

2024 Comprehensive Formulary (List of Covered Drugs)

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Wellcare Giveback (HMO),
Wellcare Low Premium (HMO),
Wellcare Mutual of Omaha No Premium Open (PPO),
Wellcare Mutual of Omaha No Premium Secure Open (PPO),
Wellcare No Premium (HMO),
Wellcare No Premium Exclusive (HMO),
Wellcare No Premium Focus (HMO),
Wellcare No Premium Open (PPO),
Wellcare Premium Enhanced Open (PPO),
Wellcare TexanPlus No Premium (HMO-POS)

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

HPMS Approved Formulary File Submission ID 24183, Version Number 11

This formulary was updated on 04/01/2024. For more recent information or other questions, please contact Wellcare Member Services at the telephone number or website for your plan listed on the inside front and back covers of this formulary, between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

CALIFORNIA

Wellcare No Premium (HMO)

1-866-999-3945 (TTY: 711)

[wellcare.com/medicare](https://www.wellcare.com/medicare)

Wellcare Low Premium (HMO),

Wellcare No Premium Focus (HMO)

1-800-275-4737 (TTY: 711)

[wellcare.com/healthnetCA](https://www.wellcare.com/healthnetCA)

FLORIDA

HMO, PPO

1-833-444-9088 (TTY: 711)

[wellcare.com/medicare](https://www.wellcare.com/medicare)

ILLINOIS

Wellcare No Premium Open (PPO)

1-833-444-9088 (TTY: 711)

[wellcare.com/medicare](https://www.wellcare.com/medicare)

Wellcare No Premium Exclusive (HMO)

1-866-892-8340 (TTY: 711)

[wellcare.com/medicare](https://www.wellcare.com/medicare)

TEXAS

HMO, HMO-POS, PPO

1-833-444-9088 (TTY: 711)

[wellcare.com/medicare](https://www.wellcare.com/medicare)

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 Wellcare. When it refers to “plan” or “our plan,” it means Wellcare Giveback (HMO), Wellcare Low Premium (HMO), Wellcare Mutual of Omaha No Premium Open (PPO), Wellcare Mutual of Omaha No Premium Secure Open (PPO), Wellcare No Premium (HMO), Wellcare No Premium Exclusive (HMO), Wellcare No Premium Focus (HMO), Wellcare No Premium Open (PPO), Wellcare Premium Enhanced Open (PPO), Wellcare TexanPlus No Premium (HMO-POS).

This document includes a list of the drugs (formulary) for our plan which is current as of 04/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the inside 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, 2024, and from time to time during the year.

What is the Wellcare Giveback (HMO), Wellcare Low Premium (HMO), Wellcare Mutual of Omaha No Premium Open (PPO), Wellcare Mutual of Omaha No Premium Secure Open (PPO), Wellcare No Premium (HMO), Wellcare No Premium Exclusive (HMO), Wellcare No Premium Focus (HMO), Wellcare No Premium Open (PPO), Wellcare Premium Enhanced Open (PPO), Wellcare TexanPlus No Premium (HMO-POS) Formulary?

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Wellcare Giveback (HMO), Wellcare Low Premium (HMO), Wellcare Mutual of Omaha No Premium Open (PPO), Wellcare Mutual of Omaha No Premium Secure Open (PPO), Wellcare No Premium (HMO), Wellcare No Premium Exclusive (HMO), Wellcare No Premium Focus (HMO), Wellcare No Premium Open (PPO), Wellcare Premium Enhanced Open (PPO), Wellcare TexanPlus No Premium (HMO-POS)’s Formulary?”

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug 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 Wellcare Giveback (HMO), Wellcare Low Premium (HMO), Wellcare Mutual of Omaha No Premium Open (PPO), Wellcare Mutual of Omaha No Premium Secure Open (PPO), Wellcare No Premium (HMO), Wellcare No Premium Exclusive (HMO), Wellcare No Premium Focus (HMO), Wellcare No Premium Open (PPO), Wellcare Premium Enhanced Open (PPO), Wellcare TexanPlus No Premium (HMO-POS)’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 04/01/2024. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the inside front and back cover pages.

The formulary will be updated monthly and posted on our website. To get an updated printed formulary or to get information about the drugs covered by our plan, please visit our website or call Member Services at our contact information on the inside front and back cover pages.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page INDEX-1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan 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:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 18 tablets per prescription for rizatriptan 5mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online 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 inside front and back cover pages.

You can ask our plan 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 Wellcare Giveback (HMO), Wellcare Low Premium (HMO), Wellcare Mutual of Omaha No Premium Open (PPO), Wellcare Mutual of Omaha No Premium Secure Open (PPO), Wellcare No Premium (HMO), Wellcare No Premium Exclusive (HMO), Wellcare No Premium Focus (HMO), Wellcare No Premium Open (PPO), Wellcare Premium Enhanced Open (PPO), Wellcare TexanPlus No Premium (HMO-POS)'s formulary?" on page V 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 our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask our plan 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 Wellcare Giveback (HMO), Wellcare Low Premium (HMO), Wellcare Mutual of Omaha No Premium Open (PPO), Wellcare Mutual of Omaha No Premium Secure Open (PPO), Wellcare No Premium (HMO), Wellcare No Premium Exclusive (HMO), Wellcare No Premium Focus (HMO), Wellcare No Premium Open (PPO), Wellcare Premium Enhanced Open (PPO), Wellcare TexanPlus No Premium (HMO-POS)'s Formulary?

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

Generally, our plan 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.

If you experience a level of care change (such as being discharged or admitted to a long-term care facility), your physician or pharmacy can call our Provider Service Center and request a one-time override. This one-time override will be up to a 30-day supply (unless you have a prescription written for fewer days).

For more information

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

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the inside 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>.

Our plan's Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page INDEX-1.

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

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

- **GC** stands for Gap Coverage: We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.
- **NT** stands for Not Part D: 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.
- **NM** means the drug is not available via your monthly mail service benefit. This is noted in the Requirements/ Limits column of your formulary. You may be able to receive more than one month's supply of most of the drugs on your formulary via mail service at a reduced cost share. Please see Chapter 5 of your Evidence of Coverage for more information.
- **PA** stands for Prior Authorization: Please see page IV for details.
- **PA-NS** stands for Prior Authorization for New Starts: This means that if this drug is new to you, you will need to get approval from us before you fill your prescription. If you are taking this drug at the time of enrollment, you will not be required to meet criteria for approval.
- **B/D** stands for Covered under Medicare B or D: This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from us to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
- **QL** stands for Quantity Limits: Please see page IV for details.

- **LA** stands for Limited Access medication. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at the telephone number or website for your plan listed on the inside front and back covers of this formulary, between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.
- **ST** stands for Step Therapy: Please see page IV for details.
- **^** stands for Drug may be available for up to a 30-day supply only.

Drug tier copayment/coinsurance amounts

Prescription drugs are grouped into one of six tiers. To find out which tier your drug is in, look in the Drug Tier column of the formulary that begins on page 1. For more detailed information about your out-of-pocket costs for prescriptions, including any deductible that may apply, please refer to your Evidence of Coverage and other plan materials.

- **Tier 1 (Preferred Generic Drugs)** includes preferred generic drugs and may include some brand drugs.
 - **Preferred** Copayment: \$0
 - **Standard** Copayment range: \$0 - \$5
- **Tier 2 (Generic Drugs)** includes generic drugs and may include some brand drugs.
 - **Preferred** Copayment range: \$0 - \$15
 - **Standard** Copayment range: \$0 - \$20
- **Tier 3 (Preferred Brand Drugs)** includes preferred brand drugs and may include some generic drugs.

You won't pay more than \$35 for a one-month supply of each covered insulin product on this tier. If the tier cost-sharing is lower than \$35, you will pay the lower cost for your insulin.

 - **Preferred** Copayment range: \$15 - \$42
 - **Standard** Copayment range: \$20 - \$47
- **Tier 4 (Non-Preferred Drugs)** includes non-preferred brand and non-preferred generic drugs.

You won't pay more than \$35 for a one-month supply of each covered insulin product on this tier. If the tier cost-sharing is lower than \$35, you will pay the lower cost for your insulin.

 - **Preferred** Coinsurance range: 36% - 50%
 - **Standard** Coinsurance range: 36% - 50%

- **Tier 5 (Specialty Tier)** includes high-cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.

You won't pay more than \$35 for a one-month supply of each covered insulin product on this tier. If the tier cost-sharing is lower than \$35, you will pay the lower cost for your insulin.

- **Preferred** Coinsurance range: 25% - 33%
- **Standard** Coinsurance range: 25% - 33%

- **Tier 6 (Select Care Drugs)** includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).

- **Preferred** Copayment: \$0
- **Standard** Copayment: \$0

Consult your Evidence of Coverage or Summary of Benefits for your applicable co-pays/coinsurance and amounts.

