDS		
<i>celecoxib</i> CAPS 50mg QL (240 caps / 30 days)	3	QL
<i>celecoxib</i> CAPS 100mg QL (120 caps / 30 days)	3	QL
<i>celecoxib</i> CAPS 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	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>ibu</i> TABS 600mg, 800mg	1	GC
<i>ibuprofen</i> SUSP 100mg/5ml	3	
<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
<i>HYSINGLA ER</i> 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

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

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

Drug Name	Drug Requirements/ Tier	Limits
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	3	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml QL (2700 mL / 30 days)	3	QL
acetaminophen w/ codeine tab 300-15 mg QL (400 tabs / 30 days)	3	QL
acetaminophen w/ codeine tab 300-30 mg QL (360 tabs / 30 days)	3	QL
acetaminophen w/ codeine tab 300-60 mg QL (180 tabs / 30 days)	3	QL
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	4	
endocet tab 2.5-325mg QL (360 tabs / 30 days)	3	QL
endocet tab 5-325mg QL (360 tabs / 30 days)	3	QL
endocet tab 7.5-325mg QL (240 tabs / 30 days)	3	QL
endocet tab 10-325mg QL (180 tabs / 30 days)	3	QL
fentanyl citrate LPOP 200mcg QL (120 lozenges / 30 days)	4	QL PA
fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	5	QL PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)	4	QL
hydrocodone-acetaminophen tab 5-325 mg QL (240 tabs / 30 days)	3	QL
hydrocodone-acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days)	3	QL

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Prior Authorization, Part D vs. Part B only **LA** - Limited Availability **ED** - Enhancement Drug **GC** - Gap Coverage
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All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
dapsone TABS 25mg, 100mg	3	
DAPTOMYCIN SOLR 350mg	5	
daptomycin SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg	5	QL QL (12 tabs / year)
ertapenem sodium SOLR 1gm	4	
gentamicin in saline inj 0.8 mg/ml	3	
gentamicin in saline inj 1 mg/ml	3	
gentamicin in saline inj 1.2 mg/ml	3	
gentamicin in saline inj 1.6 mg/ml	3	
gentamicin in saline inj 2 mg/ml	3	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	3	
imipenem-cilastatin intravenous for soln 250 mg	4	
imipenem-cilastatin intravenous for soln 500 mg	4	
ivermectin TABS 3mg	3	QL PA QL (12 tabs / 75 days)
linezolid SOLN 600mg/300ml	4	
linezolid SUSR 100mg/5ml	5	QL QL (1800 mL / 30 days)
linezolid TABS 600mg	4	QL QL (60 tabs / 30 days)
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	4	
meropenem SOLR 1gm, 500mg	4	
methenamine hippurate TABS 1gm	4	
metronidazole SOLN 500mg/100ml	3	
metronidazole TABS 250mg, 500mg	1	GC
neomycin sulfate TABS 500mg	2	GC
nitazoxanide TABS 500mg	5	QL QL (6 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Prior Authorization, Part

D vs. Part B only **LA** - Limited Availability **ED** - Enhancement Drug **GC** - Gap Coverage

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Drug Name	Drug Requirements/ Tier	Limits
<i>nitrofurantoin macrocrystal</i>	3	
CAPS 50mg, 100mg		
<i>nitrofurantoin monohyd macro</i>	3	
CAPS 100mg		
<i>paromomycin sulfate</i>	CAPS 250mg	4
<i>pentamidine isethionate inh</i>	4	B/D SOLR 300mg
<i>pentamidine isethionate inj</i>	4	SOLR 300mg
<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-</i>	4	
<i>trimethoprim iv soln</i>	400-80 mg/5ml	
<i>sulfamethoxazole-</i>	3	
<i>trimethoprim susp</i>	200-40 mg/5ml	
<i>sulfamethoxazole-</i>	1	GC
<i>trimethoprim tab</i>	400-80 mg	
<i>sulfamethoxazole-</i>	1	GC
<i>trimethoprim tab</i>	800-160 mg	
SYNERCID INJ	500MG	5
<i>tobramycin</i>	NEBU 300mg/5ml	5 PA
<i>tobramycin sulfate</i>	SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	3
TRIMETHOPRIM	TABS 100mg	2 GC
<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
ANTIFUNGALS		
ABELCET	SUSP 5mg/ml	4 B/D

Drug Name	Drug Requirements/ Tier	Limits
AMBISOME	SUSR 50mg	5 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>micafungin 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>	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
<i>chloroquine phosphate</i>	TABS 250mg, 500mg	4
COARTEM TAB	20-120MG	4

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Drug Name	Drug Requirements/ Tier	Limits
<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	
APTVUS CAPS 250mg	5	
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	4	
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	
INVIRASE TABS 500mg	5	
ISENTRESS CHEW 25mg; PACK 100mg	3	
ISENTRESS CHEW 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
NORVIR PACK 100mg; SOLN 80mg/ml	4	
PIFELTRO TABS 100mg	5	
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	5	QL

Drug Name	Drug Requirements/ Tier	Limits
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, 150mg, 300mg	5	
SELZENTRY TABS 25mg	3	
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	4	
<i>tenofovir disoproxil fumarate</i> TABS 300mg	3	
TIVICAY TABS 10mg	3	
TIVICAY TABS 25mg, 50mg	5	
TIVICAY PD TBSO 5mg	3	
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	
<i>abacavir sulfate-lamivudine-zidovudine</i> tab 300-150-300 mg	5	
BIKTARVY TAB 30-120-15 MG	5	
BIKTARVY TAB 50-200-25 MG	5	
CIMDUO TAB 300-300	5	
COMPLERA TAB	5	

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Drug Name	Drug Requirements/ Tier	Limits
DELSTRIGO TAB	5	
DESCOVY TAB 120-15MG	5	
DESCOVY TAB 200/25MG	5	
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>	5	QL QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	5	QL QL (30 tabs / 30 days)
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>	5	
ODEFSEY TAB	5	
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
SYMTUZA TAB	5	
TEMIXYS TAB 300-300	5	
TRIUMEQ PD TAB	5	
TRIUMEQ TAB	5	

Drug Name	Drug Requirements/ Tier	Limits
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
PASER PACK 4gm	4	
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
TRECATOR 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	
EPCLUS USA PAK 150-37.5	5	PA
EPCLUS USA PAK 200-50MG	5	PA
EPCLUS USA TAB 200-50MG	5	PA
EPCLUS USA 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
<i>lamivudine (hbv) TABS 100mg</i>	4	
MAVYRET PAK 50-20MG	5	PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
MAVYRET TAB 100-40MG	5	PA
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	3	QL QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	PA
PREVYMIS TABS 240mg, 480mg	5	QL PA QL (28 tabs / 28 days)
RELENZA DISKHALER AEPB 5mg/blister	3	QL QL (6 inhalers / year)
<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	PA
VOSEVI TAB	5	PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	3	
<i>cefaclor</i> SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	4	
CEFACLOR ER TB12 500mg	4	
<i>cefadroxil</i> CAPS 500mg	2	GC
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<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> SUSR 100mg/5ml, 200mg/5ml	4	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	4	
<i>cefopodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml	4	
<i>cefopodoxime 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	
<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	

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Drug Name	Drug Requirements/ Tier	Limits
DIFICID SUSR 40mg/ml; TABS 200mg	5	
e.e.s. 400 TABS 400mg	4	
ery-tab TBEC 250mg, 333mg, 500mg	4	
ERYTHROCIN	5	
LACTOBIONATE SOLR 500mg		
erythrocin stearate TABS 250mg	4	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
erythromycin ethylsuccinate	4	
TABS 400mg		
erythromycin lactobionate	5	
SOLR 500mg		
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
ciprofloxacin 200 mg/100ml in d5w	3	
ciprofloxacin 400 mg/200ml in d5w	3	
ciprofloxacin hcl TABS 100mg	4	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	1	GC
levofloxacin SOLN 25mg/ml	4	
levofloxacin TABS 250mg, 500mg, 750mg	1	GC
levofloxacin in d5w iv soln 250 mg/50ml	3	
levofloxacin in d5w iv soln 500 mg/100ml	3	
levofloxacin in d5w iv soln 750 mg/150ml	3	
moxifloxacin hcl TABS 400mg	4	
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	GC
amoxicillin CHEW 125mg, 250mg	2	GC

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

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Drug Name	Drug Requirements/ Tier	Limits
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, 4 20000000unit		
<i>piperacillin sod-tazobactam na</i> 4 for inj 3.375 gm (3-0.375 gm)		
<i>piperacillin sod-tazobactam</i> 4 sod for inj 2.25 gm (2-0.25 gm)		
<i>piperacillin sod-tazobactam</i> 4 sod for inj 4.5 gm (4-0.5 gm)		
<i>piperacillin sod-tazobactam</i> 4 sod for inj 13.5 gm (12-1.5 gm)		
<i>piperacillin sod-tazobactam</i> 4 sod for inj 40.5 gm (36-4.5 gm)		
TETRACYCLINES		
<i>doxy</i> 100 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	
<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, 4 500mg		PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tigecycline</i> SOLR 50mg	4	
TIGECYCLINE SOLR 50mg	5	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	5	B/D
<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
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>adriamycin</i> SOLN 2mg/ml	4	B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	4	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	B/D
<i>epirubicin hcl</i> SOLN 50mg/25ml, 200mg/100ml	4	B/D
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	5	B/D
<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

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<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	PA
LONSURF TAB 20-8.19	5	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
EMCYT CAPS 140mg	5	
ERLEADA TABS 60mg	5	LA PA
<i>exemestane</i> TABS 25mg	4	
<i>flutamide</i> CAPS 125mg	3	
<i>fulvestrant</i> SOLN 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
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
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	GC

Drug Name	Drug Requirements/ Tier	Limits
<i>toremifene citrate</i> TABS 60mg	5	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	5	PA
XTANDI CAPS 40mg; TABS 40mg, 80mg	5	LA PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 5mg, 10mg, 15mg QL (28 caps / 28 days)	5	QL LA PA
<i>lenalidomide</i> CAPS 25mg QL (21 caps / 28 days)	5	QL LA PA
POMALYST CAPS 1mg, 2mg QL (21 caps / 21 days)	5	QL LA PA
POMALYST CAPS 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 PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	5	QL 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
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	5	PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	
WELIREG TABS 40mg	5	LA PA

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MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	5	B/D
docetaxel CONC 20mg/ml	4	B/D
docetaxel 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
etoposide SOLN 100mg/5ml, 500mg/25ml	3	B/D
paclitaxel CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	4	B/D
paclitaxel protein-bound particles for iv susp 100 mg	5	B/D
toposar SOLN 1gm/50ml, 100mg/5ml	3	B/D
vincristine sulfate SOLN 1mg/ml	2	GC B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	4	B/D
MOLECULAR TARGET AGENTS		
AFINITOR TABS 10mg QL (30 tabs / 30 days)	5	QL PA
AFINITOR DISPERZ TBSO 2mg QL (150 tabs / 30 days)	5	QL PA
AFINITOR DISPERZ TBSO 3mg QL (90 tabs / 30 days)	5	QL PA
AFINITOR DISPERZ TBSO 5mg QL (60 tabs / 30 days)	5	QL PA
ALECENSA CAPS 150mg	5	LA PA
ALUNBRIG TABS 30mg, 90mg, 180mg	5	LA PA
ALUNBRIG PAK	5	LA PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	5	LA PA
AYVAKIT TABS 25mg, 50mg, 5 100mg, 200mg, 300mg QL (30 tabs / 30 days)	5	QL LA PA
BALVERSA TABS 3mg, 4mg, 5 5mg	5	LA PA

