

2020 Formulary

List of Covered Drugs

Samaritan Health Special Needs Plan (HMO)

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

Samaritan Advantage Health Plan is an HMO with a Medicare contract. Enrollment in Samaritan Advantage Health Plan depends on contract renewal. Customer Service has free language interpreter services available for non-English speakers. This information is available in large print.

Samaritan Advantage Health Plan (HMO) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

This formulary was updated on 01/01/2020. For more recent information or other questions, please contact us, Samaritan Advantage Health Plan (HMO) at 800-832-4580 or, for TTY users, 800-735-2900, daily 8 a.m. to 8 p.m., or visit medicare.samhealthplans.org.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Samaritan Health Special Needs Plan. When it refers to “plan” or “our plan,” it means Samaritan Advantage Special Needs Plan.

This document includes a list of the drugs (formulary) for our plan which is current as of 01/01/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

What is the Samaritan Advantage Special Needs Plan Formulary?

A formulary is a list of covered drugs selected by Samaritan Advantage Special Needs 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. Samaritan Advantage Special Needs Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Samaritan Advantage Special Needs 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 Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Samaritan Advantage Special Needs Plan Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market,

we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier, or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 34-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 Samaritan Advantage Special Needs Plan Formulary?”

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

The enclosed formulary is current as of 01/01/2020. To get updated information about the drugs covered by Samaritan Advantage Special Needs Plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 1 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 103. 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?

Samaritan Advantage Special Needs 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:** Samaritan Advantage Special Needs Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Samaritan Advantage Special Needs Plan before you fill your prescriptions. If you don't get approval, Samaritan Advantage Special Needs Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Samaritan Advantage Special Needs Plan limits the amount of the drug that Samaritan Advantage Special Needs Plan will cover. For example, Samaritan Advantage Special Needs Plan provides 30 tablets per 30 days per prescription for Brintellix. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Samaritan Advantage Special Needs 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, Samaritan Advantage Special Needs Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Samaritan Advantage Special Needs 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 front and back cover pages.

You can ask Samaritan Advantage Special Needs 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 Special Needs Plan 's formulary?" on page iv 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 Samaritan Advantage Special Needs 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 Samaritan Advantage Special Needs Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Samaritan Advantage Special Needs Plan.
- You can ask Samaritan Advantage Special Needs 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 Samaritan Advantage Special Needs Plan's Formulary?

You can ask Samaritan Advantage Special Needs 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 waive coverage restrictions or limits on your drug. For example, for certain drugs, Samaritan Advantage Special Needs 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, Samaritan Advantage Special Needs Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 34-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 34- day supply of medication. After your first 34-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.

Samaritan Advantage Special Needs Plan allows transition fills for members who experience a level of care change from one treatment setting to another.

For more information

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

If you have questions about Samaritan Advantage Special Needs Plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 800-MEDICARE (800-633-4227) 24 hours a day/7 days a week. TTY users should call 877-486-2048 or visit medicare.gov.

Samaritan Advantage Special Needs Plan Formulary

The formulary below provides coverage information about the drugs covered by Samaritan Advantage Special Needs Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 103.

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

The information in the Requirements/Limits column tells you if Samaritan Advantage Special Needs Plan has any special requirements for coverage of your drug.

List of Abbreviations

B/D: This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

EA: Each.

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

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

QL: Quantity Limit. For certain drugs, Samaritan Advantage Special Needs Plan limits the amount of the drug that Samaritan Advantage Special Needs Plan will cover. For example, Samaritan Advantage Special Needs Plan provides 30 tabs per 30 days per prescription of Brintellix. This may be in addition to a standard one month or three-month supply.

ST: Step Therapy. In some cases, Samaritan Advantage Special Needs 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, Samaritan Advantage Special Needs Plan may not cover drug B unless you try Drug A first. If Drug A does not work for you, Samaritan Advantage Special Needs Plan will then cover Drug B. Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

NDS: Non-extended Day Supply. Drugs that are dispensed up to a 34-day supply to monitor for possible adverse effects and to avoid medication waste.

Drug Name	Drug Tier	Requirements/ Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib oral capsule	1	QL (60 EA per 30 days)
diclofenac potassium oral tablet	1	
diclofenac sodium er oral tablet extended release 24 hour	1	
diclofenac sodium oral tablet delayed release	1	
diclofenac sodium transdermal gel 1 %	1	QL (1000 GM per 30 days)
diclofenac sodium transdermal gel 3 %	1	
diclofenac-misoprostol oral tablet delayed release	1	
diflunisal oral tablet	1	
etodolac er oral tablet extended release 24 hour	1	
etodolac oral capsule	1	
etodolac oral tablet	1	
fenoprofen calcium oral capsule 400 mg	1	
fenoprofen calcium oral tablet	1	
flurbiprofen oral tablet	1	
ibu oral tablet 600 mg, 800 mg	1	
ibuprofen oral suspension	1	

Drug Name	Drug Tier	Requirements/ Limits
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er oral capsule extended release	1	
indomethacin oral capsule	1	
INDOMETHACIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED	1	
ketoprofen er oral capsule extended release 24 hour	1	
ketoprofen oral capsule	1	
KETOROLAC TROMETHAMINE INJECTION SOLUTION	1	
KETOROLAC TROMETHAMINE INTRAMUSCULAR SOLUTION	1	
ketorolac tromethamine oral tablet	1	QL (20 EA per 30 days)
mefenamic acid oral capsule	1	
meloxicam oral tablet	1	
nabumetone oral tablet	1	
naproxen dr oral tablet delayed release	1	
naproxen oral suspension	1	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	