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Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	B/D
<i>amphotericin b injection recon soln 50 mg</i>	2	B/D
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	2	
<i>clotrimazole mucous membrane troche 10 mg</i>	2	QL (150 EA per 30 days)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	5^	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5^	PA
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	3	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i>	4	PA
<i>ketoconazole oral tablet 200 mg</i>	2	PA
<i>miconazole intravenous recon soln 100 mg, 50 mg</i>	5^	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	5^	PA; QL (630 ML per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	2	
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	5^	PA; QL (630 EA per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	5^	PA; QL (96 EA per 30 days)
<i>terbinafine hcl oral tablet 250 mg</i>	1	GC
<i>voriconazole intravenous recon soln 200 mg</i>	5^	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	5^	PA
<i>voriconazole oral tablet 200 mg</i>	4	PA; QL (120 EA per 30 days)
<i>voriconazole oral tablet 50 mg</i>	4	PA; QL (480 EA per 30 days)
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	2	
<i>abacavir oral tablet 300 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Drug Name	Drug Tier	Requirements / Limits
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	2	
<i>acyclovir oral capsule 200 mg</i>	1	GC
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	GC
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	4	B/D
<i>adefovir oral tablet 10 mg</i>	4	
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
APTIVUS ORAL CAPSULE 250 MG	5^	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	2	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5^	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5^	
CIMDUO ORAL TABLET 300-300 MG	5^	
COMPLERA ORAL TABLET 200-25-300 MG	5^	
DELSTRIGO ORAL TABLET 100-300-300 MG	5^	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5^	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	5^	
EDURANT ORAL TABLET 25 MG	5^	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	2	
<i>efavirenz oral tablet 600 mg</i>	2	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	5^	
<i>efavirenz-lamivu-tenofovir disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	5^	
<i>emtricitabine oral capsule 200 mg</i>	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5^	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	4	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5^	PA; QL (28 EA per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5^	PA; QL (56 EA per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5^	PA; QL (56 EA per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5^	PA; QL (28 EA per 28 days)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Drug Name	Drug Tier	Requirements / Limits
<i>etravirine oral tablet 100 mg, 200 mg</i>	5^	
EVOTAZ ORAL TABLET 300-150 MG	5^	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>fosamprenavir oral tablet 700 mg</i>	4	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5^	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	2	
GENVOYA ORAL TABLET 150-150-200-10 MG	5^	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5^	PA; QL (28 EA per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5^	PA; QL (56 EA per 28 days)
HARVONI ORAL TABLET 45-200 MG	5^	PA; QL (60 EA per 30 days)
HARVONI ORAL TABLET 90-400 MG	5^	PA; QL (28 EA per 28 days)
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS HD ORAL TABLET 600 MG	5^	
ISENTRESS ORAL POWDER IN PACKET 100 MG	5^	
ISENTRESS ORAL TABLET 400 MG	5^	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5^	
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	
JULUCA ORAL TABLET 50-25 MG	5^	
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	6	QL (40 EA per 180 days)
<i>lamivudine oral solution 10 mg/ml</i>	2	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	2	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	2	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	5^	
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	
<i>nevirapine oral tablet 200 mg</i>	2	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	2	
NORVIR ORAL POWDER IN PACKET 100 MG	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5^	
<i>oseltamivir oral capsule 30 mg</i>	2	QL (168 EA per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	2	QL (84 EA per 365 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	2	QL (1080 ML per 365 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Drug Name	Drug Tier	Requirements / Limits
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	6	\$0 Cost Sharing; QL (20 EA per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	6	\$0 Cost Sharing; QL (30 EA per 180 days)
PIFELTRO ORAL TABLET 100 MG	5^	
PREVYMIS ORAL TABLET 240 MG, 480 MG	5^	PA; QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	5^	
PREZISTA ORAL SUSPENSION 100 MG/ML	5^	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	5^	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	5^	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	5^	QL (30 EA per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL (120 EA per 365 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	5^	
<i>ribavirin oral capsule 200 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>rimantadine oral tablet 100 mg</i>	4	
<i>ritonavir oral tablet 100 mg</i>	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5^	
SELZENTRY ORAL SOLUTION 20 MG/ML	5^	
SELZENTRY ORAL TABLET 25 MG	4	
SELZENTRY ORAL TABLET 75 MG	5^	
STRIBILD ORAL TABLET 150-150-200-300 MG	5^	
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	5^	
SYM TUZA ORAL TABLET 800-150-200-10 MG	4	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	5^	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5^	
TRIUMEQ ORAL TABLET 600-50-300 MG	5^	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	5^	
TRIZIVIR ORAL TABLET 300-150-300 MG	5^	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5^	

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Drug Name	Drug Tier	Requirements / Limits
TYBOST ORAL TABLET 150 MG	3	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	2	
<i>valganciclovir oral recon soln 50 mg/ml</i>	5^	
<i>valganciclovir oral tablet 450 mg</i>	3	
VEMLIDY ORAL TABLET 25 MG	5^	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5^	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5^	
VIREAD ORAL TABLET 150 MG, 250 MG	5^	
VIREAD ORAL TABLET 200 MG	4	
VOSEVI ORAL TABLET 400-100-100 MG	5^	PA; QL (28 EA per 28 days)
<i>zidovudine oral capsule 100 mg</i>	2	
<i>zidovudine oral syrup 10 mg/ml</i>	2	
<i>zidovudine oral tablet 300 mg</i>	2	
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	4	
<i>cefadroxil oral capsule 500 mg</i>	1	GC
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml</i>	3	
<i>cefadroxil oral suspension for reconstitution 500 mg/5 ml</i>	2	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	3	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	4	
<i>cefazolin injection recon soln 1 gram</i>	3	
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	4	
<i>cefazolin injection recon soln 500 mg</i>	2	
<i>cefazolin intravenous recon soln 1 gram</i>	3	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	4	
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>cefepime injection recon soln 1 gram, 2 gram</i>	4	
<i>cefixime oral capsule 400 mg</i>	2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	4	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml</i>	4	
<i>cefpodoxime oral suspension for reconstitution 50 mg/5 ml</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	3	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml</i>	2	
<i>cefprozil oral suspension for reconstitution 250 mg/5 ml</i>	3	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	4	
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK 2 GRAM/50 ML	2	
<i>ceftazidime injection recon soln 1 gram</i>	4	
<i>ceftazidime injection recon soln 2 gram</i>	2	
<i>ceftazidime injection recon soln 6 gram</i>	3	
<i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram</i>	4	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	4	
<i>ceftriaxone injection recon soln 250 mg, 500 mg</i>	2	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	4	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	GC
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>tazicef injection recon soln 1 gram, 6 gram</i>	2	
<i>tazicef injection recon soln 2 gram</i>	4	
<i>tazicef intravenous recon soln 1 gram</i>	2	
<i>tazicef intravenous recon soln 2 gram</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5^	
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln 500 mg</i>	3	
<i>azithromycin oral packet 1 gram</i>	3	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	GC
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml</i>	2	
<i>clarithromycin oral suspension for reconstitution 250 mg/5 ml</i>	4	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	
DIFICID ORAL TABLET 200 MG	5^	QL (20 EA per 10 days)
<i>e.e.s. 400 oral tablet 400 mg</i>	2	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	4	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	4	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	4	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	2	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	5^	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5^	PA; LA
<i>atovaquone oral suspension 750 mg/5 ml</i>	2	
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	4	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	2	
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	4	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5^	PA; LA; QL (84 ML per 56 days)
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	GC
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 900 MG/50 ML	2	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 600 MG/50 ML	4	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 900 mg/50 ml</i>	2	
<i>clindamycin in 5 % dextrose intravenous piggyback 600 mg/50 ml</i>	4	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml</i>	2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	
COARTEM ORAL TABLET 20-120 MG	4	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	4	QL (30 EA per 10 days)
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>daptomycin intravenous recon soln 500 mg</i>	5^	
EMVERM ORAL TABLET,CHEWABLE 100 MG	5^	QL (12 EA per 365 days)
<i>ertapenem injection recon soln 1 gram</i>	4	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	2	
<i>gentamicin injection solution 40 mg/ml</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	4	
<i>hydroxychloroquine oral tablet 200 mg</i>	2	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i>	4	
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	GC
<i>ivermectin oral tablet 3 mg</i>	3	PA; QL (20 EA per 30 days)
<i>linezolid 600 mg/300 ml-0.9% nacl single-use</i>	4	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	4	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	5^	QL (1800 ML per 30 days)
<i>linezolid oral tablet 600 mg</i>	3	QL (60 EA per 30 days)
LINEZOLID-0.9% SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>mefloquine oral tablet 250 mg</i>	2	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	4	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	4	
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	GC
<i>neomycin oral tablet 500 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i>	5^	QL (6 EA per 30 days)
<i>paromomycin oral capsule 250 mg</i>	4	
<i>pentamidine inhalation recon soln 300 mg</i>	2	B/D; QL (1 EA per 28 days)
<i>pentamidine injection recon soln 300 mg</i>	2	
<i>praziquantel oral tablet 600 mg</i>	4	
PRIFTIN ORAL TABLET 150 MG	4	
PRIMAQUINE ORAL TABLET 26.3 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>quinine sulfate oral capsule 324 mg</i>	3	PA
<i>rifabutin oral capsule 150 mg</i>	2	
<i>rifampin intravenous recon soln 600 mg</i>	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5^	PA; LA
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	2	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	5^	
<i>tigecycline intravenous recon soln 50 mg</i>	5^	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	5^	PA; QL (280 ML per 28 days)
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	2	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	2	
TRECTOR ORAL TABLET 250 MG	4	
<i>vancomycin hcl 1.25 gram vial outer, suv</i>	4	
<i>vancomycin hcl 1.5 gram vial outer, suv</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	4	
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	4	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram</i>	4	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM	4	
<i>vancomycin intravenous recon soln 500 mg</i>	2	
<i>vancomycin intravenous recon soln 750 mg</i>	3	
<i>vancomycin oral capsule 125 mg</i>	4	QL (80 EA per 180 days)
<i>vancomycin oral capsule 250 mg</i>	4	QL (160 EA per 180 days)
XIFAXAN ORAL TABLET 550 MG	5^	PA; QL (90 EA per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	GC
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	GC
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	GC
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	1	GC
<i>ampicillin sodium injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	
<i>ampicillin sodium injection recon soln 10 gram, 125 mg</i>	2	
<i>ampicillin sodium intravenous recon soln 1 gram</i>	4	
<i>ampicillin sodium intravenous recon soln 2 gram</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	2	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	
<i>nafcillin injection recon soln 10 gram</i>	5^	
<i>nafcillin intravenous recon soln 1 gram, 2 gram</i>	2	
<i>oxacillin injection recon soln 1 gram</i>	2	
<i>oxacillin injection recon soln 10 gram, 2 gram</i>	4	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4	
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	4	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	4	
<i>penicillin g sodium injection recon soln 5 million unit</i>	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	GC
<i>pfizerpen-g injection recon soln 20 million unit, 5 million unit</i>	4	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	4	
<i>piperacil-tazobact 13.5 gm vl inner, muv, p/f 13.5 gram</i>	4	
QUINOLONES		
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 500 MG/5 ML	4	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	4	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	GC
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml</i>	4	
<i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	GC
<i>moxifloxacin oral tablet 400 mg</i>	2	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	2	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	2	
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet 500 mg</i>	4	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	4	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	GC
TETRACYCLINES		
<i>doxy-100 intravenous recon soln 100 mg</i>	2	
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>tetracycline oral capsule 250 mg</i>	3	PA
<i>tetracycline oral capsule 500 mg</i>	4	PA
URINARY TRACT AGENTS		
<i>methenamine hippurate oral tablet 1 gram</i>	3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	3	
<i>trimethoprim oral tablet 100 mg</i>	2	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
MESNEX ORAL TABLET 400 MG	5^	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5^	PA-NS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	4	PA-NS; QL (120 EA per 30 days)
<i>abiraterone oral tablet 500 mg</i>	4	PA-NS; QL (60 EA per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5^	PA-NS; LA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5^	PA-NS; LA; QL (30 EA per 180 days)
<i>anastrozole oral tablet 1 mg</i>	1	GC
AUGTYRO ORAL CAPSULE 40 MG	5^	PA-NS; QL (240 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
<i>azacitidine injection recon soln 100 mg</i>	5^	B/D
<i>azathioprine oral tablet 50 mg</i>	2	B/D
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5^	PA-NS; LA
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	5^	B/D
<i>bexarotene oral capsule 75 mg</i>	5^	PA-NS
<i>bexarotene topical gel 1 %</i>	5^	PA-NS; QL (60 GM per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	2	
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5^	PA-NS
<i>bortezomib injection recon soln 3.5 mg</i>	5^	PA-NS
BOSULIF ORAL CAPSULE 100 MG	5^	PA-NS; QL (90 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5^	PA-NS; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	5^	PA-NS; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5^	PA-NS; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5^	PA-NS; LA; QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
BRUKINSA ORAL CAPSULE 80 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
<i>carboplatin intravenous solution 10 mg/ml</i>	2	B/D
<i>cisplatin intravenous solution 1 mg/ml</i>	2	B/D
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	5^	B/D
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5^	PA-NS; LA; QL (56 EA per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5^	PA-NS; LA; QL (112 EA per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5^	PA-NS; LA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	5^	PA-NS; LA; QL (63 EA per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	5^	B/D
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 200 MG/ML	5^	B/D
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	B/D
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	4	B/D
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	2	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	B/D
<i>cytarabine injection solution 20 mg/ml</i>	2	
DAURISMO ORAL TABLET 100 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5^	B/D
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	B/D
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	5^	B/D
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Drug Name	Drug Tier	Requirements / Limits
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA-NS
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA-NS
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA-NS
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA-NS
ELLECE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	4	B/D
ELREXIO SUBCUTANEOUS SOLUTION 40 MG/ML	5^	PA-NS
EMCYT ORAL CAPSULE 140 MG	4	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	4	B/D
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	5^	B/D
ERIVEDGE ORAL CAPSULE 150 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 240 MG	5^	PA-NS; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5^	PA-NS; QL (30 EA per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5^	PA-NS; QL (90 EA per 30 days)
<i>etoposide intravenous solution 20 mg/ml</i>	2	B/D
EULEXIN ORAL CAPSULE 125 MG	5^	
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5^	PA-NS; QL (30 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5^	PA-NS; QL (150 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5^	PA-NS; QL (90 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5^	PA-NS; QL (60 EA per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	4	B/D
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5^	B/D
<i>exemestane oral tablet 25 mg</i>	2	
EXKIVITY ORAL CAPSULE 40 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5^	PA-NS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA-NS
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i>	2	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5^	PA-NS; LA; QL (21 EA per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
FRUZAQLA ORAL CAPSULE 1 MG	5^	PA-NS; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5^	PA-NS; QL (21 EA per 28 days)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	5^	B/D
GAVRETO ORAL CAPSULE 100 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250 mg</i>	5^	PA-NS; QL (30 EA per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	2	B/D
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	B/D
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	2	B/D
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	B/D
<i>gengraf oral solution 100 mg/ml</i>	2	B/D
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG	5^	
<i>hydroxyurea oral capsule 500 mg</i>	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5^	PA-NS; LA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5^	PA-NS; LA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
<i>imatinib oral tablet 100 mg</i>	5^	PA-NS; QL (180 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	5^	PA-NS; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5^	PA-NS; LA; QL (216 ML per 27 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
INQOVI ORAL TABLET 35-100 MG	5^	PA-NS; LA; QL (5 EA per 28 days)
INREBIC ORAL CAPSULE 100 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i>	4	B/D
IWILFIN ORAL TABLET 192 MG	5^	PA-NS; LA; QL (240 EA per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5^	PA-NS; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
JAYPIRCA ORAL TABLET 50 MG	5^	PA-NS; QL (30 EA per 30 days)
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	5^	B/D
<i>kemoplat intravenous solution 1 mg/ml</i>	2	B/D
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5^	PA-NS
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5^	PA-NS; QL (49 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5^	PA-NS; QL (70 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5^	PA-NS; QL (91 EA per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5^	PA-NS; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5^	PA-NS; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5^	PA-NS; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5^	PA
KRAZATI ORAL TABLET 200 MG	5^	PA-NS; QL (180 EA per 30 days)
<i>lapatinib oral tablet 250 mg</i>	5^	PA-NS; QL (180 EA per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5^	PA-NS; LA; QL (28 EA per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5^	PA-NS; LA; QL (90 EA per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5^	PA-NS; LA; QL (60 EA per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	1	GC
LEUKERAN ORAL TABLET 2 MG	4	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	PA-NS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5^	PA-NS; LA
LORBRENA ORAL TABLET 100 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5^	PA-NS; LA
LUMAKRAS ORAL TABLET 320 MG	5^	PA-NS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5^	PA-NS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	5^	