Drug Name	Drug Requirements/ Tier	Limits
bortezomib SOLR 3.5mg	5	PA
BORTEZOMIB SOLR 3.5mg	5	PA
BOSULIF TABS 100mg, 400mg, 500mg	5	PA
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
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
erlotinib hcl TABS 25mg QL (90 tabs / 30 days)	5	QL PA
erlotinib hcl TABS 100mg, 150mg QL (30 tabs / 30 days)	5	QL PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	5	QL PA
everolimus TBSO 2mg QL (150 tabs / 30 days)	5	QL PA
everolimus TBSO 3mg QL (90 tabs / 30 days)	5	QL PA
everolimus 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
GILOTTRIF TABS 20mg, 30mg, 40mg	5	LA PA
HERCEP HYLEC SOL 60- 10000	5	PA

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HERCEPTIN SOLR 150mg	5	PA
HERZUMA SOLR 150mg, 420mg	5	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 QL (60 tabs / 30 days)	5	QL LA PA
ICLUSIG TABS 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 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
KADCYLA SOLR 100mg, 160mg	5	B/D
KANJINTI SOLR 150mg, 420mg	5	PA
KEYTRUDA SOLN 100mg/4ml	5	PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
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
<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	5	LA PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	5	QL LA PA
MEKINIST TABS .5mg, 2mg	5	LA PA
MEKTOVI TABS 15mg	5	LA PA
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

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	5	QL PA
ODOMZO CAPS 200mg	5	LA PA
OGIVRI SOLR 150mg	5	PA
OGIVRI INJ 420MG	5	PA
ONTRUZANT SOLR 150mg, 420mg	5	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
RIABNI SOLN 100mg/10ml, 500mg/50ml	5	LA PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	5	LA PA
RITUXAN INJ HYCELA	5	LA PA
ROZLYTREK CAPS 100mg, 200mg	5	LA PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	5	QL LA PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	5	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
sorafenib tosylate 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
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	5	QL PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
TABRECTA TABS 150mg, 200mg	5	PA
TAFINLAR CAPS 50mg, 75mg	5	LA PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	5	QL LA PA
TALZENNA CAPS .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 50 MG DAILY DOSE CPPK 25mg	5	LA PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	5	LA PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	5	LA PA
TRUSELTIQ 125 MG DAILY DOSE	5	LA PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	PA
TUKYSA TABS 50mg, 150mg	5	LA PA
TURALIO CAPS 200mg	5	LA PA
VELCADE SOLR 3.5mg	5	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	5	LA PA
WEEKLY TBPK 20mg, 40mg		
XPOVIO 40 MG TWICE	5	LA PA
WEEKLY TBPK 20mg, 40mg		
XPOVIO 60 MG ONCE	5	LA PA
WEEKLY TBPK 20mg, 60mg		
XPOVIO 60 MG TWICE	5	LA PA
WEEKLY TBPK 20mg		
XPOVIO 80 MG ONCE	5	LA PA
WEEKLY TBPK 20mg, 40mg		
XPOVIO 80 MG TWICE	5	LA PA
WEEKLY TBPK 20mg		
XPOVIO 100 MG ONCE	5	LA PA
WEEKLY TBPK 20mg, 50mg		
ZEJULA CAPS 100mg QL (90 caps / 30 days)	5	QL LA PA
ZELBORAF TABS 240mg	5	LA PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	PA
ZOLINZA CAPS 100mg	5	PA
ZYDELIG TABS 100mg, 150mg	5	LA PA
ZYKADIA TABS 150mg	5	LA PA
PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
leucovorin calcium TABS 5mg, 10mg	3	
leucovorin calcium TABS 15mg, 25mg	4	
MESNEX TABS 400mg	5	

Drug Name	Drug Requirements/ Tier	Limits
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-	1	GC QL
benazepril hcl cap 2.5-10 mg QL (30 caps / 30 days)		
amlodipine besylate-	1	GC QL
benazepril hcl cap 5-10 mg QL (30 caps / 30 days)		
amlodipine besylate-	1	GC QL
benazepril hcl cap 5-20 mg QL (30 caps / 30 days)		
amlodipine besylate-	1	GC QL
benazepril hcl cap 5-40 mg QL (30 caps / 30 days)		
amlodipine besylate-	1	GC QL
benazepril hcl cap 10-20 mg QL (30 caps / 30 days)		
amlodipine besylate-	1	GC QL
benazepril hcl cap 10-40 mg QL (30 caps / 30 days)		
benazepril & hydrochlorothiazide tab 5- 6.25mg	1	GC
benazepril & hydrochlorothiazide tab 10- 12.5 mg	1	GC
benazepril & hydrochlorothiazide tab 20- 12.5 mg	1	GC
benazepril & hydrochlorothiazide tab 20-25 mg	1	GC
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	GC
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	GC
fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg	1	GC
fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg	1	GC
lisinopril & hydrochlorothiazide 1 tab 10-12.5 mg	1	GC

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Drug Name	Drug Requirements/ Tier	Limits
<i>lisinopril & hydrochlorothiazide 1 tab 20-12.5 mg</i>		GC
<i>lisinopril & hydrochlorothiazide 1 tab 20-25 mg</i>		GC
<i>quinapril-hydrochlorothiazide 1 tab 10-12.5 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide 1 tab 20-12.5 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide 1 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
<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	

Drug Name	Drug Requirements/ Tier	Limits
<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)		
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	GC QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	GC QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	GC QL
QL (30 tabs / 30 days)		
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	GC QL
QL (30 tabs / 30 days)		
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	GC QL
QL (30 tabs / 30 days)		
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	GC QL
QL (30 tabs / 30 days)		

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<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> QL (30 tabs / 30 days)	1	GC QL	<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> QL (30 tabs / 30 days)	1	GC QL	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> QL (60 tabs / 30 days)	1	GC QL	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL	<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> QL (30 tabs / 30 days)	1	GC QL	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>EDARBYCLOR TAB 40-12.5</i> 4 QL (30 tabs / 30 days)	4	QL	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>EDARBYCLOR TAB 40-25MG</i> QL (30 tabs / 30 days)	4	QL	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>ENTRESTO TAB 24-26MG</i> 3			<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>ENTRESTO TAB 49-51MG</i> 3			<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>ENTRESTO TAB 97-103MG</i> 3			<i>telmisartan-amlodipine tab 40- 1</i> 5 mg	1	GC QL
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL	<i>telmisartan-amlodipine tab 40- 1</i> 10 mg	1	GC QL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL	<i>telmisartan-amlodipine tab 80- 1</i> 5 mg	1	GC QL
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	GC	<i>telmisartan-amlodipine tab 80- 1</i> 10 mg	1	GC QL
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	GC	QL (30 tabs / 30 days)		
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	GC	QL (30 tabs / 30 days)		

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<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	Drug Requirements/ 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>	2	GC
<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/afl) TABS 80mg, 120mg, 160mg</i>	3	
ANTILIPIDEMICS, 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			
<i>gemfibrozil</i>	TABS	600mg	1 GC
ANTI-LIPEMICS, HMG-CoA REDUCTASE INHIBITORS			
ALTOPREV TB24 20mg		5	QL ST
QL (60 tabs / 30 days)			
ALTOPREV TB24 40mg,		5	QL ST
60mg			
QL (30 tabs / 30 days)			
<i>atorvastatin calcium</i>	TABS	1	GC QL
10mg, 20mg, 40mg, 80mg			
QL (30 tabs / 30 days)			
EZALLOR SPRINKLE	CSPSP	4	QL ST
5mg, 10mg, 20mg, 40mg			
QL (30 caps / 30 days)			
<i>fluvastatin sodium</i>	CAPS	1	GC QL
20mg, 40mg			
QL (60 caps / 30 days)			
<i>fluvastatin sodium</i>	TB24	1	GC QL
80mg			
QL (30 tabs / 30 days)			
LIVALO TABS 1mg, 2mg,		4	QL ST
4mg			
QL (30 tabs / 30 days)			
<i>lovastatin</i>	TABS 10mg, 20mg, 1		GC QL
40mg			
QL (60 tabs / 30 days)			
<i>pravastatin sodium</i>	TABS	1	GC QL
10mg, 20mg, 40mg, 80mg			
QL (30 tabs / 30 days)			
<i>rosuvastatin calcium</i>	TABS	1	GC QL
5mg, 10mg, 20mg, 40mg			
QL (30 tabs / 30 days)			
<i>simvastatin</i>	TABS 5mg,	1	GC QL
10mg, 20mg, 40mg, 80mg			
QL (30 tabs / 30 days)			
ZYPITAMAG TABS 2mg,		4	QL ST
4mg			
QL (30 tabs / 30 days)			
ANTI-LIPEMICS, MISCELLANEOUS			
<i>cholestyramine</i>	PACK 4gm;	3	
POWD 4gm/dose			
<i>cholestyramine light</i>	PACK	3	
4gm; POWD 4gm/dose			

Drug Name		Drug Requirements/ Tier	Limits
<i>colesevelam hcl</i>	PACK	4	
3.75gm; TABS 625mg			
<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 10-</i>	10 mg	1	GC QL
QL (30 tabs / 30 days)			
<i>ezetimibe-simvastatin tab 10-</i>	20 mg	1	GC QL
QL (30 tabs / 30 days)			
<i>ezetimibe-simvastatin tab 10-</i>	40 mg	1	GC QL
QL (30 tabs / 30 days)			
<i>ezetimibe-simvastatin tab 10-</i>	80 mg	1	GC QL
QL (30 tabs / 30 days)			
<i>niacin (antihyperlipidemic)</i>	3	QL	
TBCR 500mg, 750mg, 1000mg			
QL (60 tabs / 30 days)			
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	PA	
<i>prevalite</i>	PACK 4gm; POWD 4gm/dose	3	
VASCEPA CAPS .5gm, 1gm	4		
BETA-BLOCKER/DIURETIC COMBINATIONS			
<i>atenolol & chlorthalidone tab</i>	50-25 mg	2	GC
<i>atenolol & chlorthalidone tab</i>	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	

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

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

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Drug Name	Drug Requirements/ Tier	Limits
verapamil hcl TABS 40mg, 80mg, 120mg	1	GC
verapamil hcl TBCR 120mg, 180mg, 240mg	2	GC
DIURETICS		
acetazolamide CP12 500mg	4	
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 8mg/ml, 10mg/ml	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	2	GC
methazolamide TABS 25mg, 50mg	4	
metolazone TABS 2.5mg, 5mg, 10mg	3	
spironolactone & hydrochlorothiazide tab 25-25 mg	3	
torsemide 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