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

Samaritan Health Special Needs Plan (HMO) 2020 Formulary

Drug Name	Drug Tier	Requirements/ Limits
piroxicam oral capsule	1	
PROFENO ORAL TABLET 600 MG	1	
sulindac oral tablet	1	
tolmetin sodium oral capsule	1	
TOLMETIN SODIUM ORAL TABLET 200 MG	1	
tolmetin sodium oral tablet 600 mg	1	
ZIPSOR ORAL CAPSULE	1	NDS
Opioid Analgesics, Long-acting		
buprenorphine hcl injection solution	1	NDS
EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG, 80-3.2 MG	1	NDS
EMBEDA ORAL CAPSULE EXTENDED RELEASE 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG	1	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	
fentanyl transdermal patch 72 hour 62.5 mcg/hr, 87.5 mcg/hr	1	NDS
hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 8 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 32 mg	1	NDS
INFUMORPH 200 INJECTION SOLUTION	1	
INFUMORPH 500 INJECTION SOLUTION	1	
levorphanol tartrate oral tablet	1	NDS
methadone hcl injection solution	1	
methadone hcl intensol oral concentrate	1	
methadone hcl oral concentrate	1	
methadone hcl oral solution	1	
methadone hcl oral tablet	1	
methadose oral concentrate 10 mg/ml	1	
methadose sugar-free oral concentrate	1	
mitigo injection solution	1	
morphine sulfate er beads oral capsule extended release 24 hour	1	
morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg	1	
morphine sulfate er oral capsule extended release 24 hour 100 mg	1	NDS
morphine sulfate er oral tablet extended release	1	

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Drug Name	Drug Tier	Requirements/ Limits
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	1	
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 30 MG, 40 MG	1	NDS
oxycodone hcl er oral tablet er 12 hour abuse- deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	1	
oxycodone hcl er oral tablet er 12 hour abuse- deterrent 60 mg, 80 mg	1	NDS
oxymorphone hcl er oral tablet extended release 12 hour	1	
tramadol hcl er (biphasic) oral tablet extended release 24 hour	1	
tramadol hcl er oral tablet extended release 24 hour	1	
Opioid Analgesics, Short-acting		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL	1	PA; NDS
acetaminophen-codeine #2 oral tablet	1	
acetaminophen-codeine #3 oral tablet	1	
acetaminophen-codeine #4 oral tablet	1	
acetaminophen-codeine oral solution	1	

Drug Name	Drug Tier	Requirements/ Limits
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	
ascomp-codeine oral capsule	1	
butalbital-apap-caff-cod oral capsule	1	
butalbital-asa-caff- codeine oral capsule	1	
BUTORPHANOL TARTRATE INJECTION SOLUTION	1	
butorphanol tartrate nasal solution	1	
codeine sulfate oral tablet	1	
DURAMORPH INJECTION SOLUTION	1	
endocet oral tablet	1	
FENTANYL CITRATE (PF) INJECTION SOLUTION 100 MCG/2ML, 1000 MCG/20ML, 250 MCG/5ML, 2500 MCG/50ML	1	B/D
fentanyl citrate buccal lozenge on a handle	1	PA; NDS
fentanyl citrate buccal tablet	1	PA; NDS
hydrocodone- acetaminophen oral solution 7.5-325 mg/15ml	1	
hydrocodone- acetaminophen oral tablet	1	
hydrocodone-ibuprofen oral tablet	1	

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Drug Name	Drug Tier	Requirements/ Limits
hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	1	
hydromorphone hcl oral liquid	1	
hydromorphone hcl oral tablet	1	
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml	1	
ibudone oral tablet 5-200 mg	1	
LAZANDA NASAL SOLUTION	1	PA; NDS
lorcet hd oral tablet	1	
lorcet oral tablet	1	
lorcet plus oral tablet	1	
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	1	
morphine sulfate (pf) intravenous solution	1	
morphine sulfate injection solution 10 mg/ml, 4 mg/ml, 8 mg/ml	1	
MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML	1	
morphine sulfate intravenous solution 1 mg/ml, 150 mg/30ml	1	B/D
morphine sulfate oral solution	1	

Drug Name	Drug Tier	Requirements/ Limits
MORPHINE SULFATE ORAL TABLET	1	
NALBUPHINE HCL INJECTION SOLUTION	1	
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet	1	
oxycodone-acetaminophen oral solution 5-325 mg/5ml	1	
oxycodone-acetaminophen oral tablet	1	
oxycodone-aspirin oral tablet	1	
oxycodone-ibuprofen oral tablet	1	
oxymorphone hcl oral tablet	1	
pentazocine-naloxone hcl oral tablet	1	
tramadol hcl oral tablet	1	
tramadol-acetaminophen oral tablet	1	
vicodin es oral tablet	1	
vicodin hp oral tablet	1	
vicodin oral tablet	1	
xylon oral tablet 10-200 mg	1	
Anesthetics		
Local Anesthetics		

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Drug Name	Drug Tier	Requirements/Limits
7t lido external gel	1	PA; QL (30 GM per 30 days)
glydo external gel	1	PA; QL (30 ML per 30 days)
lidocaine external ointment	1	PA; QL (150 GM per 30 days)
lidocaine external patch	1	PA
lidocaine hcl (pf) injection solution	1	
lidocaine hcl external gel 2 %	1	PA; QL (30 EA per 30 days)
lidocaine hcl external solution	1	PA; QL (250 ML per 30 days)
lidocaine hcl injection solution	1	
lidocaine hcl urethral/mucosal external gel	1	PA; QL (30 ML per 30 days)
LIDOCAINE IN DEXTROSE SOLUTION	1	
LIDOCAINE PAK EXTERNAL OINTMENT	1	PA; QL (150 GM per 30 days)
lidocaine-epinephrine injection solution	1	
lidocaine-prilocaine external cream	1	PA; QL (30 GM per 30 days)
xylocaine dental injection solution	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		

Drug Name	Drug Tier	Requirements/Limits
acamprosate calcium oral tablet delayed release	1	
disulfiram oral tablet	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	NDS
Opioid Dependence Treatments		
buprenorphine hcl sublingual tablet sublingual	1	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg	1	QL (60 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg	1	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1	QL (360 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1	QL (90 EA per 30 days)
naltrexone hcl oral tablet	1	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG	1	QL (360 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG	1	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG	1	QL (180 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG	1	QL (90 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	1	QL (60 EA per 30 days)
Opioid Reversal Agents		
naloxone hcl injection solution 0.4 mg/ml	1	
naloxone hcl injection solution cartridge	1	
naloxone hcl injection solution prefilled syringe	1	
NARCAN NASAL LIQUID	1	
Smoking Cessation Agents		
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK ORAL TABLET	1	QL (504 EA per 365 days)
CHANTIX ORAL TABLET	1	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK ORAL TABLET	1	QL (504 EA per 365 days)
NICOTROL INHALATION INHALER	1	QL (2688 EA per 365 days)