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Drug Name	Drug Tier	Requirements / Limits
LYTGOBI ORAL TABLET 4 MG, 4 MG (4X 4 MG TB), 4 MG (5X 4 MG TB)	5^	PA-NS
MATULANE ORAL CAPSULE 50 MG	5^	LA
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	3	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	PA
<i>megestrol oral tablet 20 mg, 40 mg</i>	3	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5^	PA-NS; QL (1200 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	B/D
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	B/D
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	B/D
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	GC
MONJUVI INTRAVENOUS RECON SOLN 200 MG	5^	PA-NS
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	B/D
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	5^	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	B/D
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	2	B/D
<i>mycophenolic acid dr 180 mg tb</i>	2	mycophenolate sodium = mycophenolic acid; B/D
<i>mycophenolic acid dr 360 mg tb</i>	2	mycophenolate sodium = mycophenolic acid; B/D
NERLYNX ORAL TABLET 40 MG	5^	PA-NS; LA
<i>nilutamide oral tablet 150 mg</i>	5^	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5^	PA-NS; QL (3 EA per 28 days)
NUBEQA ORAL TABLET 300 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5^	
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5^	PA
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	4	PA
ODOMZO ORAL CAPSULE 200 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5^	PA-NS; QL (30 EA per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	4	PA-NS; LA; QL (14 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	5^	PA-NS; LA; QL (30 EA per 28 days)
ORSERDU ORAL TABLET 345 MG	5^	PA-NS; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	5^	PA-NS; QL (90 EA per 30 days)
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	5^	B/D
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	4	B/D
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	2	B/D
PACLITAXEL PROTEIN-BOUND INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5^	B/D
<i>paraplatin intravenous solution 10 mg/ml</i>	3	B/D
<i>pazopanib oral tablet 200 mg</i>	5^	PA-NS; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5^	PA-NS; LA
<i>pemetrexed disodium 750 mg v1</i>	5^	B/D
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	5^	B/D
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	4	B/D
PEMETREXED DISODIUM INTRAVENOUS RECON SOLN 750 MG	5^	B/D
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5^	PA-NS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5^	PA-NS; LA; QL (21 EA per 28 days)
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	B/D
PURIXAN ORAL SUSPENSION 20 MG/ML	5^	
QINLOCK ORAL TABLET 50 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5^	PA-NS; QL (60 EA per 30 days)
REZUROCK ORAL TABLET 200 MG	5^	PA; LA; QL (30 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5^	PA-NS; LA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5^	PA-NS; LA; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5^	PA-NS; LA; QL (360 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	5^	PA-NS; QL (224 EA per 28 days)
SANDIMMUNE ORAL SOLUTION 100 MG/ML	4	B/D
SCEMBLIX ORAL TABLET 20 MG	5^	PA-NS; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5^	PA-NS; QL (300 EA per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5^	PA; LA
<i>sirolimus oral solution 1 mg/ml</i>	5^	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	B/D
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	4	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	5^	PA-NS
<i>sorafenib oral tablet 200 mg</i>	5^	PA-NS; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5^	PA-NS; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	5^	PA-NS; QL (60 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	5^	PA-NS; LA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5^	PA-NS; QL (30 EA per 30 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5^	PA-NS
TABLOID ORAL TABLET 40 MG	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5^	PA-NS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	B/D
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5^	PA-NS; QL (840 EA per 28 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	5^	PA-NS
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	5^	PA-NS; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5^	PA-NS; QL (112 EA per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5^	PA-NS; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	5^	PA-NS; LA

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Drug Name	Drug Tier	Requirements / Limits
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	5^	PA-NS
TEPMETKO ORAL TABLET 225 MG	5^	PA-NS; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	5^	PA-NS; LA; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5^	PA-NS; LA; QL (56 EA per 28 days)
TIBSOVO ORAL TABLET 250 MG	5^	PA-NS; LA
<i>toremifene oral tablet 60 mg</i>	4	
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5^	PA-NS
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5^	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	
TRUQAP ORAL TABLET 160 MG, 200 MG	5^	PA-NS; QL (64 EA per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5^	PA-NS
TUKYSA ORAL TABLET 150 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	5^	PA-NS; LA; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5^	PA-NS; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG	4	PA-NS; LA; QL (112 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5^	PA-NS; LA; QL (112 EA per 28 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5^	PA-NS; LA; QL (42 EA per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	2	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	2	B/D
VITRAKVI ORAL CAPSULE 100 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5^	PA-NS; LA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
WELIREG ORAL TABLET 40 MG	5^	PA-NS; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
XALKORI ORAL PELLETT 150 MG	5^	PA-NS; QL (180 EA per 30 days)
XALKORI ORAL PELLETT 20 MG, 50 MG	5^	PA-NS; QL (120 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	

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Drug Name	Drug Tier	Requirements / Limits
XERMELO ORAL TABLET 250 MG	5^	PA; LA; QL (84 EA per 28 days)
XOSPATA ORAL TABLET 40 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4), 80 MG/WEEK (40 MG X 2)	5^	PA-NS; LA; QL (8 EA per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2), 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (20 MG X 3), 60 MG/WEEK (60 MG X 1)	5^	PA-NS; LA; QL (4 EA per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5^	PA-NS; LA; QL (24 EA per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5^	PA-NS; LA; QL (32 EA per 28 days)
XTANDI ORAL CAPSULE 40 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5^	PA-NS; LA; QL (240 EA per 30 days)
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5^	PA-NS
ZOLINZA ORAL CAPSULE 100 MG	5^	PA-NS; QL (120 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG	4	QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	4	QL (60 EA per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	4	PA-NS; QL (600 ML per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	5^	PA-NS; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5^	PA-NS; QL (60 EA per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Drug Name	Drug Tier	Requirements / Limits
<i>carbamazepine oral tablet,chewable 100 mg</i>	2	
<i>clobazam oral suspension 2.5 mg/ml</i>	2	PA-NS; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	PA-NS; QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	2	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5^	PA-NS; LA; QL (360 EA per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5^	PA-NS; LA; QL (360 EA per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	2	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	4	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	4	
DILANTIN ORAL CAPSULE 30 MG	4	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	4	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	2	
<i>divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA-NS; LA; QL (600 ML per 30 days)
<i>epitol oral tablet 200 mg</i>	2	
EPRONTIA ORAL SOLUTION 25 MG/ML	4	PA-NS; QL (480 ML per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5 ml</i>	2	
<i>felbamate oral suspension 600 mg/5 ml</i>	5^	
<i>felbamate oral tablet 400 mg, 600 mg</i>	2	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5^	PA-NS; LA; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5^	PA-NS; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5^	PA-NS; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	PA-NS; QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	QL (270 EA per 30 days); GC