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	4	
aliskiren fumarate TABS 150mg, 300mg	4	
amlodipine besylate- atorvastatin calcium tab 2.5- 10 mg	1	GC
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	4	
clonidine hcl TABS .1mg, .2mg, .3mg	1	GC
CORLANOR SOLN 5mg/5ml; 4 TABS 5mg, 7.5mg		
digitek TABS .125mg, .25mg QL (30 tabs / 30 days)	2	GC QL

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>digox</i> TABS 125mcg, 250mcg QL (30 tabs / 30 days)	2	GC QL
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	4	
<i>digoxin</i> TABS 125mcg, 250mcg QL (30 tabs / 30 days)	2	GC QL
<i>droxidopa</i> CAPS 100mg QL (90 caps / 30 days)	5	QL PA
<i>droxidopa</i> CAPS 200mg, 300mg QL (180 caps / 30 days)	5	QL PA
<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>methyldopa</i> TABS 250mg, 500mg PA if 70 years and older	2	GC PA
<i>metyrosine</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	
<i>VERQUVO</i> 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
<i>NITRO-BID</i> OINT 2%	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	3	
PULMONARY ARTERIAL HYPERTENSION		
<i>ADEMPAS</i> TABS .5mg, 1mg, 5 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	5	QL LA PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>ambrisentan</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	5	QL LA PA
<i>bosentan</i> TABS 62.5mg QL (120 tabs / 30 days)	5	QL LA PA
<i>bosentan</i> TABS 125mg QL (60 tabs / 30 days)	5	QL LA PA
<i>OPSUMIT</i> TABS 10mg QL (30 tabs / 30 days)	5	QL LA PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg QL (90 tabs / 30 days)	3	QL PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	LA PA
<i>VENTAVIS</i> SOLN 10mcg/ml, 20mcg/ml	5	PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
<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		
<i>APTIOM</i> TABS 200mg, 400mg, 600mg, 800mg QL (60 tabs / 30 days)	5	QL
<i>BRIVIACT</i> SOLN 10mg/ml QL (600 mL / 30 days)	5	QL PA
<i>BRIVIACT</i> SOLN 50mg/5ml	4	PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	5	QL PA
carbamazepine CHEW 100mg; TABS 200mg	3	
carbamazepine CP12 100mg, 4 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
CELONTIN CAPS 300mg	4	
clobazam SUSP 2.5mg/ml QL (480 mL / 30 days)	4	QL PA
clobazam TABS 10mg, 20mg QL (60 tabs / 30 days)	4	QL PA
clonazepam TABS 2mg QL (300 tabs / 30 days)	2	GC QL
clonazepam TABS .5mg, 1mg QL (90 tabs / 30 days)	2	GC QL
clonazepam TBDP 2mg QL (300 tabs / 30 days)	3	QL
clonazepam TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	3	QL
clorazepate dipotassium 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
diazepam CONC 5mg/ml QL (240 mL / 30 days) PA if 65 years and older	3	QL PA
diazepam SOLN 5mg/5ml QL (1200 mL / 30 days) PA if 65 years and older	3	QL PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
diazepam TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA if 65 years and older	2	GC QL PA
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	4	
diazepam inj SOLN 5mg/ml	4	
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
divalproex sodium CSDR 125mg	4	
divalproex sodium TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	3	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	5	QL LA PA
epitol TABS 200mg	3	
EPRONTIA SOLN 25mg/ml	4	
ethosuximide CAPS 250mg	4	
ethosuximide SOLN 250mg/5ml	3	
felbamate SUSP 600mg/5ml	5	
felbamate 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 QL (60 tabs / 30 days)	5	QL PA
FYCOMPA TABS 8mg, 10mg, 12mg QL (30 tabs / 30 days)	5	QL PA
gabapentin CAPS 100mg QL (1080 caps / 30 days)	2	GC QL
gabapentin CAPS 300mg QL (360 caps / 30 days)	2	GC QL
gabapentin CAPS 400mg QL (270 caps / 30 days)	2	GC QL

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>gabapentin</i> SOLN 250mg/5ml QL (2160 mL / 30 days)	3	QL	<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	PA
<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 10mg/ml QL (1200 mL / 30 days)	4	QL	<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA
<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>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	3	
<i>lamotrigine</i> CHEW 5mg, 25mg	3		<i>phenytoin sodium</i> SOLN 50mg/ml	3	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	GC			
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	4		<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	3	QL PA
<i>levetiracetam</i> SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	3		<i>pregabalin</i> CAPS 200mg QL (90 caps / 30 days)	3	QL PA
<i>levetiracetam</i> SOLN 500mg/5ml	4		<i>pregabalin</i> CAPS 225mg, 300mg	3	QL PA
<i>levetiracetam in sodium</i> <i>chloride iv soln 500 mg/100ml</i>	4				
<i>levetiracetam in sodium</i> <i>chloride iv soln 1000</i> <i>mg/100ml</i>	4				
<i>levetiracetam in sodium</i> <i>chloride iv soln 1500</i> <i>mg/100ml</i>	4		<i>primidone</i> TABS 50mg, 250mg	2	GC
NAYZILAM SOLN 5mg/0.1ml	4		<i>roweepra</i> TABS 500mg	3	
<i>oxcarbazepine</i> SUSP 300mg/5ml	4		<i>rufinamide</i> SUSP 40mg/ml QL (2300 mL / 28 days)	5	QL PA
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	3		<i>rufinamide</i> TABS 200mg QL (480 tabs / 30 days)	5	QL PA
<i>phenobarbital</i> ELIX 20mg/5ml PA if 70 years and older	4	PA	<i>rufinamide</i> TABS 400mg QL (240 tabs / 30 days)	5	QL PA
			<i>SPRITAM</i> TB3D 250mg QL (360 tabs / 30 days)	4	QL
			<i>SPRITAM</i> TB3D 500mg QL (180 tabs / 30 days)	4	QL
			<i>SPRITAM</i> TB3D 750mg QL (120 tabs / 30 days)	4	QL
			<i>SPRITAM</i> TB3D 1000mg QL (90 tabs / 30 days)	4	QL
			<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	GC

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SYMPAZAN FILM 5mg QL (60 films / 30 days)	4	QL PA
SYMPAZAN FILM 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 LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	4	
<i>vigabatrin</i> PACK 500mg QL (180 packets / 30 days)	5	QL LA PA
<i>vigabatrin</i> TABS 500mg QL (180 tabs / 30 days)	5	QL LA PA
<i>vigadron</i> PACK 500mg QL (180 packets / 30 days)	5	QL LA PA
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	5	QL
VIMPAT SOLN 200mg/20ml	5	
XCOPRI TABS 50mg QL (90 tabs / 30 days)	5	QL
XCOPRI TABS 100mg, 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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	5	QL
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	GC
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
<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 QL (90 caps / 30 days)	3	QL
<i>rivastigmine tartrate</i> CAPS 4.5mg, 6mg QL (60 caps / 30 days)	3	QL
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
<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
<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

Drug Name	Drug Requirements/ Tier	Limits
<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; TBDP 15mg, 30mg, 45mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	2	GC
<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
PAXIL SUSP 10mg/5ml QL (900 mL / 30 days)	4	QL PA
<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 QL (240 caps / 30 days)	4	QL
<i>trimipramine maleate</i> CAPS 50mg QL (120 caps / 30 days)	4	QL

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Drug Name		Drug Requirements/ Tier	Limits
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)		4	QL
TRINTELLIX TABS 5mg QL (120 tabs / 30 days)		4	QL
TRINTELLIX TABS 10mg QL (60 tabs / 30 days)		4	QL
TRINTELLIX TABS 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	
VIIBRYD TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)		4	QL
VIIBRYD KIT STARTER		4	
ANTIPARKINSONIAN AGENTS			
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)		3	QL
<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</i> tab 10-100mg		4	
<i>carb/levo orally disintegrating</i> tab 25-100mg		4	
<i>carb/levo orally disintegrating</i> tab 25-250mg		4	
<i>carbidopa</i> TABS 25mg		4	
<i>carbidopa & levodopa</i> tab 10- 100 mg		2	GC
<i>carbidopa & levodopa</i> tab 25- 100 mg		2	GC
<i>carbidopa & levodopa</i> tab 25- 250 mg		2	GC
<i>carbidopa & levodopa</i> tab er 25-100 mg		3	

Drug Name		Drug Requirements/ Tier	Limits
<i>carbidopa & levodopa</i> tab er 50-200 mg		3	
<i>carbidopa-levodopa-</i> <i>entacapone</i> tabs 12.5-50-200 mg		4	
<i>carbidopa-levodopa-</i> <i>entacapone</i> tabs 18.75-75- 200 mg		4	
<i>carbidopa-levodopa-</i> <i>entacapone</i> tabs 25-100-200 mg		4	
<i>carbidopa-levodopa-</i> <i>entacapone</i> tabs 31.25-125- 200 mg		4	
<i>carbidopa-levodopa-</i> <i>entacapone</i> tabs 37.5-150- 200 mg		4	
<i>carbidopa-levodopa-</i> <i>entacapone</i> tabs 50-200-200 mg		4	
<i>entacapone</i> TABS 200mg		4	
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg QL (150 films / 30 days)		5	QL 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		1	GC
<i>pramipexole dihydrochloride</i> TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg		4	
<i>rasagiline mesylate</i> TABS 1mg QL (30 tabs / 30 days)		4	QL
<i>rasagiline mesylate</i> TABS .5mg QL (60 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	

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Drug Name	Drug Requirements/ Tier	Limits
<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, 4 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	QL
<i>ariPIPRAZOLE</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	4	QL
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	5	QL
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 42mg QL (30 caps / 30 days)	4	QL PA
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	4	
<i>clozapine</i> TABS 25mg, 50mg	3	
<i>clozapine</i> TABS 100mg QL (270 tabs / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clozapine</i> TABS 200mg QL (135 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 (135 tabs / 30 days)	5	QL PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	5	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, 3 2mg, 5mg, 10mg, 20mg		
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	3	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
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>lozapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	5	QL LA PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	5	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)	2	GC QL
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	2	GC 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
<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, 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, 4 1mg, 2mg QL (60 tabs / 30 days)	4	QL
RISPERDAL CONSTA SRER 4 12.5mg, 25mg QL (2 injections / 28 days)	4	QL