Drug Name	Drug Tier	Requirements/ Limits
NICOTROL NS NASAL SOLUTION	1	QL (360 ML per 365 days)
Antibacterials		
Aminoglycosides		
amikacin sulfate injection solution	1	
gentak ophthalmic ointment	1	
gentamicin in saline intravenous solution	1	
gentamicin sulfate external cream	1	
gentamicin sulfate external ointment	1	
gentamicin sulfate injection solution	1	
gentamicin sulfate intravenous solution 10 mg/ml	1	
gentamicin sulfate ophthalmic solution	1	
neomycin sulfate oral tablet	1	
neomycin-polymyxin b gu irrigation solution	1	
paromomycin sulfate oral capsule	1	
streptomycin sulfate intramuscular solution reconstituted	1	
tobramycin ophthalmic solution	1	
tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 80 mg/2ml	1	

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Drug Name	Drug Tier	Requirements/ Limits
tobramycin sulfate injection solution reconstituted	1	
TOBREX OPHTHALMIC OINTMENT	1	
Antibacterials, Other		
ALTABAX EXTERNAL OINTMENT	1	
baciim intramuscular solution reconstituted	1	
bacitracin intramuscular solution reconstituted	1	
bacitracin ophthalmic ointment	1	
BACTROBAN NASAL NASAL OINTMENT 2 %	1	
CHLORAMPHENICOL SOD SUCCINATE INTRAVENOUS SOLUTION RECONSTITUTED	1	
CLEOCIN VAGINAL SUPPOSITORY	1	
clindacin etz external swab	1	
clindacin-p external swab	1	
clindamycin hcl oral capsule	1	
clindamycin palmitate hcl oral solution reconstituted	1	
clindamycin phosphate external foam	1	
clindamycin phosphate external gel	1	

Drug Name	Drug Tier	Requirements/ Limits
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate in d5w intravenous solution	1	
clindamycin phosphate injection solution	1	
clindamycin phosphate intravenous solution	1	
clindamycin phosphate vaginal cream	1	
colistimethate sodium (cba) injection solution reconstituted	1	
CORTISPORIN EXTERNAL CREAM	1	
CORTISPORIN EXTERNAL OINTMENT	1	
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	1	NDS
daptomycin intravenous solution reconstituted 500 mg	1	NDS
lincomycin hcl injection solution	1	
linezolid intravenous solution	1	NDS
linezolid oral suspension reconstituted	1	QL (1800 ML per 28 days); NDS
linezolid oral tablet	1	QL (56 EA per 28 days)

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Drug Name	Drug Tier	Requirements/ Limits
mafenide acetate external packet	1	
methenamine hippurate oral tablet	1	
METRONIDAZOLE IN NACL INTRAVENOUS SOLUTION 500-0.74 MG/100ML-%	1	
metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%	1	
metronidazole oral tablet	1	
metronidazole vaginal gel	1	
MONUROL ORAL PACKET	1	
mupirocin calcium external cream	1	
mupirocin external ointment	1	
nitrofurantoin macrocrystal oral capsule	1	
nitrofurantoin monohydrate macrocrystals oral capsule	1	
nitrofurantoin oral suspension	1	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED	1	NDS
polymyxin b sulfate injection solution reconstituted	1	
PRIMSOL ORAL SOLUTION	1	

Drug Name	Drug Tier	Requirements/ Limits
silver sulfadiazine external cream	1	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	1	QL (6 EA per 30 days); NDS
SIVEXTRO ORAL TABLET	1	QL (6 EA per 30 days); NDS
SSD EXTERNAL CREAM	1	
SULFAMYLON EXTERNAL CREAM	1	
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED	1	NDS
tigecycline intravenous solution reconstituted	1	NDS
trimethoprim oral tablet	1	
TRIMPEX ORAL SOLUTION 50 MG/5ML	1	
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 5000 mg, 750 mg	1	
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	1	
vancomycin hcl oral capsule 125 mg	1	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
vancomycin hcl oral capsule 250 mg	1	QL (240 EA per 30 days); NDS
VANMAZOLE VAGINAL GEL	1	
XIFAXAN ORAL TABLET	1	PA; NDS
Beta-lactam, Cephalosporins		
cefaclor er oral tablet extended release 12 hour	1	
cefaclor oral capsule	1	
cefaclor oral suspension reconstituted	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefadroxil oral tablet	1	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 300 gm, 500 mg	1	
cefazolin sodium intravenous solution reconstituted	1	
cefazolin sodium-dextrose intravenous solution	1	
cefazolin sodium-dextrose intravenous solution reconstituted	1	
cefdinir oral capsule	1	
cefdinir oral suspension reconstituted	1	
cefepime hcl injection solution reconstituted	1	

Drug Name	Drug Tier	Requirements/ Limits
cefepime hcl intravenous solution	1	
cefepime-dextrose intravenous solution reconstituted	1	
cefixime oral capsule	1	
cefixime oral suspension reconstituted	1	
cefotaxime sodium injection solution reconstituted	1	
cefotetan disodium injection solution reconstituted 10 gm	1	
cefotetan disodium-dextrose intravenous solution reconstituted	1	
cefoxitin sodium injection solution reconstituted	1	
cefoxitin sodium intravenous solution reconstituted	1	
cefoxitin sodium-dextrose intravenous solution reconstituted	1	
cefpodoxime proxetil oral suspension reconstituted	1	
cefpodoxime proxetil oral tablet	1	
cefprozil oral suspension reconstituted	1	
cefprozil oral tablet	1	
ceftazidime injection solution reconstituted	1	