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Drug Name	Drug Tier	Requirements / Limits
<i>gabapentin oral capsule 300 mg</i>	1	QL (360 EA per 30 days); GC
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	QL (120 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	PA; QL (180 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	4	PA; QL (60 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	4	PA; QL (90 EA per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i>	5^	QL (1200 ML per 30 days)
<i>lacosamide oral solution 10 mg/ml</i>	2	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	2	QL (60 EA per 30 days)
<i>lacosamide oral tablet 50 mg</i>	2	QL (120 EA per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	GC
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	2	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	2	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	2	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	PA; QL (90 EA per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	PA; QL (60 EA per 30 days)
<i>methsuximide oral capsule 300 mg</i>	4	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	4	PA-NS

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Drug Name	Drug Tier	Requirements / Limits
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	3	PA-NS
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	4	PA-NS
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	4	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (120 EA per 30 days)
<i>pregabalin oral capsule 200 mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	2	QL (900 ML per 30 days)
PRIMIDONE ORAL TABLET 125 MG	4	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	GC
<i>roovepra oral tablet 500 mg</i>	2	
<i>rufinamide oral suspension 40 mg/ml</i>	5^	PA-NS; QL (2400 ML per 30 days)
<i>rufinamide oral tablet 200 mg</i>	2	PA-NS; QL (480 EA per 30 days)
<i>rufinamide oral tablet 400 mg</i>	5^	PA-NS; QL (240 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	QL (90 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	4	QL (360 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	4	QL (180 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	4	QL (120 EA per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG	5^	PA-NS; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA-NS; QL (60 EA per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GC
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	4	
<i>vigabatrin oral powder in packet 500 mg</i>	5^	PA-NS; LA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	5^	PA-NS; LA; QL (180 EA per 30 days)
<i>vigadrone oral powder in packet 500 mg</i>	5^	PA-NS; LA; QL (180 EA per 30 days)
<i>vigadrone oral tablet 500 mg</i>	5^	PA-NS; LA; QL (180 EA per 30 days)
<i>vigpoder oral powder in packet 500 mg</i>	5^	PA-NS; LA; QL (180 EA per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5^	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	5^	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5^	QL (60 EA per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14)	4	QL (28 EA per 28 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5^	QL (28 EA per 28 days)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	PA-NS; QL (900 ML per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
ZTALMY ORAL SUSPENSION 50 MG/ML	5^	PA-NS; QL (1100 ML per 30 days)
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	5^	PA; LA; QL (90 ML per 30 days)
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	5^	PA; QL (90 ML per 30 days)
<i>benztropine injection solution 1 mg/ml</i>	2	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	PA
<i>bromocriptine oral capsule 5 mg</i>	2	
<i>bromocriptine oral tablet 2.5 mg</i>	2	
<i>carbidopa oral tablet 25 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>entacapone oral tablet 200 mg</i>	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	4	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	GC
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg</i>	2	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	2	QL (30 EA per 30 days)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	GC
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	3	PA
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 ML per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	5^	
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	4	PA; QL (8 ML per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	5^	PA; QL (3 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	PA; QL (40 EA per 28 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QL (12 EA per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	5^	PA; QL (16 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	2	QL (18 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	2	QL (18 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	2	QL (12 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	2	QL (24 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (12 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	2	QL (9 ML per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	2	QL (6 ML per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	2	QL (9 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	2	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	2	QL (6 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	2	QL (12 EA per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5^	PA; LA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5^	PA; LA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	5^	PA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	5^	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5^	PA; QL (90 EA per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	5^	PA; QL (42 EA per 28 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	2	PA; QL (60 EA per 30 days)
<i>donepezil oral tablet 10 mg</i>	1	GC
<i>donepezil oral tablet 5 mg</i>	1	QL (30 EA per 30 days); GC
<i>donepezil oral tablet, disintegrating 10 mg</i>	1	GC
<i>donepezil oral tablet, disintegrating 5 mg</i>	1	QL (30 EA per 30 days); GC
<i>fingolimod oral capsule 0.5 mg</i>	5^	PA-NS; QL (28 EA per 28 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	2	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5^	PA-NS; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5^	PA-NS; QL (12 ML per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5^	PA-NS; QL (30 ML per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5^	PA-NS; QL (12 ML per 28 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	2	PA
<i>memantine oral solution 2 mg/ml</i>	2	PA
<i>memantine oral tablet 10 mg, 5 mg</i>	2	PA