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
RISPERDAL CONSTA SRER 5 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, 4mg QL (60 tabs / 30 days)	4	QL
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	4	QL
SECUADO PT24 3.8mg/24hr, 4 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 5 QL (600 mL / 30 days)	5	QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	5	QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	5	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 4 20mg QL (6 injections / 3 days)	4	QL
ZYPREXA RELPREVV 4 SUSR 210mg QL (2 vials / 28 days)	4	QL PA
ZYPREXA RELPREVV 5 SUSR 300mg QL (2 vials / 28 days)	5	QL PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ZYPREXA RELPREVV	5	QL PA
SUSR 405mg QL (1 vial / 28 days)		
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine- dextroamphetamine cap er 24hr 5 mg QL (30 caps / 30 days)	4	QL PA
amphetamine- dextroamphetamine cap er 24hr 10 mg QL (30 caps / 30 days)	4	QL PA
amphetamine- dextroamphetamine cap er 24hr 15 mg QL (30 caps / 30 days)	4	QL PA
amphetamine- dextroamphetamine cap er 24hr 20 mg QL (30 caps / 30 days)	4	QL PA
amphetamine- dextroamphetamine cap er 24hr 25 mg QL (30 caps / 30 days)	4	QL PA
amphetamine- dextroamphetamine cap er 24hr 30 mg QL (30 caps / 30 days)	4	QL PA
amphetamine- dextroamphetamine tab 5 mg QL (60 tabs / 30 days)	3	QL PA
amphetamine- dextroamphetamine tab 7.5 mg QL (60 tabs / 30 days)	3	QL PA
amphetamine- dextroamphetamine tab 10 mg QL (60 tabs / 30 days)	3	QL PA
amphetamine- dextroamphetamine tab 12.5 mg QL (60 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
amphetamine- dextroamphetamine tab 15 mg QL (60 tabs / 30 days)	3	QL PA
amphetamine- dextroamphetamine tab 20 mg QL (90 tabs / 30 days)	3	QL PA
amphetamine- dextroamphetamine tab 30 mg QL (60 tabs / 30 days)	3	QL PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	4	QL
atomoxetine hcl CAPS 40mg QL (60 caps / 30 days)	4	QL
atomoxetine hcl CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	4	QL
dexmethylphenidate hcl TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL PA
dexmethylphenidate hcl TABS 10mg QL (60 tabs / 30 days)	3	QL PA
guanfacine hcl (adhd) TB24 1mg, 2mg, 3mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	3	QL PA
metadate er TBCR 20mg QL (90 tabs / 30 days)	4	QL PA
methylphenidate hcl CHEW 2.5mg, 5mg, 10mg QL (180 tabs / 30 days)	4	QL PA
methylphenidate hcl SOLN 5mg/5ml QL (1800 mL / 30 days)	4	QL PA
methylphenidate hcl SOLN 10mg/5ml QL (900 mL / 30 days)	4	QL PA
methylphenidate hcl TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL PA

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<i>methylphenidate hcl</i> TABS 20mg QL (90 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	4	QL PA
VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	4	QL PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	4	QL PA
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
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL
HETLIOZ CAPS 20mg QL (30 caps / 30 days)	5	QL LA PA
<i>temazepam</i> CAPS 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	4	QL PA
<i>temazepam</i> CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	4	QL PA
<i>temazepam</i> CAPS 30mg QL (30 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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	3	QL PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml SOLN 4mg/ml QL (8 mL / 30 days)	5	QL PA
<i>ergotamine w/ caffeine tab 1-</i> 100 mg QL (40 tabs / 28 days)	3	QL PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	3	QL
NURTEC TBDP 75mg QL (16 tabs / 30 days)	5	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
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	5	QL PA
<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 PA

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AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	5	QL PA
GRALISE TABS 300mg QL (180 tabs / 30 days)	4	QL PA
GRALISE TABS 600mg QL (90 tabs / 30 days)	4	QL PA
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
LITHIUM SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg	1	GC
<i>lithium carbonate</i> TABS 300mg; TBCR 300mg, 450mg	2	GC
NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	4	QL PA
<i>pregabalin</i> (once-daily) TB24 82.5mg, 165mg, 330mg QL (60 tabs / 30 days)	4	QL PA
<i>pyridostigmine bromide</i> TABS 3 60mg		
<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
tetrabenazine TABS 12.5mg QL (90 tabs / 30 days)	5	QL PA
tetrabenazine TABS 25mg QL (120 tabs / 30 days)	5	QL PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON KIT .3mg QL (14 syringes / 28 days)	5	QL PA
<i>dalfampridine</i> TB12 10mg	3	PA
GILENYA 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

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<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
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / year)	5	QL LA PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 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 (90 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
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</i> <i>hcl sl film</i> 2-0.5 mg (base equiv) QL (90 films / 30 days)	4	QL

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) QL (90 films / 30 days)	4	QL
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) QL (90 films / 30 days)	4	QL
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) QL (60 films / 30 days)	4	QL
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) QL (90 tabs / 30 days)	2	GC QL
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) QL (90 tabs / 30 days)	2	GC QL
bupropion hcl (smoking deterrent) TB12 150mg CHANTIX PAK 0.5& 1MG	3	
disulfiram TABS 250mg, 500mg	4	PA
naloxone hcl LIQD 4mg/0.1ml naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	GC
naltrexone hcl TABS 50mg NICOTROL INHALER INHA 10mg	3	
NICOTROL NS SOLN 10mg/ml	4	
varenicline tartrate TABS .5mg, 1mg QL (56 tabs / 28 days)	4	QL PA
varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	4	PA
VIVITROL SUSR 380mg	5	
ENDOCRINE AND METABOLIC ANDROGENS		
ANDRODERM PT24 2mg/24hr, 4mg/24hr QL (30 patches / 30 days)	4	QL PA
oxandrolone TABS 2.5mg QL (120 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
oxandrolone TABS 10mg QL (60 tabs / 30 days)	4	QL PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	4	QL PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	3	PA
testosterone enanthate SOLN 200mg/ml	3	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	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
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	1	GC QL
glimepiride TABS 4mg QL (60 tabs / 30 days)	1	GC QL
glipizide TABS 5mg QL (240 tabs / 30 days)	1	GC QL
glipizide TABS 10mg QL (120 tabs / 30 days)	1	GC QL
glipizide TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	GC QL
glipizide TB24 10mg QL (60 tabs / 30 days)	1	GC QL
glipizide xl TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	GC QL
glipizide xl TB24 10mg QL (60 tabs / 30 days)	1	GC QL
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	1	GC QL
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	1	GC QL
glipizide-metformin hcl tab 5- 500 mg QL (120 tabs / 30 days)	1	GC QL

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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
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, 3 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 2.5-850 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
metformin hcl TABS 500mg QL (150 tabs / 30 days)	1	GC QL
metformin hcl TABS 850mg QL (90 tabs / 30 days)	1	GC QL
metformin hcl TABS 1000mg QL (75 tabs / 30 days)	1	GC QL
metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	GC QL

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	GC QL
nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)	1	GC QL
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	3	QL
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml QL (2 pens / 28 days)	3	QL
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
pioglitazone hcl TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	GC QL
repaglinide TABS 2mg QL (240 tabs / 30 days)	1	GC QL
repaglinide TABS .5mg, 1mg QL (120 tabs / 30 days)	1	GC QL
RYBELSUS TABS 3mg, 7mg, 3 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

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Drug Name	Drug Requirements/ Tier	Limits
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
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	

Drug Name	Drug Requirements/ Tier	Limits
GAUZE PADS 2" X 2"	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml SI	5	B/D
HUMULIN R U-500 KWIKPEN 5 SOPN 500unit/ml SI	5	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVI DIA/MHC	3	
LEVEMIR SOLN 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	

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Drug Name	Drug Requirements/ Tier	Limits
NOVOLOG MIX INJ 70/30 SI (brand RELION not covered)	3	
NOVOLOG MIX INJ FLEXPEN SI (brand RELION not covered)	3	
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 MIS CLASSIC QL (15 pods / 30 days)	4	QL PA
OMNIPOD PDM KIT CLASSIC QL (1 kit / year)	4	QL PA
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/ TRIVIDIA	3	
SOLIQUA INJ 100/33 QL (10 pens / 30 days) SI	3	QL
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

Drug Name	Drug Requirements/ Tier	Limits
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	PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	3	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	4	QL
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	3	
<i>risedronate sodium</i> TABS 30mg; TBEC 35mg	4	
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 90mg, 180mg, 360mg; TBSO 250mg, 500mg	5	PA
<i>deferasirox</i> TBSO 125mg	3	PA
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	
<i>sodium polystyrene sulfonate</i> powder	3	

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Drug Name	Drug Requirements/ Tier	Limits
sps SUSP 15gm/60ml	3	
trientine hcl CAPS 250mg	5	PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	
CONTRACEPTIVES		
afirmelle	2	GC
altavera	2	GC
alyacen 1/35	2	GC
alyacen 7/7/7	2	GC
apri	2	GC
aranelle	3	
aubra eq	2	GC
aurovela 1/20	2	GC
aurovela fe 1.5/30	2	GC
aurovela fe 1/20	2	GC
aviane	2	GC
ayuna	2	GC
azurette	3	
balziva	3	
blisovi fe 1.5/30	2	GC
briellyn	3	
camila TABS .35mg	2	GC
caziant	2	GC
chateal	2	GC
cryselle-28	2	GC
cyred eq	2	GC
dasetta 1/35	2	GC
dasetta 7/7/7	2	GC
deblitane TABS .35mg	2	GC
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
desogestrel & ethinyl estradiol 2 tab 0.15 mg-30 mcg	GC	
drospirenone-ethinyl estradiol 3 tab 3-0.02 mg		
drospirenone-ethinyl estradiol 3 tab 3-0.03 mg		
elinest	2	GC
ELLA TABS 30mg	3	
eluryng	4	
emoquette	2	GC
enpresse-28	2	GC
enskyce	2	GC

Drug Name	Drug Requirements/ Tier	Limits
errin TABS .35mg	2	GC
estarrylla	2	GC
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	2	GC
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	3	
etongestrel-ethinyl estradiol 4 va ring 0.120-0.015 mg/24hr		
falmina	2	GC
femynor	2	GC
hailey 1.5/30	2	GC
heather TABS .35mg	2	GC
iclevia	3	
incassia TABS .35mg	2	GC
introvale	3	
isibloom	2	GC
jasmiel	3	
jolessa	3	
juleber	2	GC
junel 1.5/30	2	GC
junel 1/20	2	GC
junel fe 1.5/30	2	GC
junel fe 1/20	2	GC
kariva	3	
kelnor 1/35	2	GC
kelnor 1/50	3	
kurvelo	2	GC
larin 1.5/30	2	GC
larin 1/20	2	GC
larin fe 1.5/30	2	GC
larin fe 1/20	2	GC
larissia	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	2	GC
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg	2	GC

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Drug Name	Drug Requirements/ Tier	Limits
levora 0.15/30-28	2	GC
lillow	2	GC
loestrin 1.5/30-21	2	GC
loestrin 1/20-21	2	GC
loestrin fe 1.5/30	2	GC
loestrin fe 1/20	2	GC
loryna	3	
low-ogestrel	2	GC
lutera	2	GC
lyeq TABS .35mg	2	GC
lyza TABS .35mg	2	GC
marlissa	2	GC
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	3	
microgestin 1.5/30	2	GC
microgestin 1/20	2	GC
microgestin fe 1.5/30	2	GC
microgestin fe 1/20	2	GC
mini	2	GC
mono-linyah	2	GC
necon 0.5/35-28	2	GC
nikki	3	
nora-be TABS .35mg	2	GC
norethindrone (contraceptive) TABS .35mg	2	GC
norethindrone ace & ethynodiol estradiol tab 1 mg-20 mcg	2	GC
norethindrone ace & ethynodiol estradiol tab 1.5 mg-30 mcg	2	GC
norethindrone ace & ethynodiol estradiol-fe tab 1 mg-20 mcg	2	GC
norgestimate & ethynodiol 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	2	GC
norlyroc TABS .35mg	2	GC
nortrel 0.5/35 (28)	2	GC
nortrel 1/35 (21)	2	GC
nortrel 1/35 (28)	2	GC
nortrel 7/7/7	2	GC