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Drug Name	Drug Tier	Requirements/ Limits
CEFTIBUTEN ORAL CAPSULE 400 MG	1	
ceftriaxone sodium in dextrose intravenous solution	1	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	
ceftriaxone sodium intravenous solution reconstituted	1	
ceftriaxone sodium-dextrose intravenous solution reconstituted	1	
cefuroxime axetil oral tablet	1	
cefuroxime sodium injection solution reconstituted	1	
cefuroxime sodium intravenous solution reconstituted	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
cephalexin oral tablet	1	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	1	NDS
suprax oral tablet chewable	1	
tazicef injection solution reconstituted	1	

Drug Name	Drug Tier	Requirements/ Limits
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	1	NDS
zinacef in sterile water intravenous solution 1.5 gm	1	
zinacef intravenous solution reconstituted 750 mg	1	
Beta-lactam, Other		
AZACTAM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/50ML	1	
aztreonam injection solution reconstituted 1 gm	1	
aztreonam injection solution reconstituted 2 gm	1	NDS
DORIPENEM INTRAVENOUS SOLUTION RECONSTITUTED	1	
ertapenem sodium injection solution reconstituted	1	
imipenem-cilastatin intravenous solution reconstituted	1	
INVANZ INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	1	
meropenem intravenous solution reconstituted	1	

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Drug Name	Drug Tier	Requirements/ Limits
meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml	1	NDS
meropenem-sodium chloride intravenous solution reconstituted 500-0.9 mg-%	1	
Beta-lactam, Penicillins		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable	1	
amoxicillin-potassium clavulanate er oral tablet extended release 12 hour	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
amoxicillin-potassium clavulanate oral tablet chewable	1	
ampicillin oral capsule	1	
ampicillin sodium injection solution reconstituted	1	
ampicillin sodium intravenous solution reconstituted	1	

Drug Name	Drug Tier	Requirements/ Limits
ampicillin-sulbactam sodium injection solution reconstituted	1	
ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm	1	
BACTOCILL IN DEXTROSE INTRAVENOUS SOLUTION	1	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	1	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION	1	
dicloxacillin sodium oral capsule	1	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	1	NDS
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	1	
NAFCILLIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	1	
nafcillin sodium intravenous solution reconstituted 10 gm, 2 gm	1	NDS

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Drug Name	Drug Tier	Requirements/ Limits
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	1	
oxacillin sodium injection solution reconstituted 10 gm	1	NDS
penicillin g pot in dextrose intravenous solution 20000 unit/ml	1	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML	1	
penicillin g potassium injection solution reconstituted	1	
penicillin g sodium injection solution reconstituted	1	NDS
penicillin v potassium oral solution reconstituted	1	
penicillin v potassium oral tablet	1	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	1	
ZOSYN INTRAVENOUS SOLUTION 4-0.5 GM/100ML	1	
Macrolides		

Drug Name	Drug Tier	Requirements/ Limits
azithromycin intravenous solution reconstituted	1	
AZITHROMYCIN ORAL PACKET	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
clarithromycin er oral tablet extended release 24 hour	1	
clarithromycin oral suspension reconstituted	1	
clarithromycin oral tablet	1	
DIFICID ORAL TABLET	1	NDS
e.e.s. 400 oral tablet	1	
ery external pad	1	
ery-tab oral tablet delayed release	1	
erythrocin lactobionate intravenous solution reconstituted	1	
erythrocin stearate oral tablet	1	
erythromycin base oral capsule delayed release particles	1	
erythromycin base oral tablet	1	
erythromycin base oral tablet delayed release	1	

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Drug Name	Drug Tier	Requirements/ Limits
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	1	NDS
erythromycin ethylsuccinate oral tablet	1	
erythromycin external gel	1	
erythromycin external pad	1	
erythromycin external solution	1	
erythromycin ophthalmic ointment	1	
ERYTHROMYCIN STEARATE ORAL TABLET	1	
PCE ORAL TABLET DELAYED RELEASE 333 MG, 500 MG	1	
ZMAX ORAL SUSPENSION RECONSTITUTED 2 GM	1	
Quinolones		
BESIVANCE OPHTHALMIC SUSPENSION	1	
CILOXAN OPHTHALMIC OINTMENT	1	

Drug Name	Drug Tier	Requirements/ Limits
ciprofloxacin hcl ophthalmic solution	1	
ciprofloxacin hcl oral tablet	1	
CIPROFLOXACIN HCL OTIC SOLUTION	1	
ciprofloxacin in d5w intravenous solution	1	
ciprofloxacin intravenous solution 200 mg/20ml, 400 mg/40ml	1	
ciprofloxacin oral suspension reconstituted	1	
ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg	1	
gatifloxacin ophthalmic solution	1	
levofloxacin in d5w intravenous solution	1	
levofloxacin intravenous solution	1	
levofloxacin ophthalmic solution	1	
levofloxacin oral solution	1	
levofloxacin oral tablet	1	
MOXEZA OPHTHALMIC SOLUTION	1	
moxifloxacin hcl in nacl intravenous solution	1	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION	1	

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Drug Name	Drug Tier	Requirements/ Limits
moxifloxacin hcl ophthalmic solution	1	
moxifloxacin hcl oral tablet	1	
ofloxacin ophthalmic solution	1	
ofloxacin oral tablet	1	
ofloxacin otic solution	1	
Sulfonamides		
sulfacetamide sodium (acne) external lotion	1	
sulfacetamide sodium ophthalmic ointment	1	
sulfacetamide sodium ophthalmic solution	1	
sulfadiazine oral tablet	1	
SULFAMETHOXAZOLE-TRIMETHOPRIM INTRAVENOUS SOLUTION	1	
sulfamethoxazole-trimethoprim oral suspension	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric oral suspension	1	
Tetracyclines		
avidoxy oral tablet	1	
demeclocycline hcl oral tablet	1	
doxy 100 intravenous solution reconstituted	1	