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Drug Name	Drug Tier	Requirements / Limits
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	4	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	4	
NUEDEXTA ORAL CAPSULE 20-10 MG	5^	PA; QL (60 EA per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5^	PA-NS; QL (20 ML per 135 days)
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	5^	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	5^	PA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	2	QL (30 EA per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	5^	PA-NS; LA; QL (14 EA per 7 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	5^	PA-NS; LA
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	5^	PA-NS; QL (30 EA per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5^	PA; QL (90 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5^	PA; QL (120 EA per 30 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	2	PA
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	2	
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	2	QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	2	QL (400 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	2	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QL (180 EA per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	PA; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>endocet oral tablet 10-325 mg</i>	2	QL (180 EA per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	2	QL (360 EA per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	2	QL (240 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5^	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; QL (10 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	4	QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	4	QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	QL (150 EA per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	2	QL (600 ML per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	2	QL (180 EA per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	PA; QL (30 EA per 30 days)
<i>methadone intensol oral concentrate 10 mg/ml</i>	2	PA; QL (90 ML per 30 days)
<i>methadone oral concentrate 10 mg/ml</i>	2	PA; QL (90 ML per 30 days)
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	2	PA; QL (450 ML per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i>	2	PA; QL (90 EA per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)</i>	4	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	QL (180 ML per 30 days)
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	4	
MORPHINE INJECTION SYRINGE 2 MG/ML	4	
<i>morphine injection syringe 4 mg/ml</i>	4	
<i>morphine intravenous solution 10 mg/ml, 50 mg/ml</i>	4	
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML	4	B/D
MORPHINE INTRAVENOUS SOLUTION 8 MG/ML	4	
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	4	
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	4	
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	2	QL (900 ML per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>morphine oral tablet 15 mg, 30 mg</i>	2	QL (180 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	2	PA; QL (90 EA per 30 days)
<i>morphine sulfate 4 mg/ml vial inner, sub</i>	4	B/D
<i>oxycodone oral capsule 5 mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	2	QL (180 ML per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	2	QL (900 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	2	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	2	QL (240 EA per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	QL (90 EA per 30 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	4	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	2	QL (10 ML per 28 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	2	QL (30 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (120 EA per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	2	
<i>diclofenac sodium topical gel 1 %</i>	2	QL (1000 GM per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	2	
<i>diflunisal oral tablet 500 mg</i>	2	
<i>ec-naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2	QL (120 EA per 30 days)
<i>ec-naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2	QL (90 EA per 30 days)
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Drug Name	Drug Tier	Requirements / Limits
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet 600 mg, 800 mg</i>	1	GC
<i>ibuprofen oral suspension 100 mg/5 ml</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	GC
<i>meloxicam oral tablet 15 mg</i>	1	QL (30 EA per 30 days); GC
<i>meloxicam oral tablet 7.5 mg</i>	1	GC
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	GC
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	4	
<i>naloxone injection solution 0.4 mg/ml</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	2	
<i>naltrexone oral tablet 50 mg</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	GC
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2	QL (120 EA per 30 days)
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2	QL (90 EA per 30 days)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>oxaprozin oral tablet 600 mg</i>	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
<i>tramadol oral tablet 50 mg</i>	2	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL (240 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	4	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	4	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	4	QL (1 EA per 28 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL (150 EA per 30 days)
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	3	
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	4	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	4	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	4	
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	4	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	4	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	4	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	4	QL (3.2 ML per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	2	PA; QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	2	QL (30 EA per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	4	PA-NS; QL (60 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	2	QL (60 EA per 30 days)
<i>bupirone oral tablet 10 mg, 15 mg, 5 mg</i>	1	GC
<i>bupirone oral tablet 30 mg, 7.5 mg</i>	2	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	4	QL (30 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	5^	QL (30 EA per 30 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	2	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	4	
<i>chlorpromazine oral tablet 10 mg, 50 mg</i>	2	
<i>chlorpromazine oral tablet 100 mg, 200 mg, 25 mg</i>	4	
<i>citalopram oral solution 10 mg/5 ml</i>	2	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	4	PA-NS
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	PA-NS; QL (180 EA per 30 days)
<i>clozapine oral tablet 100 mg</i>	2	QL (270 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>clozapine oral tablet 200 mg</i>	2	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet,disintegrating 100 mg</i>	2	QL (270 EA per 30 days)
<i>clozapine oral tablet,disintegrating 12.5 mg, 25 mg</i>	2	
<i>clozapine oral tablet,disintegrating 150 mg</i>	2	QL (180 EA per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	4	QL (120 EA per 30 days)
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate oral tablet 10 mg</i>	2	PA; QL (60 EA per 30 days)
<i>dexmethylphenidate oral tablet 2.5 mg, 5 mg</i>	2	PA; QL (120 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	PA; QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	2	PA; QL (90 EA per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	2	PA-NS
<i>diazepam injection syringe 5 mg/ml</i>	2	PA-NS
<i>diazepam intensol oral concentrate 5 mg/ml</i>	2	PA-NS; QL (240 ML per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	2	PA-NS; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	2	PA-NS; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	PA-NS; QL (120 EA per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	3	
<i>doxepin oral capsule 150 mg</i>	4	
<i>doxepin oral concentrate 10 mg/ml</i>	3	
<i>doxepin oral tablet 3 mg, 6 mg</i>	2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	4	PA-NS; QL (60 EA per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	2	QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5^	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements / Limits
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5^	PA-NS; QL (60 EA per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	4	PA-NS
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	GC
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 4 mg</i>	3	PA; QL (30 EA per 30 days)
<i>guanfacine oral tablet extended release 24 hr 3 mg</i>	3	PA; QL (60 EA per 30 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	4	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	4	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25 ML per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	4	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	4	QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	4	QL (2.63 ML per 90 days)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg</i>	4	PA; QL (60 EA per 30 days)
<i>lisdexamfetamine oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	4	PA; QL (30 EA per 30 days)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg</i>	4	PA; QL (60 EA per 30 days)
<i>lisdexamfetamine oral tablet, chewable 40 mg, 50 mg, 60 mg</i>	4	PA; QL (30 EA per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	GC
<i>lithium carbonate oral tablet 300 mg</i>	1	GC
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	2	
<i>lorazepam injection syringe 2 mg/ml</i>	2	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	2	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	QL (150 EA per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	5^	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i>	5^	QL (60 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	QL (180 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	2	PA; QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	2	PA; QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	2	PA; QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet 20 mg</i>	2	PA; QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	2	PA; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	2	PA; QL (180 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	GC
<i>mirtazapine oral tablet 7.5 mg</i>	2	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	2	
<i>modafinil oral tablet 100 mg</i>	2	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (60 EA per 30 days)
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>nortriptyline oral solution 10 mg/5 ml</i>	4	
NUPLAZID ORAL CAPSULE 34 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	2	QL (3 EA per 1 day)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg</i>	2	QL (60 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 15 mg, 20 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	QL (60 EA per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	4	QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	3	QL (60 EA per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	4	QL (1 EA per 30 days)
<i>phenelzine oral tablet 15 mg</i>	2	
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	4	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	
QUETIAPINE ORAL TABLET 150 MG	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	PA-NS; QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	PA-NS; QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5^	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	4	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	2	QL (240 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	GC
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg</i>	2	QL (90 EA per 30 days)
<i>risperidone oral tablet,disintegrating 1 mg, 2 mg, 3 mg</i>	2	QL (60 EA per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	2	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	4	QL (30 EA per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	5^	PA; LA; QL (540 ML per 30 days)
<i>temazepam oral capsule 15 mg</i>	2	PA; QL (60 EA per 30 days)
<i>temazepam oral capsule 30 mg, 7.5 mg</i>	2	PA; QL (30 EA per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>tranylcypromine oral tablet 10 mg</i>	2	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	GC
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trimipramine oral capsule 100 mg</i>	4	QL (60 EA per 30 days)
<i>trimipramine oral capsule 25 mg, 50 mg</i>	4	QL (120 EA per 30 days)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	QL (30 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	GC
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5^	PA-NS; QL (600 ML per 30 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	2	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5^	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	4	PA; QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	4	PA; QL (30 EA per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG	4	PA; QL (60 EA per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 40 MG, 50 MG, 60 MG	4	PA; QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	2	QL (6 EA per 3 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	5^	PA-NS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	PA-NS; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5^	PA-NS; QL (2.4 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5^	PA-NS; QL (1.2 EA per 30 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone intravenous solution 50 mg/ml</i>	2	
<i>amiodarone intravenous syringe 150 mg/3 ml</i>	2	
<i>amiodarone oral tablet 100 mg, 400 mg</i>	2	
<i>amiodarone oral tablet 200 mg</i>	1	GC
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	4	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	4	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	4	
<i>pacerone oral tablet 100 mg, 400 mg</i>	2	
<i>pacerone oral tablet 200 mg</i>	1	GC
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Drug Name	Drug Tier	Requirements / Limits
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	GC
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	2	
<i>amiloride oral tablet 5 mg</i>	1	GC
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	GC
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	6	QL (30 EA per 30 days); GC
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	6	QL (30 EA per 30 days); GC
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	6	QL (30 EA per 30 days); GC
<i>amlodipine-valsartan-hcthiamid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	6	GC
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	GC
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	GC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	6	GC
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	GC
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	GC
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	6	QL (60 EA per 30 days); GC
<i>candesartan oral tablet 32 mg</i>	6	QL (30 EA per 30 days); GC
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg</i>	6	QL (60 EA per 30 days); GC
<i>candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg</i>	6	QL (30 EA per 30 days); GC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	6	GC
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	6	GC
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	GC
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	GC
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	2	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	2	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	GC
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	GC
EDARBI ORAL TABLET 40 MG, 80 MG	4	QL (30 EA per 30 days)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	4	QL (30 EA per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	6	GC
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	6	GC
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	6	GC
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	6	GC
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	GC
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	GC
<i>guanfacine oral tablet 1 mg, 2 mg</i>	3	PA
<i>hydralazine injection solution 20 mg/ml</i>	2	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	GC
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	GC
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	6	QL (30 EA per 30 days); GC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	6	QL (60 EA per 30 days); GC
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	6	QL (30 EA per 30 days); GC
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	6	GC
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	GC
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	6	GC
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	6	GC
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GC
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>metyrosine oral capsule 250 mg</i>	5^	PA
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	6	GC
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>nebivolol oral tablet 20 mg</i>	2	QL (60 EA per 30 days)
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	
<i>nimodipine oral capsule 30 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	2	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	5^	
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	5^	
<i>olmesartan oral tablet 20 mg, 40 mg</i>	6	QL (30 EA per 30 days); GC
<i>olmesartan oral tablet 5 mg</i>	6	QL (60 EA per 30 days); GC
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	6	QL (30 EA per 30 days); GC
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	6	QL (30 EA per 30 days); GC
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	6	GC
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	GC
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	GC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	6	GC
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	6	QL (30 EA per 30 days); GC
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	6	QL (30 EA per 30 days); GC
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg</i>	6	QL (30 EA per 30 days); GC
<i>telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg</i>	6	QL (60 EA per 30 days); GC
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	GC
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements / Limits
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	6	GC
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	5^	PA-NS
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	GC
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	GC
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	6	QL (60 EA per 30 days); GC
<i>valsartan oral tablet 320 mg</i>	6	QL (30 EA per 30 days); GC
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	6	QL (30 EA per 30 days); GC
<i>verapamil intravenous solution 2.5 mg/ml</i>	2	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	2	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	GC
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	GC
COAGULATION THERAPY		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	GC
<i>clopidogrel oral tablet 75 mg</i>	1	GC
<i>dabigatran etexilate oral capsule 110 mg</i>	4	QL (120 EA per 30 days)
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i>	4	QL (60 EA per 30 days)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	3	PA
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	5^	PA; LA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5^	PA; LA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5^	PA; LA
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 EA per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	4	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5^	
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	2	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	B/D
HEPARIN(PORCINE) IN 0.45% NAACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	3	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	GC
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	GC
PRADAXA ORAL CAPSULE 110 MG	4	QL (120 EA per 30 days)
PRADAXA ORAL CAPSULE 150 MG, 75 MG	4	QL (60 EA per 30 days)
<i>prasugrel oral tablet 10 mg, 5 mg</i>	2	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5^	PA; LA; QL (360 EA per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	5^	PA; LA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5^	PA; LA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5^	PA; LA; QL (60 EA per 30 days)
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	GC
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	QL (620 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	5^	ST; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	6	QL (30 EA per 30 days); GC
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	QL (30 EA per 30 days); GC
<i>cholestyramine (with sugar) oral powder 4 gram</i>	3	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	3	
<i>cholestyramine light oral powder 4 gram</i>	2	
<i>cholestyramine light oral powder in packet 4 gram</i>	2	
<i>cholestyramine-aspartame oral powder in packet 4 gram</i>	2	
<i>colesevelam oral powder in packet 3.75 gram</i>	2	
<i>colesevelam oral tablet 625 mg</i>	2	
<i>colestipol oral granules 5 gram</i>	2	
<i>colestipol oral packet 5 gram</i>	2	
<i>colestipol oral tablet 1 gram</i>	2	
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	4	ST; QL (30 EA per 30 days)
<i>ezetimibe oral tablet 10 mg</i>	1	GC
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	6	QL (30 EA per 30 days); GC
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	2	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	6	QL (60 EA per 30 days); GC
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	6	QL (30 EA per 30 days); GC
<i>gemfibrozil oral tablet 600 mg</i>	1	GC
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	4	QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	6	QL (60 EA per 30 days); GC
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	QL (60 EA per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	3	PA
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	QL (30 EA per 30 days); GC
<i>prevalite oral powder 4 gram</i>	2	
<i>prevalite oral powder in packet 4 gram</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	QL (30 EA per 30 days); GC
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	6	QL (30 EA per 30 days); GC
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	4	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	4	ST; QL (30 EA per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION 5 MG/5 ML	4	QL (450 ML per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	QL (60 EA per 30 days)
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	QL (30 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	4	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	QL (30 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	4	PA
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	GC
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	GC
<i>nitro-bid transdermal ointment 2 %</i>	3	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	PA
<i>calcipotriene scalp solution 0.005 %</i>	3	PA; QL (120 ML per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	4	PA; QL (120 GM per 30 days)
ENSTILAR TOPICAL FOAM 0.005-0.064 %	4	PA; QL (120 GM per 30 days)
<i>selenium sulfide topical lotion 2.5 %</i>	2	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5^	PA; QL (6 ML per 365 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5^	PA; QL (6 ML per 365 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5^	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5^	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5^	PA; QL (1 ML per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5^	PA; QL (3 ML per 28 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5^	PA; QL (3 ML per 28 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5^	PA; LA; QL (3 ML per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5^	PA; LA; QL (3 ML per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate topical cream 12 %</i>	2	
<i>ammonium lactate topical lotion 12 %</i>	2	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5^	PA; QL (4.56 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5^	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5^	PA; QL (1.34 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5^	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5^	PA; QL (8 ML per 28 days)
<i>fluorouracil topical cream 5 %</i>	3	QL (40 GM per 30 days)
<i>fluorouracil topical solution 2 %, 5 %</i>	2	QL (10 ML per 30 days)
<i>glydo mucous membrane jelly in applicator 2 %</i>	2	PA; QL (60 ML per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	2	QL (24 EA per 30 days)
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	2	B/D
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	2	B/D
<i>lidocaine hcl laryngotracheal solution 4 %</i>	3	PA; QL (50 ML per 30 days)
<i>lidocaine hcl mucous membrane jelly 2 %</i>	4	PA; QL (30 ML per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	3	PA; QL (50 ML per 30 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	4	PA; QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	2	PA; QL (50 GM per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	PA; QL (30 GM per 30 days)
<i>lidocan iii topical adhesive patch,medicated 5 %</i>	4	PA; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
PANRETIN TOPICAL GEL 0.1 %	5^	PA-NS; QL (60 GM per 30 days)
<i>podofilox topical solution 0.5 %</i>	3	QL (7 ML per 28 days)
REGRANEX TOPICAL GEL 0.01 %	5^	QL (15 GM per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 GM per 30 days)
<i>silver sulfadiazine topical cream 1 %</i>	2	
<i>ssd topical cream 1 %</i>	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	4	QL (100 GM per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	5^	PA-NS; LA; QL (60 GM per 30 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	5^	QL (7.5 GM per 28 days)
THErapy FOR ACNE		
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	2	
<i>azelaic acid topical gel 15 %</i>	4	QL (50 GM per 30 days)
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>clindamycin phosphate topical gel 1 %</i>	3	QL (75 GM per 30 days)
<i>clindamycin phosphate topical gel, once daily 1 %</i>	3	QL (75 ML per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	3	QL (60 ML per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	2	QL (60 ML per 30 days)
<i>ery pads topical swab 2 %</i>	3	QL (60 EA per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	2	QL (60 ML per 30 days)
FINACEA TOPICAL FOAM 15 %	4	QL (50 GM per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>metronidazole topical cream 0.75 %</i>	4	QL (45 GM per 30 days)
<i>metronidazole topical gel 0.75 %</i>	3	QL (45 GM per 30 days)
<i>metronidazole topical lotion 0.75 %</i>	4	QL (59 ML per 30 days)
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
NORITATE TOPICAL CREAM 1 %	5^	QL (60 GM per 30 days)
<i>tazarotene topical cream 0.1 %</i>	4	PA; QL (60 GM per 30 days)
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	4	PA
TAZORAC TOPICAL CREAM 0.05 %	4	PA; QL (60 GM per 30 days)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA; QL (45 GM per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	4	PA; QL (45 GM per 30 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream 0.1 %</i>	2	QL (30 GM per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	3	QL (30 GM per 30 days)
<i>mupirocin topical ointment 2 %</i>	1	QL (44 GM per 30 days); GC
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	4	QL (118 ML per 30 days)
SULFAMYLON TOPICAL CREAM 85 MG/G	4	QL (453.6 GM per 30 days)
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream 0.77 %</i>	2	QL (90 GM per 30 days)
<i>ciclopirox topical suspension 0.77 %</i>	3	QL (60 ML per 30 days)
<i>clotrimazole topical cream 1 %</i>	2	QL (45 GM per 28 days)
<i>clotrimazole topical solution 1 %</i>	2	QL (30 ML per 28 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	QL (45 GM per 30 days)
<i>ketoconazole topical cream 2 %</i>	2	QL (60 GM per 28 days)
<i>ketoconazole topical shampoo 2 %</i>	1	QL (120 ML per 28 days); GC
<i>klayesta topical powder 100,000 unit/gram</i>	2	QL (60 GM per 30 days)
<i>nyamyc topical powder 100,000 unit/gram</i>	2	QL (60 GM per 30 days)
<i>nystatin topical cream 100,000 unit/gram</i>	2	QL (30 GM per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	QL (30 GM per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i>	2	QL (60 GM per 30 days)
<i>nystop topical powder 100,000 unit/gram</i>	2	QL (60 GM per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %, 2.5 %</i>	1	GC
<i>alclometasone topical cream 0.05 %</i>	3	QL (60 GM per 30 days)
<i>alclometasone topical ointment 0.05 %</i>	3	QL (60 GM per 30 days)
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	QL (120 ML per 30 days)
<i>betamethasone dipropionate topical ointment 0.05 %</i>	3	QL (120 GM per 30 days)
<i>betamethasone valerate topical cream 0.1 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone valerate topical lotion 0.1 %</i>	3	QL (120 ML per 30 days)
<i>betamethasone valerate topical ointment 0.1 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone, augmented topical cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone, augmented topical gel 0.05 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	QL (120 ML per 30 days)
<i>betamethasone, augmented topical ointment 0.05 %</i>	2	QL (120 GM per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol scalp solution 0.05 %</i>	2	QL (50 ML per 30 days)
<i>clobetasol topical cream 0.05 %</i>	2	QL (60 GM per 30 days)
<i>clobetasol topical gel 0.05 %</i>	4	QL (60 GM per 30 days)
<i>clobetasol topical ointment 0.05 %</i>	2	QL (60 GM per 30 days)
<i>clobetasol-emollient topical cream 0.05 %</i>	3	QL (60 GM per 30 days)
<i>desonide topical cream 0.05 %</i>	2	QL (60 GM per 30 days)
<i>desonide topical ointment 0.05 %</i>	2	QL (60 GM per 30 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	2	QL (118.28 ML per 30 days)
<i>fluocinolone topical cream 0.01 %</i>	4	QL (60 GM per 30 days)
<i>fluocinolone topical cream 0.025 %</i>	4	QL (120 GM per 30 days)
<i>fluocinolone topical oil 0.01 %</i>	2	QL (118.28 ML per 30 days)
<i>fluocinolone topical ointment 0.025 %</i>	3	QL (120 GM per 30 days)
<i>fluocinolone topical solution 0.01 %</i>	2	QL (90 ML per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	3	QL (120 GM per 30 days)
<i>fluocinonide topical gel 0.05 %</i>	4	QL (60 GM per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	2	QL (60 GM per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	2	QL (60 ML per 30 days)
<i>fluocinonide-e topical cream 0.05 %</i>	4	QL (120 GM per 30 days)
<i>fluocinonide-emollient topical cream 0.05 %</i>	4	QL (120 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical cream 0.05 %</i>	2	QL (50 GM per 30 days)
<i>halobetasol propionate topical ointment 0.05 %</i>	4	QL (50 GM per 30 days)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	GC
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 2.5 %</i>	2	
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>triamcinolone acetonide topical cream 0.025 %, 0.5 %</i>	1	GC
<i>triamcinolone acetonide topical cream 0.1 %</i>	1	QL (454 GM per 30 days); GC
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	GC