Drug Name	Drug Requirements/ Tier	Limits
nylia 1/35	2	GC
nylia 7/7/7	2	GC
nymyo	2	GC
ocella	3	
orsythia	2	GC
philith	3	
pimtrea	3	
pirmella 1/35	2	GC
portia-28	2	GC
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-estarrylla	2	GC
tri-legest fe	4	
tri-linyah	2	GC
tri-lo-estarrylla	3	
tri-lo-marzia	3	
tri-lo-mili	3	
tri-lo-sprintec	3	
tri-mili	2	GC
tri-nymyo	2	GC
tri-sprintec	2	GC
tri-vylibra	2	GC
tri-vylibra lo	3	
trivora-28	2	GC
velivet	2	GC
vestura	3	
vienna	2	GC
viovere	3	
vyfemla	3	
vylibra	2	GC
wera	2	GC
xulane	4	
zafemy	4	
zovia 1/35	2	GC
zumandimine	3	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits	
ENDOMETRIOSIS						
<i>danazol</i> CAPS 50mg, 100mg, 4 200mg			<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg		3	
ESTROGENS						
<i>amabelz</i>	3		<i>DEXAMETHASONE</i>	4		
<i>DELESTROGEN</i> OIL 10mg/ml	4		<i>INTENSOL</i> CONC 1mg/ml			
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3		<i>dexamethasone sodium</i> <i>phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	3		
<i>estradiol</i> PTTW .025mg/24hr, 3 .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr			<i>fludrocortisone acetate</i> TABS 2 .1mg	2	GC	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	GC	<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	3		
<i>estradiol & norethindrone</i> <i>acetate</i> tab 0.5-0.1 mg	3		<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	3	B/D	
<i>estradiol & norethindrone</i> <i>acetate</i> tab 1-0.5 mg	3		<i>methylprednisolone</i> TBPK 4mg	2	GC	
<i>estradiol vaginal</i> CREA .1mg/gm	3		<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	3	B/D	
<i>estradiol vaginal</i> TABS 10mcg	4		<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	3	B/D	
<i>estradiol valerate</i> OIL 20mg/ml, 40mg/ml	4		<i>prednisolone</i> SOLN 15mg/5ml	2	GC B/D	
<i>fyavolv</i> tab 0.5mg-2.5mcg	3		<i>prednisolone sodium</i> <i>phosphate</i> SOLN 5mg/5ml, 25mg/5ml	3	B/D	
<i>fyavolv</i> tab 1mg-5mcg	3		<i>prednisolone sodium</i> <i>phosphate</i> SOLN 15mg/5ml	2	GC B/D	
<i>jinteli</i>	3		<i>prednisone</i> SOLN 5mg/5ml	4	B/D	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3		<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	2	GC B/D	
<i>mimvey</i>	3		<i>prednisone</i> TBPK 5mg, 10mg	3		
<i>norethindrone acetate-ethinyl</i>	3		<i>PREDNISONE</i> INTENSOL CONC 5mg/ml	4	B/D	
<i>estradiol</i> tab 0.5 mg-2.5 mcg			<i>SOLU-CORTEF</i> SOLR 100mg, 250mg, 500mg, 1000mg	4		
<i>norethindrone acetate-ethinyl</i>	3		GLUCOSE ELEVATING AGENTS			
<i>estradiol</i> tab 1 mg-5 mcg			<i>diazoxide</i> SUSP 50mg/ml	5		
<i>yuvafem</i> TABS 10mcg	4		<i>GVOKE HYPOPEN</i> 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3		
			<i>GVOKE KIT</i> SOLN 1mg/0.2ml	3		

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Drug Name	Drug Requirements/ Tier	Limits
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 TABS .5mg</i>	3	
CARBAGLU TBSO 200mg	5	LA PA
<i>carglumic acid TBSO 200mg</i>	5	LA PA
CERDELGA CAPS 84mg	5	PA
CEREZYME SOLR 400unit	5	LA PA
<i>cinacalcet hcl TABS 30mg QL (120 tabs / 30 days)</i>	4	B/D QL
<i>cinacalcet hcl TABS 60mg QL (60 tabs / 30 days)</i>	5	B/D QL
<i>cinacalcet hcl TABS 90mg QL (120 tabs / 30 days)</i>	5	B/D QL
CYSTADANE POW	5	LA
CYSTAGON CAPS 50mg, 150mg	4	LA PA
<i>desmopressin acetate SOLN 4mcg/ml</i>	5	
<i>desmopressin acetate TABS .1mg, .2mg</i>	3	
<i>desmopressin acetate spray SOLN .01%</i>	4	
<i>desmopressin acetate spray refrigerated SOLN .01%</i>	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
KORLYM TABS 300mg	5	LA PA
<i>levocarnitine (metabolic modifiers) SOLN 1gm/10ml</i>	4	B/D
<i>levocarnitine (metabolic modifiers) TABS 330mg</i>	3	B/D
LUMIZYME SOLR 50mg	5	LA PA

Drug Name	Drug Requirements/ Tier	Limits
LUPRON DEPOT-PED (1- MONTH KIT 7.5mg, 11.25mg, 15mg	5	PA
LUPRON DEPOT-PED (3- MONTH KIT 11.25mg, 30mg	5	PA
<i>miglustat CAPS 100mg QL (90 caps / 30 days)</i>	5	QL PA
NAGLAZYME SOLN 1mg/ml	5	LA PA
<i>nitisinone CAPS 2mg, 5mg, 10mg</i>	5	PA
<i>octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml</i>	4	PA
<i>octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml</i>	5	PA
<i>raloxifene hcl TABS 60mg</i>	3	
<i>sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg</i>	5	PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	LA PA
<i>sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg</i>	5	PA
SOMATULINE DEPOT SOLN	5	PA
<i>60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml</i>		
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	LA PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) CAPS 667mg QL (360 caps / 30 days)</i>	3	QL
<i>calcium acetate (phosphate binder) TABS 667mg QL (360 tabs / 30 days)</i>	3	QL
<i>sevelamer carbonate PACK 2.4gm QL (180 packets / 30 days)</i>	4	QL
<i>sevelamer carbonate PACK .8gm QL (540 packets / 30 days)</i>	5	QL

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<i>sevelamer carbonate</i> TABS 800mg		4	QL QL (540 tabs / 30 days)
VELPHORO CHEW 500mg		5	QL QL (180 tabs / 30 days)
PROGESTINS			
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg		1	GC
<i>megestrol acetate</i> SUSP 40mg/ml		3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml		4	PA
<i>norethindrone acetate</i> TABS 5mg		3	
THYROID AGENTS			
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg		1	GC
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg		1	GC
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg		1	GC
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg		1	GC
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg		3	
<i>methimazole</i> TABS 5mg, 10mg		1	GC
<i>propylthiouracil</i> TABS 50mg		3	
<i>SYNTHROID</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg		4	

Drug Name		Drug Requirements/ Tier	Limits
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg		1	GC
VITAMIN D ANALOGS			
<i>calcitriol</i> CAPS .25mcg, .5mcg		2	GC B/D
<i>calcitriol</i> SOLN 1mcg/ml		4	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg		4	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg		4	B/D
<i>RAYALDEE</i> CPCR 30mcg		5	
GASTROINTESTINAL ANTIEMETICS			
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg		4	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>		4	B/D
<i>compro</i> SUPP 25mg		4	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg		4	B/D QL QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml		3	
<i>granisetron hcl</i> SOLN 4mg/4ml		4	
<i>granisetron hcl</i> TABS 1mg		4	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg		2	GC
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml		3	
<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, 24mg		3	B/D
<i>prochlorperazine</i> SUPP 25mg		4	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml		4	

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<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		
<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		
<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		
<i>nizatidine</i> CAPS 150mg, 300mg	4	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	3	
<i>budesonide</i> CPEP 3mg	4	PA
<i>budesonide</i> TB24 9mg	5	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	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>mesalamine</i> TBEC 1.2gm QL (120 tabs / 30 days)	4	QL
<i>mesalamine w/ cleanser</i> KIT 4gms	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>gavilyte-n/flavor pack</i>	2	GC
<i>generlac</i> SOLN 10gm/15ml	3	
<i>GOLYTELY</i> SOL	3	
<i>lactulose</i> SOLN 10gm/15ml	3	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	3	
<i>NULYTELY</i> SOL LMN/LIME	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm	2	GC
<i>peg 3350-kcl-sod bicarb-nacl</i> for soln 420 gm	2	GC
<i>PLENNU</i> SOL	4	
<i>SUPREP BOWEL</i> SOL PREP KIT	4	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg QL (60 tabs / 30 days)	5	QL PA
<i>alosetron hcl</i> TABS .5mg QL (60 tabs / 30 days)	4	QL PA
<i>cromolyn sodium</i> (mastocytosis) CONC 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
<i>GATTEX</i> KIT 5mg	5	LA PA
<i>LINZESS</i> 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	

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MOVANTIK TABS 12.5mg QL (60 tabs / 30 days)	3	QL
MOVANTIK TABS 25mg QL (30 tabs / 30 days)	3	QL
RELISTOR SOLN 8mg/0.4ml, 5 12mg/0.6ml		PA
sucralfate TABS 1gm	3	
ursodiol CAPS 300mg	3	
ursodiol 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 25000	4	
ZENPEP CAP 40000	4	
PROTON PUMP INHIBITORS		
dexlansoprazole CPDR 30mg, 60mg QL (30 caps / 30 days)	4	QL
esomeprazole magnesium CPDR 20mg, 40mg QL (30 caps / 30 days)	4	QL ST
lansoprazole CPDR 15mg, 30mg QL (60 caps / 30 days)	3	QL
lansoprazole TBDD 15mg, 30mg QL (60 tabs / 30 days)	4	QL ST
omeprazole CPDR 10mg, 20mg, 40mg	1	GC
pantoprazole sodium SOLR 40mg	3	

Drug Name	Drug Requirements/ Tier	Limits
pantoprazole sodium TBEC 20mg, 40mg	1	GC
PRILOSEC PACK 2.5mg, 10mg	4	
rabeprazole sodium TBEC 20mg	3	QL
		QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg QL (30 tabs / 30 days)	2	GC QL
dutasteride CAPS .5mg QL (30 caps / 30 days)	3	QL
dutasteride-tamsulosin hcl cap 4 0.5-0.4 mg QL (30 caps / 30 days)		QL
finasteride TABS 5mg	1	GC
silodosin CAPS 4mg, 8mg QL (30 caps / 30 days)	3	QL
tamsulosin hcl CAPS .4mg	2	GC
MISCELLANEOUS		
acetic acid SOLN .25%	2	GC
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	3	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	4	
URINARY ANTISPASMODICS		
darifenacin hydrobromide TB24 7.5mg, 15mg QL (30 tabs / 30 days)	4	QL ST
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	4	QL
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