Drug Name	Drug Tier	Requirements/ Limits
DOXYCYCLINE HYCLATE INTRAVENOUS SOLUTION RECONSTITUTED	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	
minocycline hcl oral capsule	1	
minocycline hcl oral tablet 100 mg, 50 mg	1	
mondoxyne nl oral capsule	1	
morgidox oral capsule	1	
okebo oral capsule	1	
soloxide oral tablet delayed release	1	
tetracycline hcl oral capsule	1	
VIBRAMYCIN ORAL SYRUP	1	
Anticonvulsants		

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Drug Name	Drug Tier	Requirements/ Limits
Anticonvulsants, Other		
APTIOM ORAL TABLET	1	NDS
BRIVIACT INTRAVENOUS SOLUTION	1	NDS
BRIVIACT ORAL SOLUTION	1	NDS
BRIVIACT ORAL TABLET	1	NDS
EPIDIOLEX ORAL SOLUTION	1	PA; NDS
FYCOMPA ORAL SUSPENSION	1	NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG	1	NDS
FYCOMPA ORAL TABLET 2 MG, 8 MG	1	
levetiracetam er oral tablet extended release 24 hour	1	
LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION	1	
LEVETIRACETAM INTRAVENOUS SOLUTION	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
phenobarbital oral elixir	1	PA
phenobarbital sodium injection solution	1	PA
roweepra oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
roweepra xr oral tablet extended release 24 hour	1	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	1	
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE	1	
ethosuximide oral capsule	1	
ethosuximide oral solution	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 50 MG, 75 MG	1	QL (90 EA per 30 days)
LYRICA ORAL CAPSULE 300 MG	1	QL (60 EA per 30 days)
LYRICA ORAL SOLUTION	1	QL (900 ML per 30 days)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	1	QL (90 EA per 30 days)
pregabalin oral capsule 300 mg	1	QL (60 EA per 30 days)
pregabalin oral solution	1	QL (900 ML per 30 days)
zonisamide oral capsule	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam oral suspension	1	NDS

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Drug Name	Drug Tier	Requirements/ Limits
clobazam oral tablet 10 mg	1	
clobazam oral tablet 20 mg	1	NDS
clonazepam oral tablet 0.5 mg, 1 mg	1	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	1	QL (300 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	1	QL (300 EA per 30 days)
DIASTAT ACUDIAL RECTAL GEL	1	
DIASTAT PEDIATRIC RECTAL GEL	1	
DIAZEPAM RECTAL GEL	1	
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral capsule delayed release sprinkle	1	
divalproex sodium oral tablet delayed release	1	
gabapentin oral capsule 100 mg, 300 mg	1	QL (360 EA per 30 days)
gabapentin oral capsule 400 mg	1	QL (270 EA per 30 days)
gabapentin oral solution 250 mg/5ml	1	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	1	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	1	QL (150 EA per 30 days)
phenobarbital oral tablet	1	PA

Drug Name	Drug Tier	Requirements/ Limits
primidone oral tablet	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	NDS
SYMPAZAN ORAL FILM 5 MG	1	
tiagabine hcl oral tablet	1	
VALPROATE SODIUM INTRAVENOUS SOLUTION 100 MG/ML	1	
valproic acid oral capsule	1	
valproic acid oral solution	1	
vigabatrin oral packet	1	PA; NDS
vigabatrin oral tablet	1	PA; NDS
vigadrone oral packet	1	PA; NDS
Glutamate Reducing Agents		
felbamate oral suspension	1	NDS
felbamate oral tablet	1	
lamotrigine er oral tablet extended release 24 hour	1	
LAMOTRIGINE ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG	1	
lamotrigine oral kit 42 x 50 mg & 14x100 mg	1	NDS
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
subvenite oral tablet	1	

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Drug Name	Drug Tier	Requirements/ Limits
topiramate er oral capsule er 24 hour sprinkle	1	
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
Sodium Channel Agents		
BANZEL ORAL SUSPENSION	1	NDS
BANZEL ORAL TABLET	1	NDS
carbamazepine er oral capsule extended release 12 hour	1	
carbamazepine er oral tablet extended release 12 hour	1	
carbamazepine oral suspension	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
dilantin infatabs oral tablet chewable	1	
dilantin oral capsule	1	
DILANTIN ORAL SUSPENSION	1	
epitol oral tablet	1	
fosphenytoin sodium injection solution	1	
oxcarbazepine oral suspension	1	
oxcarbazepine oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
PEGANONE ORAL TABLET	1	
phenytek oral capsule	1	
phenytoin infatabs oral tablet chewable	1	
phenytoin oral suspension	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended oral capsule	1	
phenytoin sodium injection solution	1	
TEGRETOL ORAL SUSPENSION	1	
TEGRETOL ORAL TABLET	1	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR	1	
VIMPAT INTRAVENOUS SOLUTION	1	
VIMPAT ORAL SOLUTION	1	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	1	NDS
VIMPAT ORAL TABLET 50 MG	1	
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates oral tablet	1	

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NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	1	QL (56 EA per 365 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1	QL (30 EA per 30 days)
Cholinesterase Inhibitors		
donepezil hcl oral tablet	1	
donepezil hcl oral tablet dispersible	1	
galantamine hydrobromide er oral capsule extended release 24 hour	1	
galantamine hydrobromide oral solution	1	
galantamine hydrobromide oral tablet	1	
rivastigmine tartrate oral capsule	1	
rivastigmine transdermal patch 24 hour	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl er oral capsule extended release 24 hour	1	QL (30 EA per 30 days)
memantine hcl oral solution	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
MEMANTINE HCL ORAL TABLET 28 X 5 MG & 21 X 10 MG	1	

Drug Name	Drug Tier	Requirements/Limits
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1	QL (56 EA per 365 days)
Antidepressants		
Antidepressants, Other		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	1	ST; QL (30 EA per 30 days); NDS
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	1	QL (90 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	1	QL (60 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	1	QL (90 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg	1	QL (30 EA per 30 days)
bupropion hcl oral tablet	1	
mirtazapine oral tablet	1	
mirtazapine oral tablet dispersible	1	
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	1	ST; QL (30 EA per 30 days); NDS
MARPLAN ORAL TABLET	1	
phenelzine sulfate oral tablet	1	