TOPICAL SCABICIDES / PEDICULICIDES

<i>malathion topical lotion 0.5 %</i>	2	QL (59 ML per 30 days)
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Drug Name	Drug Tier	Requirements / Limits
<i>permethrin topical cream 5 %</i>	2	QL (60 GM per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	2	
<i>acetic acid irrigation solution 0.25 %</i>	2	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	2	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	5^	PA; LA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	5^	PA; LA
<i>cevimeline oral capsule 30 mg</i>	2	
CHEMET ORAL CAPSULE 100 MG	4	
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	B/D
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	4	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	5^	PA
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5^	PA
<i>deferasirox oral tablet 90 mg</i>	2	PA
<i>deferasirox oral tablet, dispersible 125 mg</i>	4	PA
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	5^	PA
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	3	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	2	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	2	
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	4	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	4	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	2	B/D
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	2	B/D
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	4	B/D
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
<i>droxidopa oral capsule 100 mg</i>	4	PA; QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	4	PA; QL (180 EA per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	5^	PA; LA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5^	PA; LA
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	2	B/D
<i>levocarnitine oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet 330 mg</i>	2	B/D
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5^	PA
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5^	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	5^	PA; LA
<i>riluzole oral tablet 50 mg</i>	2	
<i>risedronate oral tablet 30 mg</i>	2	QL (30 EA per 30 days)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	4	QL (540 EA per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	4	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	3	QL (540 EA per 30 days)
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	
<i>sodium chloride 0.9 % intravenous piggyback</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	5^	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5^	PA
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>trientine oral capsule 250 mg</i>	5^	PA
VELPHORO ORAL TABLET,CHEWABLE 500 MG	4	QL (180 EA per 30 days)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	
<i>water for irrigation, sterile irrigation solution</i>	4	
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG	5^	PA; LA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	B/D
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	
NICOTROL INHALATION CARTRIDGE 10 MG	4	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	4	
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	2	QL (56 EA per 28 days)
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	2	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	2	QL (60 ML per 30 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i>	2	QL (60 ML per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	GC
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	2	
<i>kourzeq dental paste 0.1 %</i>	3	
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	2	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	GC
<i>triamcinolone acetonide dental paste 0.1 %</i>	3	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	2	
<i>flac otic oil otic (ear) drops 0.01 %</i>	2	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	3	QL (7.5 ML per 7 days)
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>dexamethasone intensol oral drops 1 mg/ml</i>	4	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	2	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	2	
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	B/D
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i>	2	
<i>prednisolone oral solution 15 mg/5 ml</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	4	
<i>prednisone oral solution 5 mg/5 ml</i>	3	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements / Limits
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	4	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	GC
<i>propylthiouracil oral tablet 50 mg</i>	2	
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	6	QL (90 EA per 30 days); GC
<i>acarbose oral tablet 25 mg</i>	6	QL (360 EA per 30 days); GC
<i>acarbose oral tablet 50 mg</i>	6	QL (180 EA per 30 days); GC
<i>alcohol pads topical pads, medicated</i>	3	
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	3	PA; QL (3.4 ML per 28 days)
<i>diazoxide oral suspension 50 mg/ml</i>	4	
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
<i>glimepiride oral tablet 1 mg, 2 mg</i>	6	QL (90 EA per 30 days); GC
<i>glimepiride oral tablet 4 mg</i>	6	QL (60 EA per 30 days); GC
<i>glipizide oral tablet 10 mg</i>	6	QL (120 EA per 30 days); GC
<i>glipizide oral tablet 5 mg</i>	6	QL (240 EA per 30 days); GC
<i>glipizide oral tablet extended release 24hr 10 mg</i>	6	QL (60 EA per 30 days); GC
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>	6	QL (90 EA per 30 days); GC
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	6	QL (240 EA per 30 days); GC
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	QL (120 EA per 30 days); GC
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 EA per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	

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Drug Name	Drug Tier	Requirements / Limits
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	5 [^]	B/D
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	5 [^]	
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	4	QL (60 EA per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	4	QL (120 EA per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG	4	QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 50-500 MG	4	QL (120 EA per 30 days)
INVOKANA ORAL TABLET 100 MG	4	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 300 MG	4	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 EA per 30 days)
<i>metformin oral tablet 1,000 mg</i>	6	QL (75 EA per 30 days); GC
<i>metformin oral tablet 500 mg</i>	6	QL (150 EA per 30 days); GC
<i>metformin oral tablet 850 mg</i>	6	QL (90 EA per 30 days); GC
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	Generic for Glucophage XR; QL (120 EA per 30 days); GC

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Drug Name	Drug Tier	Requirements / Limits
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	Generic for Glucophage XR; QL (60 EA per 30 days); GC
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	6	QL (90 EA per 30 days); GC
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	PA; QL (1.8 ML per 30 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	6	QL (30 EA per 30 days); GC
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	6	QL (30 EA per 30 days); GC
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	6	QL (90 EA per 30 days); GC
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	6	QL (120 EA per 30 days); GC
<i>repaglinide oral tablet 2 mg</i>	6	QL (240 EA per 30 days); GC