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Drug Name		Drug Requirements/ Tier	Drug Requirements/ Limits
<i>solifenacain succinate</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	TABS	3	QL
<i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)	CP24	4	QL ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg QL (60 tabs / 30 days)	TABS	4	QL ST
TOVIAZ TB24 4mg, 8mg QL (30 tabs / 30 days)	TB24	3	QL
<i>trospium chloride</i> TABS 20mg QL (60 tabs / 30 days)	TABS	3	QL
VAGINAL ANTI-INFECTIVES			
<i>clindamycin phosphate vaginal</i> CREA 2%		3	
<i>metronidazole vaginal</i> GEL .75%		3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg		3	
VANDAZOLE GEL .75%		3	
HEMATOLOGIC ANTICOAGULANTS			
<i>ELIQUIS</i> TABS 2.5mg QL (60 tabs / 30 days)	TABS	3	QL
<i>ELIQUIS</i> TABS 5mg QL (74 tabs / 30 days)	TABS	3	QL
<i>ELIQUIS</i> STARTER PACK TBPK 5mg QL (74 tabs / 30 days)		3	QL
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	SOLN	4	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	SOLN	4	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	SOLN	5	
HEP SOD/NACL INJ 25000UNT		3	

Drug Name		Drug Requirements/ Tier	Drug Requirements/ Limits
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml		3	B/D
<i>heparin sodium (porcine)</i> 100 unit/ml in d5w		3	
<i>heparin sodium (porcine)-dextrose iv sol</i> 20000 unit/500ml-5%		3	
<i>heparin sodium (porcine)-dextrose iv sol</i> 25000 unit/500ml-5%		3	
HEPARIN/NACL INJ 25000UNT		3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	TABS	1	GC
PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	CAPS	4	QL
PRADAXA CAPS 110mg QL (120 caps / 30 days)	CAPS	4	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	TABS	1	GC
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	SUSR	3	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	TABS	3	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	TABS	3	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	STAR TAB	3	QL
HEMATOPOIETIC GROWTH FACTORS			
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	SOLN	3	PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	SOLN	5	PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	SOSY	5	PA
MISCELLANEOUS			
<i>anagrelide hcl</i> CAPS .5mg, 1mg	CAPS	4	

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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 SOLN 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 SOLN 30mg/3ml QL (9 syringes / 30 days)	5	QL PA
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	4	
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	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
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
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

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Drug Name	Drug Requirements/ Tier Limits	
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	PA
RENFLEXIS SOLR 100mg	5	LA PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	5	QL PA
RINVOQ TB24 45mg QL (112 tabs / year)	5	QL PA
SKYRIZI PSKT 75mg/0.83ml QL (7 kits / 365 days)	5	QL PA
SKYRIZI SOSY 150mg/ml QL (7 syringes / 365 days)	5	QL PA
SKYRIZI PEN SOAJ 150mg/ml QL (7 pens / 365 days)	5	QL PA
STELARA SOLN 45mg/0.5ml QL (2 vials / 28 days)	5	QL 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 (240 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)		
hydroxychloroquine sulfate TABS 200mg	3	
leflunomide TABS 10mg, 20mg QL (30 tabs / 30 days)	3	QL
methotrexate sodium TABS 2.5mg	3	
TREXALL TABS 5mg, 7.5mg, 4 10mg, 15mg		B/D
XATMEP SOLN 2.5mg/ml	4	B/D

Drug Name	Drug Requirements/ Tier Limits	
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml	5	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
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	PA
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	PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	PA
OCTAGAM SOLN 1gm/20ml, 5 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, 5 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	PA
PRIVIGEN SOLN 5gm/50ml, 5 10gm/100ml, 20gm/200ml, 40gm/400ml	5	PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	5	LA PA
ARCALYST SOLR 220mg	5	PA
INTRON A SOLN 6000000unit/ml, 10000000unit/ml; SOLR 5000000unit	5	B/D

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Drug Name	Drug Requirements/ Tier	Limits
INTRON A SOLR 10000000unit	3	B/D
INTRON A SOLR 18000000unit	4	B/D
IMMUNOSUPPRESSANTS		
azathioprine TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	5	QL PA
BENLYSTA SOLR 120mg, 400mg	5	PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	4	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	5	B/D
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D
mycophenolate mofetil CAPS 250mg; TABS 500mg	3	B/D
mycophenolate mofetil SUSR 200mg/ml	5	B/D
mycophenolate sodium 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	3	B/D
sirolimus SOLN 1mg/ml	5	B/D
sirolimus TABS .5mg, 1mg, 2mg	4	B/D
tacrolimus CAPS .5mg, 1mg, 5mg	4	B/D
ZORTRESS TABS 1mg	5	B/D
VACCINES		
ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE SOLR 50mg	3	
BEXSERO INJ	3	

Drug Name	Drug Requirements/ Tier	Limits
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DENGVAXIA SUS	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	3	B/D
GARDASIL 9 INJ	3	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	
HIBERIX SOLR 10mcg	3	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	3	B/D
INFANRIX INJ	3	
IPOP INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	
PENTACEL INJ	3	
PREHEVBRIOSUSP 10mcg/ml	3	B/D
PROQUAD INJ	3	
QUADRACEL INJ	3	
RABAVERT INJ	3	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/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 2.4mcg/0.5ml	3	
TRUMENBA INJ	3	
TWINRIX INJ	3	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits		
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	3		KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	4
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3		kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	3
VARIVAX INJ 1350pfu/0.5ml	3		kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	3
YF-VAX INJ	3		KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	4
NUTRITIONAL/SUPPLEMENTS			KCL/D5W/NACL INJ 0.3/0.9%	4
ELECTROLYTES/MINERALS, INJECTABLE			<i>lactated ringer's solution</i>	3
D2.5W/NACL INJ 0.45%	3		MAGNESIUM SULFATE	3
D5W/LYTES INJ #48	4		SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	
D10W/NACL INJ 0.2%	3		<i>magnesium sulfate</i> SOLN	3
dextrose 2.5% w/ sodium chloride 0.45%	3		2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	
dextrose 5% in lactated ringers	3		<i>magnesium sulfate</i> in dextrose 5% iv soln 1 gm/100ml	3
dextrose 5% w/ sodium chloride 0.2%	3		MG SO4/D5W INJ 10MG/ML	3
dextrose 5% w/ sodium chloride 0.3%	3		PLASMA-LYTE INJ -148	4
dextrose 5% w/ sodium chloride 0.9%	3		PLASMA-LYTE INJ -A	4
dextrose 5% w/ sodium chloride 0.45%	3		<i>potassium chloride</i> SOLN	3
dextrose 5% w/ sodium chloride 0.225%	3		2meq/ml	
dextrose 10% w/ sodium chloride 0.45%	3		POTASSIUM CHLORIDE	4
ISOLYTE-P INJ /D5W	4		SOLN 10meq/50ml, 20meq/50ml	
ISOLYTE-S INJ	4		<i>potassium chloride</i> SOLN	4
ISOLYTE-S INJ PH 7.4	4		10meq/100ml, 20meq/100ml, 40meq/100ml	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	3		<i>potassium chloride</i> 20 meq/l (0.15%) in dextrose 5% inj	3
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	3		<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	3
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	3		TPN ELECTROL INJ	4 B/D
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	3		ELECTROLYTES/MINERALS/VITAMINS, ORAL	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	3		<i>klor-con</i> PACK 20meq	4
kcl 20 meq/l (0.15%) in nacl 0.45% inj	3		<i>klor-con</i> 8 TBCR 8meq	2 GC
			<i>klor-con</i> 10 TBCR 10meq	2 GC
			<i>klor-con</i> m10 TBCR 10meq	2 GC
			<i>klor-con</i> m15 TBCR 15meq	3
			<i>klor-con</i> m20 TBCR 20meq	2 GC

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Drug Name	Drug Requirements/ Tier	Limits
M-NATAL PLUS TAB	3	
potassium chloride CPCR 8meq, 10meq	3	
potassium chloride PACK 20meq; SOLN 10%, 20%	4	
potassium chloride TBCR 8meq, 10meq, 20meq	2	GC
potassium chloride microencapsulated crystals er TBCR 10meq, 20meq	2	GC
potassium chloride microencapsulated crystals er TBCR 15meq	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
PRENATAL VIT TAB LOW	3	
IRON		
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	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
clinisol sf 15%	4	B/D
CLINOLIPID EMU 20%	4	B/D
dextrose SOLN 5%, 10%	3	
dextrose SOLN 50%, 70%	3	B/D
FREAMINE III INJ 10%	4	B/D
hepatamine	4	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
plenamine	4	B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE INJ 3%	4	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-	3	
neomycin-hc ophth oint 1%		
BLEPHAMIDE OIN S.O.P.	4	
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	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin		

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Drug Name	Drug Requirements/ Tier	Limits
neomycin-polymyxin-gramicid op sol 1.75-10000-0.025mg-unit-mg/ml	3	
ofloxacin (ophth) SOLN .3%	2	GC
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%	3	
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	
bepotastine besilate SOLN 1.5%	3	
BEPREVE SOLN 1.5%	3	

Drug Name	Drug Requirements/ Tier	Limits
cromolyn sodium (ophth) SOLN 4%	1	GC
LASTACAFT SOLN .25%	4	
olopatadine hcl SOLN .1%	3	
ZERVIATE SOLN .24%	4	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	
betaxolol hcl (ophth) SOLN .5%	3	
BETOPTIC-S SUSP .25%	3	
brimonidine tartrate SOLN .2%	1	GC
brimonidine tartrate SOLN .15%	4	
brinzolamide SUSP 1%	4	
carteolol hcl (ophth) SOLN 1%	2	GC
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl SOLN 2%	2	GC
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	2	GC
latanoprost SOLN .005%	2	GC
levobunolol hcl SOLN .5%	2	GC
LUMIGAN SOLN .01%	3	
pilocarpine hcl SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	3	
SIMBRINZA SUS 1-0.2%	3	
timolol maleate (ophth) SOLG 4 .25%, .5%	4	
timolol maleate (ophth) SOLN 1 .25%, .5%	GC	
timolol maleate (ophth) once-daily SOLN .5%	4	
travoprost SOLN .004%	4	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
atropine sulfate (ophthalmic) SOLN 1%	3	
CYSTADROPS SOLN .37%	5	LA PA
CYSTARAN SOLN .44%	5	LA PA

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Drug Name	Drug Requirements/ Tier	Limits
ISOPTO ATROPINE SOLN 1%	3	
<i>proparacaine hcl</i> SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	
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	3	ED QL QL (4 tabs / 30 days)
<i>tadalafil</i> TABS 10mg, 20mg	3	ED QL QL (4 tabs / 30 days)
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	3	QL QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL QL (4 inhalers / 28 days)

Drug Name	Drug Requirements/ Tier	Limits
COMBIVENT AER 20-100	4	QL QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	4	QL QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	2	GC B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	3	
ANTIHISTAMINES		
<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	3	PA PA if 70 years and older
<i>desloratadine</i> TABS 5mg	3	
<i>diphenhydramine hcl</i> SOLN 50mg/ml	3	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA PA if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml	3	PA PA if 70 years and older
<i>hydroxyzine hcl</i> TABS 10mg, 25mg, 50mg	2	GC PA PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	2	GC PA PA if 70 years and older