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Drug Name	Drug Tier	Requirements/Limits
tranylcypromine sulfate oral tablet	1	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
desvenlafaxine er oral tablet extended release 24 hour 100 mg	1	ST; QL (120 EA per 30 days)
desvenlafaxine er oral tablet extended release 24 hour 50 mg	1	ST; QL (30 EA per 30 days)
DESVENLAFAXINE FUMARATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	1	ST; QL (120 EA per 30 days)
DESVENLAFAXINE FUMARATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	1	ST; QL (30 EA per 30 days)
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	1	QL (120 EA per 30 days)
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	1	QL (30 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg	1	QL (90 EA per 30 days)
escitalopram oxalate oral solution	1	
escitalopram oxalate oral tablet	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1	ST; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	1	ST; QL (56 EA per 365 days)
fluoxetine hcl (pmdd) oral capsule	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL (4 EA per 28 days)
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate er oral capsule extended release 24 hour	1	QL (60 EA per 30 days)
fluvoxamine maleate oral tablet	1	
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	1	ST; QL (120 EA per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	1	ST; QL (30 EA per 30 days)
maprotiline hcl oral tablet	1	

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Drug Name	Drug Tier	Requirements/ Limits
nefazodone hcl oral tablet	1	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	1	QL (30 EA per 30 days)
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	1	QL (90 EA per 30 days)
paroxetine hcl er oral tablet extended release 24 hour	1	
paroxetine hcl oral tablet	1	
PAXIL ORAL SUSPENSION	1	
PEXEVA ORAL TABLET 10 MG, 20 MG, 40 MG	1	QL (30 EA per 30 days)
PEXEVA ORAL TABLET 30 MG	1	QL (60 EA per 30 days)
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral tablet	1	
TRINTELLIX ORAL TABLET	1	ST; QL (30 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	1	
venlafaxine hcl oral tablet	1	
VIIBRYD ORAL TABLET	1	QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT	1	QL (60 EA per 365 days)

Drug Name	Drug Tier	Requirements/ Limits
Tricyclics		
amitriptyline hcl oral tablet	1	PA
amoxapine oral tablet	1	
chlordiazepoxide-amitriptyline oral tablet	1	PA
clomipramine hcl oral capsule	1	
desipramine hcl oral tablet	1	
doxepin hcl oral capsule	1	PA
doxepin hcl oral concentrate	1	PA
imipramine hcl oral tablet	1	
imipramine pamoate oral capsule	1	
nortriptyline hcl oral capsule	1	
nortriptyline hcl oral solution	1	
perphenazine-amitriptyline oral tablet	1	PA
protriptyline hcl oral tablet	1	
trimipramine maleate oral capsule	1	
Antiemetics		
Antiemetics, Other		
compro rectal suppository	1	
droperidol injection solution	1	
meclizine hcl oral tablet	1	
phenadoz rectal suppository 12.5 mg	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
PHENADOZ RECTAL SUPPOSITORY 25 MG	1	PA
PHENERGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	1	PA
PROCHLORPERAZINE EDISYLATE INJECTION SOLUTION 10 MG/2ML	1	
prochlorperazine maleate oral tablet	1	
prochlorperazine rectal suppository	1	
PROMETHAZINE HCL INJECTION SOLUTION	1	PA
promethazine hcl oral syrup	1	PA
promethazine hcl oral tablet	1	PA
promethazine hcl rectal suppository	1	PA
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG	1	PA
promethegan rectal suppository 25 mg, 50 mg	1	PA
scopolamine transdermal patch 72 hour	1	PA
trimethobenzamide hcl oral capsule	1	B/D
Emetogenic Therapy Adjuncts		
ANZEMET ORAL TABLET 100 MG	1	B/D; QL (5 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
ANZEMET ORAL TABLET 50 MG	1	B/D; QL (5 EA per 30 days)
aprepitant oral capsule 125 mg	1	B/D; QL (2 EA per 30 days)
aprepitant oral capsule 40 mg	1	B/D; QL (1 EA per 30 days)
aprepitant oral capsule 80 & 125 mg	1	B/D; QL (6 EA per 30 days)
aprepitant oral capsule 80 mg	1	B/D; QL (8 EA per 30 days)
CINVANTI INTRAVENOUS EMULSION	1	
dronabinol oral capsule	1	PA; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED	1	B/D; QL (6 EA per 30 days)
granisetron hcl intravenous solution	1	
granisetron hcl oral tablet	1	B/D; QL (30 EA per 30 days)
ondansetron hcl injection solution	1	
ondansetron hcl oral solution	1	B/D; QL (450 ML per 30 days)
ondansetron hcl oral tablet 24 mg	1	B/D; QL (14 EA per 28 days)
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D
ondansetron odt oral tablet dispersible	1	B/D
PALONOSETRON HCL INTRAVENOUS SOLUTION 0.25 MG/2ML	1	

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palonosetron hcl intravenous solution 0.25 mg/5ml	1	NDS
SANCUSO TRANSDERMAL PATCH	1	QL (2 EA per 30 days); NDS
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	1	B/D; NDS
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	1	B/D; NDS
amphotericin b intravenous solution reconstituted	1	B/D
casposungin acetate intravenous solution reconstituted	1	NDS
ciclodan external cream 0.77 %	1	
ciclodan external solution	1	PA
ciclopirox external gel	1	
ciclopirox external shampoo	1	
ciclopirox external solution	1	PA
ciclopirox olamine external cream	1	
ciclopirox olamine external suspension	1	
clotrimazole external cream	1	
clotrimazole external solution	1	