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Drug Name	Drug Tier	Requirements / Limits
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL (30 EA per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	QL (15 ML per 25 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG	3	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	3	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 EA per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	
TRADJENTA ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	3	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (60 EA per 30 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	QL (15 ML per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5^	PA
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	B/D
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	B/D
<i>calcitriol oral solution 1 mcg/ml</i>	2	B/D
CERDELGA ORAL CAPSULE 84 MG	5^	PA; LA
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5^	PA
<i>cinacalcet oral tablet 30 mg</i>	2	B/D; QL (60 EA per 30 days)
<i>cinacalcet oral tablet 60 mg</i>	4	B/D; QL (60 EA per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	4	B/D; QL (120 EA per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>desmopressin injection solution 4 mcg/ml</i>	5^	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	2	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	B/D
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	5^	PA
KORLYM ORAL TABLET 300 MG	5^	PA; LA
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	5^	PA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5^	PA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5^	PA; LA
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	3	B/D
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	2	B/D
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	5^	
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	5^	PA
<i>sapropterin oral tablet,soluble 100 mg</i>	5^	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; LA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	2	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	2	PA; QL (300 GM per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	2	PA; QL (300 GM per 30 days)
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	5^	PA
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	2	B/D
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	B/D
THYROID HORMONES		
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	GC
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	GC
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	GC
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	GC
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	GC
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>dicyclomine oral capsule 10 mg</i>	3	
<i>dicyclomine oral solution 10 mg/5 ml</i>	4	
<i>dicyclomine oral tablet 20 mg</i>	3	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	4	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	3	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>loperamide oral capsule 2 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alose tron oral tablet 0.5 mg</i>	4	PA; QL (60 EA per 30 days)
<i>alose tron oral tablet 1 mg</i>	5^	PA; QL (60 EA per 30 days)
<i>ap repitant oral capsule 125 mg, 40 mg, 80 mg</i>	2	B/D
<i>ap repitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	2	B/D
<i>balsalazide oral capsule 750 mg</i>	2	
<i>betaine oral powder 1 gram/scoop</i>	5^	LA
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	2	PA; QL (90 EA per 30 days)
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	5^	PA; QL (30 EA per 30 days)
<i>compro rectal suppository 25 mg</i>	2	
<i>constulose oral solution 10 gram/15 ml</i>	2	
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	2	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	2	B/D; QL (60 EA per 30 days)
<i>enulose oral solution 10 gram/15 ml</i>	2	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5^	PA; LA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	5^	PA; LA
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	GC
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	GC
<i>generlac oral solution 10 gram/15 ml</i>	2	
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	3	
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	2	
<i>granisetron hcl oral tablet 1 mg</i>	2	B/D
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	2	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	GC
<i>lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	4	QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	4	QL (60 EA per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	2	QL (180 EA per 30 days)
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	2	QL (120 EA per 30 days)
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	2	
<i>mesalamine oral tablet,delayed release (dr/ec) 800 mg</i>	4	
<i>mesalamine rectal enema 4 gram/60 ml</i>	2	
<i>mesalamine rectal suppository 1,000 mg</i>	2	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	2	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	GC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 EA per 30 days)
OICALIVA ORAL TABLET 10 MG, 5 MG	5^	PA; LA; QL (30 EA per 30 days)
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	2	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	3	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	GC
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1	GC
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	4	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	
<i>prochlorperazine rectal suppository 25 mg</i>	2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	2	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	4	QL (30 GM per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	5^	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	5^	PA

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Drug Name	Drug Tier	Requirements / Limits
REMICADE INTRAVENOUS RECON SOLN 100 MG	5^	PA
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	4	PA; QL (10 EA per 30 days)
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5^	PA; QL (30 ML per 135 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5^	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5^	PA; QL (2.4 ML per 56 days)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)</i>	2	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	5^	PA
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	2	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	4	
<i>ursodiol oral capsule 300 mg</i>	3	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	4	
ULCER THERAPY		
CARAFATE ORAL SUSPENSION 100 MG/ML	4	
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i>	2	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	QL (60 EA per 30 days)
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	2	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	3	
<i>famotidine intravenous solution 10 mg/ml</i>	2	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	2	QL (300 ML per 30 days)
<i>famotidine oral tablet 20 mg</i>	1	QL (120 EA per 30 days); GC
<i>famotidine oral tablet 40 mg</i>	1	QL (60 EA per 30 days); GC

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Drug Name	Drug Tier	Requirements / Limits
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	2	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	2	QL (60 EA per 30 days)
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i>	4	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	GC
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	QL (60 EA per 30 days); GC
<i>pantoprazole intravenous recon soln 40 mg</i>	2	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	GC
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	QL (60 EA per 30 days); GC
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	2	
<i>sucralfate oral suspension 100 mg/ml</i>	4	
<i>sucralfate oral tablet 1 gram</i>	2	
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5^	PA-NS; LA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5^	PA; LA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5^	PA-NS; LA
BETASERON SUBCUTANEOUS KIT 0.3 MG	5^	PA-NS; QL (14 EA per 28 days)
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5^	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	5^	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5^	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5^	PA; QL (2 ML per 28 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5^	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5^	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5^	PA

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Drug Name	Drug Tier	Requirements / Limits
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	6	IRA \$0 for age 19 and older; NM
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	6	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	6	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	6	NM
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	6	IRA \$0 for age 60 and older only; NM
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	NM
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	6	NM
BIVIGAM INTRAVENOUS SOLUTION 10 %	5^	PA; NM; LA
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	6	NM
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	6	NM
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	6	NM
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	6	NM
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	6	B/D; NM
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	6	B/D; NM
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	6	B/D; NM
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5^	PA; NM
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	4	NM
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	4	NM
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5^	PA; NM
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5^	PA; NM
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	5^	PA; NM
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5^	PA; NM; LA

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Drug Name	Drug Tier	Requirements / Limits
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	5^	PA; NM; LA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5^	PA; NM
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	6	NM
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	6	NM
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	6	NM
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	6	B/D; NM
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	6	NM
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	6	B/D; NM
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	6	NM
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	6	NM
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	6	NM
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	6	NM
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	6	NM
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	6	NM
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	6	NM
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	6	NM
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	6	NM
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	6	NM
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5^	PA; NM
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	5^	PA; NM
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	6	NM

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Drug Name	Drug Tier	Requirements / Limits
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	6	NM
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	6	NM
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU - 10 MCG/0.5ML	6	NM
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	6	B/D; NM
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	6	NM
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5^	PA; NM
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	6	NM
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	6	NM
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	6	NM
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	6	B/D; NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	6	B/D; NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	6	B/D; NM
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	6	NM
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	6	NM
ROTATEQ VACCINE ORAL SOLUTION 2 ML	6	NM
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	6	A third dose may be considered in post-transplant members (PA required).; NM; QL (2 EA per 999 days)
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	6	NM
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	6	B/D; NM
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	6	B/D; NM
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	6	B/D; NM

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Drug Name	Drug Tier	Requirements / Limits
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	6	B/D; NM
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	6	NM
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	6	NM
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT-20 MCG/ML	6	NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	6	NM
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	6	NM
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	6	NM
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	6	NM
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	6	NM
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	6	NM
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	3	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	2	BD Preferred
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	4	PA; QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	4	PA; QL (15 EA per 30 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)	4	PA; QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	4	PA; QL (15 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	4	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	4	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	4	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	4	PA; QL (15 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	4	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	4	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	4	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	4	PA; QL (15 EA per 30 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	BD Preferred
V-GO 30 DEVICE	4	PA; QL (30 EA per 30 days)
V-GO 40 DEVICE	4	PA; QL (30 EA per 30 days)
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	GC
<i>colchicine oral tablet 0.6 mg</i>	4	QL (120 EA per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	2	
MITIGARE ORAL CAPSULE 0.6 MG	3	QL (60 EA per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution 70 mg/75 ml</i>	2	QL (300 ML per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	QL (30 EA per 30 days); GC
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days); GC
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	5^	PA
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	4	ST; QL (4 EA per 28 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	2	QL (3 ML per 68 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	2	QL (3 ML per 68 days)
<i>ibandronate oral tablet 150 mg</i>	2	QL (1 EA per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	QL (1 ML per 180 days)
<i>raloxifene oral tablet 60 mg</i>	2	
<i>risedronate oral tablet 150 mg</i>	2	QL (1 EA per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 EA per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	2	QL (4 EA per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	5^	PA; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5^	PA
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5^	PA; QL (3.6 ML per 28 days)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5^	PA; QL (3.6 ML per 28 days)
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5^	PA; LA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5^	PA; LA; QL (8 ML per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5^	PA; LA; QL (8 ML per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5^	PA; QL (6 EA per 180 days)
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5^	PA; QL (4 EA per 180 days)
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5^	PA; QL (4 EA per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5^	PA; QL (2 EA per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5^	PA; QL (4 EA per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5^	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5^	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5^	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5^	PA; QL (8 ML per 28 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5^	Only Humira NDCs starting 00074 are covered; PA
HUMIRA PEN PSOR-UEVETS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5^	Only Humira NDCs starting 00074 are covered; PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5^	Only Humira NDCs starting 00074 are covered; PA; QL (6 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5^	Only Humira NDCs starting 00074 are covered; PA; QL (6 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5^	Only Humira NDCs starting 00074 are covered; PA

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Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5^	Only Humira NDCs starting 00074 are covered; PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5^	Only Humira NDCs starting 00074 are covered; PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5^	Only Humira NDCs starting 00074 are covered; PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5^	Only Humira NDCs starting 00074 are covered; PA; QL (6 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5^	Only Humira NDCs starting 00074 are covered; PA; QL (4 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5^	Only Humira NDCs starting 00074 are covered; PA; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5^	Only Humira NDCs starting 00074 are covered; PA; QL (6 EA per 28 days)
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5^	PA; QL (6 EA per 180 days)
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5^	PA; QL (4 EA per 28 days)
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5^	PA; QL (4 EA per 180 days)
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5^	PA; QL (4 EA per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	QL (30 EA per 30 days)
OTEZLA ORAL TABLET 30 MG	5^	PA; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5^	PA; QL (55 EA per 180 days)
<i>penicillamine oral tablet 250 mg</i>	5^	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5^	PA; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5^	PA; QL (84 EA per 180 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	PA; QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	4	PA
XELJANZ ORAL SOLUTION 1 MG/ML	5^	PA; QL (480 ML per 24 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	5^	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5^	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	3	
<i>camila oral tablet 0.35 mg</i>	2	
<i>deblitane oral tablet 0.35 mg</i>	2	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	4	
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	3	
<i>errin oral tablet 0.35 mg</i>	2	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	3	
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	3	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	2	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	3	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	3	
<i>heather oral tablet 0.35 mg</i>	2	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	3	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	3	
<i>incassia oral tablet 0.35 mg</i>	2	
<i>jinteli oral tablet 1-5 mg-mcg</i>	3	
<i>lyleq oral tablet 0.35 mg</i>	2	
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	3	
<i>lyza oral tablet 0.35 mg</i>	2	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	2	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>mimvey oral tablet 1-0.5 mg</i>	3	
<i>nora-be oral tablet 0.35 mg</i>	2	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	2	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	3	
<i>norlyda oral tablet 0.35 mg</i>	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
<i>progesterone intramuscular oil 50 mg/ml</i>	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	2	
<i>sharobel oral tablet 0.35 mg</i>	2	
<i>yuvafem vaginal tablet 10 mcg</i>	2	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal cream 2 %</i>	3	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	2	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
NEXPLANON SUBDERMAL IMPLANT 68 MG	4	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	3	
<i>tranexamic acid oral tablet 650 mg</i>	2	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	2	
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	2	
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	2	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>apri oral tablet 0.15-0.03 mg</i>	2	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	
<i>abra eq oral tablet 0.1-20 mg-mcg</i>	2	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	