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Drug Name	Drug Requirements/ Tier	Limits
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	4	
<i>levocetirizine dihydrochloride</i> TABS 5mg	3	
<i>olopatadine hcl (nasal)</i> SOLN .6%	4	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL QL (2 inhalers / 30 days) (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL QL (2 inhalers / 30 days) (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL QL (2 inhalers / 30 days) (generic of Ventolin HFA)
<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	2	GC
<i>albuterol sulfate</i> TABS 4mg	2	4
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	4	B/D
<i>BROVANA</i> NEBU 15mcg/2ml	5	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	3	QL QL (2 inhalers / 30 days)
<i>SEREVENT DISKUS</i> AEPB 50mcg/dose	3	QL QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>VENTOLIN HFA</i> AERS 108mcg/act	3	QL QL (2 inhalers / 30 days)
<i>VENTOLIN HFA</i> (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL QL (6 inhalers / 30 days)
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%	3	B/D
<i>ARALAST NP</i> SOLR 500mg, 1000mg	5	LA PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
<i>DALIRESP</i> TABS 250mcg, 500mcg	4	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	3	
(generic of EpiPen)		
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	3	
(generic of Adrenaclick)		
<i>ESBRIET</i> CAPS 267mg QL (270 caps / 30 days)	5	QL PA
<i>ESBRIET</i> TABS 267mg QL (270 tabs / 30 days)	5	QL PA
<i>ESBRIET</i> TABS 801mg QL (90 tabs / 30 days)	5	QL PA
<i>FASENRA</i> SOSY 30mg/ml	5	LA PA
<i>FASENRA PEN</i> SOAJ 30mg/ml	5	LA PA
<i>KALYDECO</i> PACK 25mg, 50mg, 75mg QL (56 packs / 28 days)	5	QL PA
<i>KALYDECO</i> TABS 150mg QL (60 tabs / 30 days)	5	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	5	QL PA
ORKAMBI GRA 100-125 QL (56 packs / 28 days)	5	QL PA
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	5	QL PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	5	QL PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	5	QL PA
<i>pirfenidone</i> TABS 267mg QL (270 tabs / 30 days)	5	QL PA
<i>pirfenidone</i> TABS 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
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/.3ml, .3mg/.3ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
<i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	
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

Drug Name	Drug Requirements/ Tier	Limits
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	2	GC QL
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act QL (2 inhalers / 30 days)	4	QL
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	4	QL
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

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	3	QL
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 (1 inhaler / 30 days)	3	QL
SYMBICORT AER 160-4.5 QL (1 inhaler / 30 days)	3	QL
TOPICAL		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 4 30mg, 40mg		PA
amnesteem CAPS 10mg, 20mg, 40mg	4	PA
avita CREA .025%; GEL .025% QL (45 gm / 30 days)	4	QL PA
benzoyl peroxide- erythromycin gel 5-3% QL (46.6 gm / 30 days)	4	QL
claravis CAPS 10mg, 20mg, 4 30mg, 40mg		PA
clindamycin phosphate (topical) GEL 1% QL (75 gm / 30 days)	4	QL
clindamycin phosphate (topical) LOTN 1%; SOLN 1% QL (60 mL / 30 days)	3	QL
ery PADS 2% QL (60 pledges / 30 days)	3	QL
erythromycin (acne aid) SOLN 2% QL (60 mL / 30 days)	3	QL
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	4	PA
myorisan CAPS 10mg, 20mg, 4 30mg, 40mg		PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
sulfacetamide sodium (acne) LOTN 10% QL (118 mL / 30 days)	4	QL
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	4	QL PA
zenatane CAPS 10mg, 20mg, 30mg, 40mg	4	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1% QL (30 gm / 30 days)	4	QL
gentamicin sulfate (topical) OINT .1% QL (30 gm / 30 days)	3	QL
mupirocin OINT 2% QL (220 gm / 30 days)	2	GC QL
silver sulfadiazine CREA 1% ssd CREA 1%	2	GC
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	4	QL
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine CREA .77% QL (90 gm / 30 days)	3	QL
ciclopirox olamine SUSP .77% QL (60 mL / 30 days)	3	QL
clotrimazole (topical) CREA 1% QL (45 gm / 30 days)	3	QL
clotrimazole (topical) SOLN 1% QL (30 mL / 30 days)	3	QL
clotrimazole w/ betamethasone cream 1- 0.05% QL (45 gm / 30 days)	3	QL
ketoconazole (topical) CREA 2% QL (60 gm / 30 days)	3	QL
nyamyc POWD 100000unit/gm QL (60 gm / 30 days)	3	QL

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

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

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Drug Name	Drug Requirements/ Tier	Limits
fluocinonide GEL .05%; OINT .05%	4	QL QL (60 gm / 30 days)
fluocinonide SOLN .05% QL (60 mL / 30 days)	3	QL
fluocinonide emulsified base CREA .05% QL (120 gm / 30 days)	3	QL
fluticasone propionate CREA .05%; OINT .005%	3	
halobetasol propionate CREA .05%; OINT .05% QL (50 gm / 30 days)	4	QL
hydrocortisone (topical) CREA 1%	1	GC
hydrocortisone (topical) CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	GC
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	3	
triamcinolone acetonide (topical) CREA .1% QL (454 gm / 30 days)	2	GC QL
triamcinolone acetonide (topical) CREA .025%, .5%; OINT .025%, .1%, .5%	2	GC
triamcinolone acetonide (topical) LOTN .025%, .1%	3	
triderm CREA .5%	2	GC
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2% QL (60 mL / 30 days)	4	QL PA
lidocaine OINT 5% QL (50 gm / 30 days)	4	QL PA
lidocaine PTCH 5% QL (3 patches / 1 day)	4	QL PA
lidocaine hcl GEL 2% QL (30 mL / 30 days)	4	QL PA
lidocaine hcl SOLN 4% QL (50 mL / 30 days)	3	QL PA
lidocaine-prilocaine cream 2.5-2.5% QL (30 gm / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
azelaic acid GEL 15% QL (50 gm / 30 days)	4	QL
bexarotene (topical) GEL 1% QL (60 gm / 30 days)	5	QL PA
diclofenac sodium (topical) GEL 1% QL (1000 gm / 30 days)	3	QL PA
FINACEA FOAM 15% QL (50 gm / 30 days)	4	QL
fluorouracil (topical) CREA 5% QL (40 gm / 30 days)	4	QL
fluorouracil (topical) SOLN 2%, 5% QL (10 mL / 30 days)	3	QL
hydrocortisone (rectal) CREA 2.5% QL (24 packets / 30 days)	2	GC
imiquimod CREA 5% QL (24 packets / 30 days)	3	QL
lactic acid (ammonium lactate) 2 CREA 12% QL (45 gm / 30 days)	2	GC
lactic acid (ammonium lactate) 3 LOTN 12% QL (45 gm / 30 days)	3	
metronidazole (topical) CREA .75% QL (45 gm / 30 days)	4	QL
metronidazole (topical) GEL .75% QL (45 gm / 30 days)	3	QL
metronidazole (topical) LOTN .75% QL (59 mL / 30 days)	4	QL
NORITATE CREA 1% QL (60 gm / 30 days)	5	QL
PANRETIN GEL .1% QL (60 gm / 30 days)	5	QL PA
podofilox SOLN .5% QL (7 mL / 28 days)	3	QL
procto-med hc CREA 2.5% QL (60 gm / 30 days)	3	
procto-pak CREA 1% QL (60 gm / 30 days)	3	
procosol hc CREA 2.5% QL (60 gm / 30 days)	3	
protozone-hc CREA 2.5% QL (60 gm / 30 days)	3	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
RECTIV OINT .4% QL (30 gm / 30 days)	4	QL
rosadan CREA .75% QL (45 gm / 30 days)	4	QL
tacrolimus (topical) OINT .03%, .1% QL (100 gm / 30 days)	4	QL
TARGRETIN GEL 1% QL (60 gm / 30 days)	5	QL PA
VALCHLOR GEL .016% QL (60 gm / 30 days)	5	QL LA PA
ZYCLARA PUMP CREA 2.5% QL (15 gm / 30 days)	5	QL
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5% QL (59 mL / 30 days)	4	QL
permethrin CREA 5% QL (60 gm / 30 days)	3	QL
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01% QL (30 gm / 30 days)	5	QL PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	4	QL
sodium chloride (gu irrigant) SOLN .9%	3	
water for irrigation, sterile irrigation soln	2	GC
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	4	
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	GC
clotrimazole TROC 10mg QL (150 lozenges / 30 days)	4	QL
lidocaine hcl (mouth-throat) SOLN 2%	2	GC
nystatin (mouth-throat) SUSP 3 100000unit/ml	3	
periogard SOLN .12%	1	GC
pilocarpine hcl (oral) TABS 5mg, 7.5mg	3	
triamcinolone acetonide (mouth) PSTE .1%	3	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
Vitamins		
Vitamin B Complex		
cyanocobalamin SOLN 1000mcg/ml	2	ED GC
folic acid TABS 1mg QL (30 tabs / 30 days)	1	ED GC QL
Vitamin D		
ergocalciferol CAPS 50000unit QL (4 caps / 28 days)	2	ED GC QL
Vitamin K Activity		
phytonadione TABS 5mg QL (60 tabs / 30 days)	4	ED QL