Drug Name	Drug Tier	Requirements/ Limits
clotrimazole mouth/throat lozenge	1	
clotrimazole- betamethasone external cream	1	
clotrimazole- betamethasone external lotion	1	
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED	1	NDS
CRESEMBA ORAL CAPSULE	1	NDS
econazole nitrate external cream	1	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	NDS
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	1	
fluconazole in dextrose intravenous solution 200 mg/100ml	1	
fluconazole in sodium chloride intravenous solution	1	
fluconazole oral suspension reconstituted	1	
fluconazole oral tablet	1	
flucytosine oral capsule	1	NDS
griseofulvin microsize oral suspension	1	

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Drug Name	Drug Tier	Requirements/ Limits
griseofulvin microsize oral tablet	1	
griseofulvin ultramicrosize oral tablet	1	
itraconazole oral capsule	1	PA
itraconazole oral solution	1	PA; NDS
JUBLIA EXTERNAL SOLUTION	1	
ketoconazole external cream	1	
ketoconazole external foam	1	
ketoconazole external shampoo	1	
ketoconazole oral tablet	1	
MENTAX EXTERNAL CREAM	1	
miconazole 3 vaginal suppository	1	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	1	NDS
naftifine hcl external cream	1	
naftifine hcl external gel 1 %	1	
NAFTIN EXTERNAL GEL	1	
NATACYN OPHTHALMIC SUSPENSION	1	
NOXAFIL INTRAVENOUS SOLUTION	1	NDS

Drug Name	Drug Tier	Requirements/ Limits
NOXAFIL ORAL SUSPENSION	1	NDS
NOXAFIL ORAL TABLET DELAYED RELEASE	1	NDS
nyamyc external powder	1	
nyata external powder 100000 unit/gm	1	
nystatin external cream	1	
nystatin external ointment	1	
nystatin external powder	1	
nystatin mouth/throat suspension	1	
nystatin oral tablet	1	
nystop external powder	1	
ONMEL ORAL TABLET 200 MG	1	PA; NDS
oxiconazole nitrate external cream	1	
OXISTAT EXTERNAL LOTION	1	
terbinafine hcl oral tablet	1	QL (84 EA per 180 days)
terconazole vaginal cream	1	
terconazole vaginal suppository	1	
voriconazole intravenous solution reconstituted	1	NDS
voriconazole oral suspension reconstituted	1	NDS
voriconazole oral tablet	1	NDS

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Drug Name	Drug Tier	Requirements/ Limits
Antigout Agents		
Antigout Agents		
allopurinol oral tablet	1	
colchicine oral tablet	1	
colchicine-probenecid oral tablet	1	
febuxostat oral tablet	1	
probenecid oral tablet	1	
ULORIC ORAL TABLET	1	ST
Anti-inflammatory Agents		
Glucocorticoids		
hydrocortisone rectal cream	1	
procto-med hc rectal cream	1	
procto-pak rectal cream	1	
proctosol hc rectal cream	1	
proctozone-hc rectal cream	1	
Antimigraine Agents		
Ergot Alkaloids		
dihydroergotamine mesylate injection solution	1	NDS
dihydroergotamine mesylate nasal solution	1	QL (8 ML per 30 days); NDS
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	1	
migergot rectal suppository	1	NDS

Drug Name	Drug Tier	Requirements/ Limits
Serotonin (5-HT) 1b/1d Receptor Agonists		
almotriptan malate oral tablet	1	QL (12 EA per 30 days)
frovatriptan succinate oral tablet	1	QL (12 EA per 30 days)
naratriptan hcl oral tablet	1	QL (9 EA per 30 days)
rizatriptan benzoate oral tablet	1	QL (18 EA per 30 days)
rizatriptan benzoate oral tablet dispersible	1	QL (18 EA per 30 days)
sumatriptan nasal solution	1	QL (12 EA per 30 days)
sumatriptan succinate oral tablet	1	QL (9 EA per 30 days)
SUMATRIPTAN SUCCINATE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	1	QL (5 ML per 30 days)
sumatriptan succinate subcutaneous solution	1	QL (5 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector	1	QL (5 ML per 30 days)
sumatriptan succinate subcutaneous solution prefilled syringe	1	QL (5 ML per 30 days)
zolmitriptan oral tablet	1	QL (12 EA per 30 days)
zolmitriptan oral tablet dispersible 2.5 mg	1	QL (12 EA per 30 days)
zolmitriptan oral tablet dispersible 5 mg	1	QL (9 EA per 30 days)
Antimyasthenic Agents		

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Drug Name	Drug Tier	Requirements/ Limits
Parasympathomimetics		
GUANIDINE HCL ORAL TABLET	1	
pyridostigmine bromide oral tablet extended release	1	
pyridostigmine bromide oral solution	1	NDS
pyridostigmine bromide oral tablet 60 mg	1	
REGONOL INTRAVENOUS SOLUTION	1	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral tablet	1	
rifabutin oral capsule	1	
Antituberculars		
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED	1	
CYCLOSERINE ORAL CAPSULE	1	
ethambutol hcl oral tablet	1	
ISONIAZID INJECTION SOLUTION	1	
isoniazid oral syrup	1	
isoniazid oral tablet	1	
paser oral packet	1	
PRIFTIN ORAL TABLET	1	
pyrazinamide oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
rifampin intravenous solution reconstituted	1	
rifampin oral capsule	1	
RIFATER ORAL TABLET	1	
SIRTURO ORAL TABLET	1	PA; NDS
TRECTOR ORAL TABLET	1	
Antineoplastics		
Alkylating Agents		
BELRAPZO INTRAVENOUS SOLUTION	1	NDS
bendamustine hcl intravenous solution	1	NDS
BENDEKA INTRAVENOUS SOLUTION	1	NDS
BICNU INTRAVENOUS SOLUTION RECONSTITUTED	1	NDS
busulfan intravenous solution	1	NDS
carboplatin intravenous solution	1	
carmustine intravenous solution reconstituted	1	NDS
cisplatin intravenous solution	1	
cyclophosphamide injection solution reconstituted	1	NDS
cyclophosphamide oral capsule	1	B/D
dacarbazine intravenous solution reconstituted	1	