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Drug Name	Drug Tier Requirements / Limits
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2
<i>cryselles (28) oral tablet 0.3-30 mg-mcg</i>	2
<i>cyred eq oral tablet 0.15-0.03 mg</i>	2
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	2
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	2
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2
<i>elinest oral tablet 0.3-30 mg-mcg</i>	2
<i>emoquette oral tablet 0.15-0.03 mg</i>	2
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2
<i>enskyce oral tablet 0.15-0.03 mg</i>	2
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	2
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	2
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2
<i>isibloom oral tablet 0.15-0.03 mg</i>	2
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	2
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2
<i>juleber oral tablet 0.15-0.03 mg</i>	2
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	2
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	2

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Drug Name	Drug Tier	Requirements / Limits
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	2	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	2	
<i>loryna (28) oral tablet 3-0.02 mg</i>	2	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	2	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>mili oral tablet 0.25-35 mg-mcg</i>	2	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	2	
<i>nikki (28) oral tablet 3-0.02 mg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	2	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	
<i>pimtrex (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>pirmella oral tablet 1-35 mg-mcg</i>	2	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	2	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	2	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	
<i>syeda oral tablet 3-0.03 mg</i>	2	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	
<i>vestura (28) oral tablet 3-0.02 mg</i>	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	GC
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	GC
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	GC
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	GC
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	GC
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	GC
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	GC
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	GC
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 %	2	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	GC
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	5^	PA; LA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5^	PA; LA
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	2	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	QL (60 EA per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	4	
XDEMVI OPHTHALMIC (EYE) DROPS 0.25 %	5^	PA; QL (10 ML per 42 days)
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	4	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	4	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	4	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	2	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	
OTHER GLAUCOMA DRUGS		
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	2	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	GC
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	GC
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	GC
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	4	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	4	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	2	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	GC
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	3	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
STEROIDS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	3	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	4	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	4	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	3	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	GC
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	4	
<i>cetirizine oral solution 1 mg/ml</i>	1	GC
<i>cyproheptadine oral tablet 4 mg</i>	3	PA
<i>desloratadine oral tablet 5 mg</i>	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	2	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	3	PA
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	3	PA
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	2	
<i>levocetirizine oral tablet 5 mg</i>	2	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	4	PA
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	PA
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	PA
PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	B/D
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	8.5 gm inhaler; QL (17 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	6.7 gm inhaler; QL (13.4 GM per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	2	18 gm inhaler; QL (36 GM per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	2	B/D
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	2	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>alyq oral tablet 20 mg</i>	5^	PA-NS; QL (60 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5^	PA-NS; LA; QL (30 EA per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 EA per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	4	B/D; QL (120 ML per 30 days)
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 GM per 30 days)
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	5^	PA; LA; QL (24 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	3	QL (10.7 GM per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5^	PA-NS; LA; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	3	QL (60 EA per 30 days)
<i>breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	3	QL (30.9 GM per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	Retail Inhalation Canister (10.7g inhaler containing 120 inhalations); QL (10.7 GM per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml</i>	4	B/D
<i>budesonide inhalation suspension for nebulization 0.5 mg/2 ml</i>	3	B/D
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	4	QL (8 GM per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	4	B/D
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5^	PA; LA; QL (1 ML per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5^	PA; LA; QL (1 ML per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	QL (75 ML per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	2	QL (16 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	3	QL (60 EA per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	4	B/D; QL (120 ML per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5^	PA; LA; QL (30 EA per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5^	PA; LA; QL (20 EA per 30 days)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	5^	PA; QL (27 ML per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	B/D
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	B/D
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 5.8 MG	5^	PA; QL (56 EA per 28 days)
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	5^	PA; LA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	5^	PA; LA; QL (56 EA per 28 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	2	B/D
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	3	QL (30 GM per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	2	QL (34 GM per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	2	
<i>montelukast oral tablet 10 mg</i>	1	GC
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	2	
OFEV ORAL CAPSULE 100 MG, 150 MG	5^	PA; LA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	5^	PA; LA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5^	PA; LA; QL (112 EA per 28 days)
<i>pirfenidone oral capsule 267 mg</i>	5^	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5^	PA; QL (270 EA per 30 days)
PIRFENIDONE ORAL TABLET 534 MG	5^	PA; QL (90 EA per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5^	PA; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	4	QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	4	QL (3 EA per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	5^	B/D
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	2	
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	5^	PA; LA; QL (27 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 EA per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	2	generic for Revatio; PA-NS; QL (90 EA per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5^	PA; LA; QL (56 EA per 28 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	5^	generic for Adcirca; PA-NS; QL (60 EA per 30 days)
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	5^	PA-NS; QL (300 ML per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	4	
<i>theophylline oral elixir 80 mg/15 ml</i>	2	
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	QL (60 EA per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	5^	PA; QL (56 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5^	PA; LA; QL (84 EA per 28 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	5^	B/D; LA
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	QL (36 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	4	PA; QL (32 ML per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5^	PA; LA; QL (8 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Drug Name	Drug Tier	Requirements / Limits
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5^	PA; LA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	5^	PA; LA
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5^	PA; LA; QL (1 ML per 28 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	2	ST; QL (30 EA per 30 days)
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	2	QL (30 EA per 30 days)
GEMTESA ORAL TABLET 75 MG	4	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	4	QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	4	QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	2	QL (60 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	2	QL (30 EA per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	2	ST; QL (30 EA per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	2	QL (60 EA per 30 days)
<i>trospium oral capsule,extended release 24hr 60 mg</i>	2	QL (30 EA per 30 days)
<i>trospium oral tablet 20 mg</i>	2	QL (60 EA per 30 days)
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	QL (30 EA per 30 days); GC
<i>dutasteride oral capsule 0.5 mg</i>	2	QL (30 EA per 30 days)
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	2	QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	GC
<i>silodosin oral capsule 4 mg, 8 mg</i>	2	QL (30 EA per 30 days)
<i>tamsulosin oral capsule 0.4 mg</i>	1	GC
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
ELMIRON ORAL CAPSULE 100 MG	4	PA
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	2	
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (6 EA per 30 days); NT
<i>vardeafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	QL (6 EA per 30 days); NT
VITAMINS, HEMATINICS / ELECTROLYTES		
<i>ELECTROLYTES</i>		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	QL (360 EA per 30 days)
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	QL (360 EA per 30 days)
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	GC
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	GC
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	GC
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	GC
<i>klor-con oral packet 20 meq</i>	2	
<i>lactated ringers intravenous parenteral solution</i>	4	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	3	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	4	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	3	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	3	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml</i>	4	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	2	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride oral packet 20 meq</i>	2	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	GC
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	1	GC
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	2	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	4	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	2	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	2	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml</i>	4	
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MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	B/D
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	B/D
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	B/D
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	B/D
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	B/D
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	B/D
CLINOLIPID INTRAVENOUS EMULSION 20 %	4	B/D

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Drug Name	Drug Tier	Requirements / Limits
<i>electrolyte-148 intravenous parenteral solution</i>	2	
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	4	
<i>electrolyte-a intravenous parenteral solution</i>	2	
<i>intralipid intravenous emulsion 20 %</i>	4	B/D
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	4	
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	B/D
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	4	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	2	B/D
<i>premasol 10 % intravenous parenteral solution 10 %</i>	4	B/D
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D
<i>travasol 10 % intravenous parenteral solution 10 %</i>	4	B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	B/D
VITAMINS / HEMATINICS		
<i>cyanocobalamin (vitamin b-12) injection solution</i>	1	NT
<i>dodex injection solution 1,000 mcg/ml</i>	1	NT
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	NT
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	2	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	
<i>folic acid oral tablet 1 mg</i>	1	NT
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	3	

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Multi-Language Insert
Multi-language Interpreter Services

Form Approved
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Spanish: Contamos con los servicios gratuitos de un intérprete para responder las preguntas que tenga sobre nuestro plan de salud o de medicamentos. Para solicitar un intérprete, simplemente llámenos a los números del plan que figuran en las siguientes páginas. Alguien que habla español puede ayudarle. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打以下页面上的计划号码联系我们。您将获得讲汉语普通话的译员的帮助。这是一项免费服务。

Chinese Cantonese: 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電下頁的計劃電話號碼。會說廣東話的人員可以幫助您。此為免費服務。

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa mga numero ng plano na nasa mga sumusunod na pahina. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libheng serbisyo.

French: Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, il suffit de nous appeler aux numéros figurant sur les pages suivantes. Quelqu'un parlant français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi chúng tôi theo số điện thoại chương trình ở các trang sau. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie eine der Telefonnummern auf den folgenden Seiten an. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

Korean: 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우 다음 페이지에 있는 플랜 번호로 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Russian: Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номерам, представленным на следующих страницах. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

Arabic: نوَقِّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على أرقام الخطة التي تظهر في الصفحات التالية. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें अगले पेज पर दिए गए प्लान नंबर पर कॉल करें। हिन्दी में बात करने वाला सहायक आपकी मदद करेगा। यह एक निःशुल्क सेवा है।

Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare i numeri del piano riportati nelle pagine seguenti. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através dos números do plano nas páginas seguintes. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon tradiktè nan bouch, annik rele nimewo yo pou plan an ki make sou paj ki annapre yo. Yon moun ki pale Kreyòl Ayisyen ka ede w. Se yon sèvis gratis.

Polish: Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod podany na kolejnych stronach numer odnoszący się do planu. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

Japanese: 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、次からのページに記載されている弊社の計画担当の電話番号にお問い合わせください。日本語の通訳担当者が対応します。これは無料のサービスです。

CALIFORNIA

Wellcare No Premium (HMO)

1-866-999-3945 (TTY: 711)

[wellcare.com/medicare](https://www.wellcare.com/medicare)

Wellcare Low Premium (HMO),

Wellcare No Premium Focus (HMO)

1-800-275-4737 (TTY: 711)

[wellcare.com/healthnetCA](https://www.wellcare.com/healthnetCA)

FLORIDA

HMO, PPO

1-833-444-9088 (TTY: 711)

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ILLINOIS

Wellcare No Premium Open (PPO)

1-833-444-9088 (TTY: 711)

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Wellcare No Premium Exclusive (HMO)

1-866-892-8340 (TTY: 711)

[wellcare.com/medicare](https://www.wellcare.com/medicare)

TEXAS

HMO, HMO-POS, PPO

1-833-444-9088 (TTY: 711)

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This formulary was updated on 04/01/2024.

For more recent information or other questions, please contact Wellcare Member Services at the telephone number or website for your plan listed on the inside front and back covers of this formulary, between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

04/01/2024

Medicare_{Rx}
Prescription Drug Coverage