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<i>hydrochloride</i>	10
<i>clindamycin phosphate</i>	10
<i>clindamycin phosphate</i>	
<i>(topical)</i>	60
<i>clindamycin phosphate in</i>	
<i>d5w iv soln 300 mg/50ml</i>	
.....	10
<i>clindamycin phosphate in</i>	
<i>d5w iv soln 600 mg/50ml</i>	
.....	10
<i>clindamycin phosphate in</i>	
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<i>clindamycin phosphate</i>	
<i>vaginal</i>	50
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<i>pantoprazole sodium</i>	49	<i>phenytoin sodium</i>	30	POTASSIUM CHLORIDE	54
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<i>paraplatin</i>	16	PHESGO SOL	20	<i>meq/l (0.15%) in</i>	
<i>paricalcitol</i>	47	<i>philith</i>	44	<i>dextrose 5% inj</i>	54
<i>paromomycin sulfate</i>	11	<i>phytonadione</i>	63	<i>potassium chloride</i>	
<i>paroxetine hcl</i>	32	PIFELTRO	12	<i>microencapsulated</i>	
PASER	13	<i>pilocarpine hcl</i>	56	<i>crystals er</i>	55
PAXIL	32	<i>pilocarpine hcl (oral)</i>	63	<i>potassium citrate</i>	
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peg 3350-kcl-na bicarb-		<i>pindolol</i>	26	PRALUENT	25
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<i>236 gm</i>	48	<i>piperacillin sod-tazobactam</i>		<i>dihydrochloride</i>	33
peg 3350-kcl-sod bicarb-		<i>na for inj 3.375 gm (3-</i>		<i>prasugrel hcl</i>	51
<i>nacl for soln 420 gm</i>	48	<i>0.375 gm)</i>	16	<i>pravastatin sodium</i>	25
PEGASYS	14	<i>piperacillin sod-tazobactam</i>		<i>praziquantel</i>	11
PEMAZYRE	20	<i>sod for inj 13.5 gm (12-</i>		<i>prazosin hcl</i>	22
<i>pemetrexed disodium</i>	17	<i>1.5 gm)</i>	16	<i>prednisolone</i>	45
PEN GK/DEXTR INJ 40000/ML	16	<i>piperacillin sod-tazobactam</i>		<i>prednisolone acetate</i>	
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<i>penicillamine</i>	42	<i>0.25 gm)</i>	16	PREDNISOLONE SODIUM	
<i>penicillin g potassium</i>	16	<i>piperacillin sod-tazobactam</i>		<i>PHOSP</i>	56
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<i>penicillin g sodium</i>	16	<i>gm)</i>	16	<i>phosphate</i>	45
<i>penicillin v potassium</i>	16	<i>piperacillin sod-tazobactam</i>		<i>prednisone</i>	45
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EN/TRIVIDIA	42	<i>4.5 gm)</i>	16	<i>45</i>	
PENTACEL INJ	53	PIQRAY 200MG DAILY	20	<i>pregabalin</i>	30
<i>pentamidine isethionate inh</i>	11	<i>DOSE</i>	20	<i>pregabalin (once-daily)</i>	38
<i>pentamidine isethionate inj</i>	11	PIQRAY 250MG TAB	20	PREHEVBARIO	53
<i>pentoxifylline</i>	51	<i>DOSE</i>	20	PREMASOL SOL 10%	55
<i>perindopril erbumine</i>	22	PIQRAY 300MG DAILY		PRENATAL TAB 27-1MG	
<i>periogard</i>	63	<i>DOSE</i>	20	<i>55</i>	
<i>permethrin</i>	63	<i>pirfenidone</i>	59	PRENATAL TAB PLUS	55
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<i>pfizerpen</i>	16	PLASMA-LYTE INJ -148.54		<i>prevalite</i>	25
<i>phenelzine sulfate</i>	32	PLASMA-LYTE INJ -A	54	PREVYMIS	14
		<i>plenamine</i>	55	PREZCOBIX TAB 800-150	
		PLENUV SOL	48	<i>13</i>	
		<i>podofilox</i>	62	PREZISTA	12
		<i>polymyxin b-trimethoprim</i>		PRIFTIN	13
		<i>ophth soln 10000 unit/ml-</i>		PRILOSEC	49
		<i>0.1%</i>	56	<i>primaquine phosphate</i>	12

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prochlorperazine edisylate	47
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propafenone hcl	24
proparacaine hcl	57
propranolol hcl	26
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PULMOZYME	59
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hydrochlorothiazide tab 20-12.5 mg	22
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hydrochlorothiazide tab 20-25 mg	22
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sulfamethoxazole-	
trimethoprim susp 200-40	
mg/5ml.....	11
sulfamethoxazole-	
trimethoprim tab 400-80	
mg	11
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mg	11
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telmisartan-amlodipine tab	
40-5 mg	23
telmisartan-amlodipine tab	
80-10 mg	23
telmisartan-amlodipine tab	
80-5 mg	23
telmisartan-	
hydrochlorothiazide tab	
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thioridazine hcl	35
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tiagabine hcl	31

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<i>timolol maleate</i>	26
<i>timolol maleate (ophth)</i>	56
<i>timolol maleate (ophth) once-daily</i>	56
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<i>tizanidine hcl</i>	38
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TOBRADEX ST SUS 0.3-0.05	55
<i>tobramycin</i>	11
<i>tobramycin (ophth)</i>	56
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	55
<i>tobramycin sulfate</i>	11
<i>tolterodine tartrate</i>	50
<i>topiramate</i>	31
<i>toposar</i>	18
<i>toremifene citrate</i>	17
<i>torsemide</i>	27
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TPN ELECTROL INJ	54
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<i>tramadol-acetaminophen tab 37.5-325 mg</i>	10
<i>tramadol hcl</i>	10
<i>trandolapril</i>	22
<i>tranexamic acid</i>	51
<i>tranylcypromine sulfate</i>	32
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<i>travoprost</i>	56
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<i>trazodone hcl</i>	32
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TRELEGY AER ELLIPTA 200-62.5-25 MCG	57
TRELSTAR MIXJECT	17
<i>treprostинil</i>	28
TRESIBA	42
TRESIBA FLEXTOUCH	42
<i>tretinoin</i>	60
<i>tretinoin (chemotherapy)</i>	17
TREXALL	52
<i>triamcinolone acetonide (mouth)</i>	63
<i>triamcinolone acetonide (topical)</i>	62
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	27
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	27
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	27
TRICARE TAB PRENATAL	55
<i>triderm</i>	62
<i>trientine hcl</i>	43
<i>tri-estarrylla</i>	44
<i>trifluoperazine hcl</i>	35
<i>trifluridine</i>	56
<i>trihexyphenidyl hcl</i>	34
TRIJARDY XR TAB ER 24HR 10-5-1000MG	41
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	41
TRIJARDY XR TAB ER 24HR 25-5-1000MG	41
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	41
TRIKAFTA TAB 100-50-75MG & 150MG	59
TRIKAFTA TAB 50-25-37.5MG & 75MG	59
<i>tri-legest fe</i>	44
<i>tri-linyah</i>	44
<i>tri-lo-estarrylla</i>	44
<i>tri-lo-marzia</i>	44
<i>tri-lo-mili</i>	44
<i>tri-lo-sprintec</i>	44
TRIMETHOPRIM	11
<i>tri-mili</i>	44
<i>trimipramine maleate</i> 32, 33	33
TRINTELLIX	33
<i>tri-nymyo</i>	44
<i>tri-sprintec</i>	44
TRIUMEQ PD TAB	13
TRIUMEQ TAB	13
<i>trivora-28</i>	44
<i>tri-vylibra</i>	44
<i>tri-vylibra lo</i>	44
TRIZIVIR TAB	13
TROGARZO	12
TROPHAMINE INJ 10%	55
<i>trospium chloride</i>	50
TRULICITY	41
TRUMENBA INJ	53
TRUSELTIQ 100 MG DAILY DOSE	20
TRUSELTIQ 125 MG DAILY DOSE	20
TRUSELTIQ 50 MG DAILY DOSE	20
TRUSELTIQ 75 MG DAILY DOSE	20
TRUXIMA	20
TUKYSA	20
TURALIO	20
TWINRIX INJ	53
TYBOST	12
TYPHIM VI	54
U	
UBRELVY	37
<i>unithroid</i>	47
<i>ursodiol</i>	49
V	
<i>valacyclovir hcl</i>	14
VALCHLOR	63
<i>valganciclovir hcl</i>	14
<i>valproate sodium</i>	31
<i>valproic acid</i>	31
<i>valsartan</i>	24
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	24
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	24
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	24
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	24
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	24

VALTOCO	31	VITRAKVI	21
<i>vancomycin hcl</i>	11	VIVITROL	39
VANCOMYCIN INJ 1 GM	11	VIZIMPRO	21
VANCOMYCIN INJ 500MG	11	VONJO	21
		<i>voriconazole</i>	11
VANCOMYCIN INJ 750MG	11	VOSEVI TAB	14
		VOTRIENT	21
VANDAZOLE	50	VRAYLAR	35
VAQTA	54	VRAYLAR CAP 1.5-3MG	35
<i>varenicline tartrate</i>	39	<i>vyfemla</i>	44
<i>varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack</i>	39	<i>vylibra</i>	44
VARIVAX	54	VYVANSE	37
VASCEPA	25	VYZULTA	56
VELCADE	20	W	
<i>velivet</i>	44	<i>warfarin sodium</i>	50
VELPHORO	47	<i>water for irrigation, sterile irrigation soln</i>	63
VELTASSA	43	WELIREG	17
VEMLIDY	14	<i>wera</i>	44
VENCLEXTA	20	X	
VENCLEXTA TAB START PK	20	XALKORI	21
<i>venlafaxine hcl</i>	33	XARELTO	50
VENTAVIS	28	XARELTO STAR TAB 15/20MG	50
VENTOLIN HFA	58	XATMEP	52
VENTOLIN HFA (INSTITUTIONAL PACK)	58	XCOPRI	31
<i>verapamil hcl</i>	26, 27	XCOPRI PAK 100-150	31
VERQUVO	28	XCOPRI PAK 12.5-25	31
VERSACLOZ	35	XCOPRI PAK 150-200MG (MAINTENANCE)	31
VERZENIO	20	XCOPRI PAK 150-200MG (TITRATION)	31
<i>vestura</i>	44	XCOPRI PAK 50-100MG	31
V-GO 20 KIT	42	XELJANZ	52
V-GO 30 KIT	42	XELJANZ XR	52
V-GO 40 KIT	42	XERMELO	49
VICTOZA	41	XGEVA	42
<i>vienna</i>	44	XIFAXAN	49
<i>vigabatrin</i>	31	XIGDUO XR TAB 10-1000	41
<i>vigadron</i>	31	XIGDUO XR TAB 10-500MG	41
VIIBRYD	33	XIGDUO XR TAB 2.5-1000	41
VIIBRYD KIT STARTER	33	XIGDUO XR TAB 5-1000MG	41
VIMPAT	31	XIIDRA	57
<i>vincristine sulfate</i>	18	XOLAIR	59
<i>vinorelbine tartrate</i>	18		
<i>viorele</i>	44		
VIRACEPT	12		
VIREAD	12		
XOSPATA	21		
XPOVIO 100 MG ONCE WEEKLY	21		
XPOVIO 40 MG ONCE WEEKLY	21		
XPOVIO 40 MG TWICE WEEKLY	21		
XPOVIO 60 MG ONCE WEEKLY	21		
XPOVIO 60 MG TWICE WEEKLY	21		
XPOVIO 80 MG ONCE WEEKLY	21		
XPOVIO 80 MG TWICE WEEKLY	21		
XTANDI	17		
xulane	44		
XULTOPHY INJ 100/3.6	42		
XYREM	38		
Y			
YF-VAX INJ	54		
<i>yuvafem</i>	45		
Z			
<i>zafemy</i>	44		
<i>zafirlukast</i>	58		
ZARXIO	50		
ZEJULA	21		
ZELBORA	21		
ZEMAIRA	59		
<i>zenatane</i>	60		
ZENPEP CAP 10000UNT	49		
ZENPEP CAP 15000UNT	49		
ZENPEP CAP 20000UNT	49		
ZENPEP CAP 25000	49		
ZENPEP CAP 3000UNIT	49		
ZENPEP CAP 40000	49		
ZENPEP CAP 5000UNIT	49		
ZERVIA	56		
<i>zidovudine</i>	12		
<i>ziprasidone hcl</i>	35		
<i>ziprasidone mesylate</i>	35		
ZIRABEV	21		
ZIRGAN	56		
<i>zoledronic acid</i>	42		
ZOLINZA	21		
<i>zolmitriptan</i>	37		
<i>zolpidem tartrate</i>	37		

<i>zonisamide</i>31	ZYCLARA PUMP	63
ZORTRESS53	ZYDELIG.....	21
<i>zovia 1/35</i>44	ZYKADIA.....	21
<i>zumandimine</i>44	ZYLET SUS 0.5-0.3%	55
	ZYPITAMAG	25
	ZYPREXA RELPREVV35,	
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This formulary was updated on 08/01/2022. 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 8:00p.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