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Drug Name	Drug Tier	Requirements/ Limits
GLEOSTINE ORAL CAPSULE	1	
HEXALEN ORAL CAPSULE 50 MG	1	NDS
IFOSFAMIDE INTRAVENOUS SOLUTION	1	
IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED	1	
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	1	PA; NDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	1	PA; NDS
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	1	PA; NDS
LEUKERAN ORAL TABLET	1	NDS
MATULANE ORAL CAPSULE	1	NDS
melphalan hcl intravenous solution reconstituted	1	NDS
MUSTARGEN INJECTION SOLUTION RECONSTITUTED 10 MG	1	NDS
OXALIPLATIN INTRAVENOUS SOLUTION 100 MG/20ML	1	
oxaliplatin intravenous solution 50 mg/10ml	1	NDS

Drug Name	Drug Tier	Requirements/ Limits
oxaliplatin intravenous solution reconstituted	1	NDS
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED	1	NDS
thiotepa injection solution reconstituted	1	NDS
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED	1	NDS
VALCHLOR EXTERNAL GEL	1	PA; NDS
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	1	NDS
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED	1	NDS
Antiandrogens		
abiraterone acetate oral tablet	1	PA; NDS
bicalutamide oral tablet	1	
ERLEADA ORAL TABLET	1	PA; NDS
flutamide oral capsule	1	
nilutamide oral tablet	1	NDS
XTANDI ORAL CAPSULE	1	PA; NDS
YONSA ORAL TABLET	1	PA; NDS
ZYTIGA ORAL TABLET 500 MG	1	PA; NDS
Antiangiogenic Agents		

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POMALYST ORAL CAPSULE	1	PA; NDS
REVLIMID ORAL CAPSULE	1	PA; NDS
THALOMID ORAL CAPSULE	1	PA; NDS
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE	1	NDS
FASLODEX INTRAMUSCULAR SOLUTION	1	NDS
fulvestrant intramuscular solution	1	NDS
SOLTAMOX ORAL SOLUTION	1	NDS
tamoxifen citrate oral tablet	1	
toremifene citrate oral tablet	1	NDS
Antimetabolites		
adrucil intravenous solution	1	B/D
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED	1	NDS
ARRANON INTRAVENOUS SOLUTION	1	NDS
cladribine intravenous solution	1	B/D; NDS
clofarabine intravenous solution	1	NDS
cytarabine (pf) injection solution	1	B/D

Drug Name	Drug Tier	Requirements/ Limits
cytarabine injection solution	1	B/D
DROXIA ORAL CAPSULE	1	
floxuridine injection solution reconstituted	1	B/D; NDS
fluorouracil external cream 0.5 %	1	NDS
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
fluorouracil intravenous solution	1	B/D
FOLOTYN INTRAVENOUS SOLUTION	1	PA; NDS
gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml	1	NDS
gemcitabine hcl intravenous solution reconstituted	1	NDS
hydroxyurea oral capsule	1	
LONSURF ORAL TABLET	1	PA; NDS
mercaptopurine oral tablet	1	
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED	1	NDS
PURIXAN ORAL SUSPENSION	1	NDS
TABLOID ORAL TABLET	1	

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Drug Name	Drug Tier	Requirements/ Limits
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED	1	PA; NDS
Antineoplastics, Other		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED	1	NDS
adriamycin intravenous solution	1	B/D
adriamycin intravenous solution reconstituted	1	B/D
amifostine intravenous solution reconstituted 500 mg	1	NDS
arsenic trioxide intravenous solution	1	
azacitidine injection suspension reconstituted	1	NDS
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
bleomycin sulfate injection solution reconstituted	1	B/D
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
BRAFTOVI ORAL CAPSULE	1	PA; NDS
COPIKTRA ORAL CAPSULE	1	PA; NDS
COTELLIC ORAL TABLET	1	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
dactinomycin intravenous solution reconstituted	1	NDS
DAUNORUBICIN HCL INTRAVENOUS SOLUTION	1	
DAURISMO ORAL TABLET	1	PA; NDS
decitabine intravenous solution reconstituted	1	PA; NDS
DOCEFREZ INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	1	NDS
docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml, 80 mg/4ml	1	NDS
docetaxel intravenous solution	1	NDS
doxorubicin hcl intravenous solution	1	B/D
doxorubicin hcl intravenous solution reconstituted 10 mg, 50 mg	1	B/D
doxorubicin hcl liposomal intravenous injectable	1	NDS
EPIRUBICIN HCL INTRAVENOUS SOLUTION 200 MG/100ML	1	
epirubicin hcl intravenous solution 50 mg/25ml	1	
ERWINAZE INJECTION SOLUTION RECONSTITUTED	1	NDS

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Drug Name	Drug Tier	Requirements/ Limits
FARYDAK ORAL CAPSULE	1	PA; NDS
FLUDARABINE PHOSPHATE INTRAVENOUS SOLUTION RECONSTITUTED	1	
HALAVEN INTRAVENOUS SOLUTION	1	PA; NDS
IBRANCE ORAL CAPSULE	1	PA; NDS
idarubicin hcl intravenous solution	1	NDS
ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED	1	NDS
JEVTANA INTRAVENOUS SOLUTION	1	PA; NDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	1	PA; NDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	1	PA; NDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	1	PA; NDS
LEUCOVORIN CALCIUM INJECTION SOLUTION RECONSTITUTED	1	
leucovorin calcium oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
levoleucovorin calcium intravenous solution	1	NDS
levoleucovorin calcium intravenous solution reconstituted	1	NDS
levoleucovorin calcium pf intravenous solution	1	NDS
lipodox 50 intravenous injectable 2 mg/ml	1	NDS
LORBRENA ORAL TABLET	1	PA; NDS
LYNPARZA ORAL CAPSULE 50 MG	1	PA; NDS
LYNPARZA ORAL TABLET	1	PA; NDS
MEKTOVI ORAL TABLET	1	PA; NDS
mitomycin intravenous solution reconstituted	1	NDS
mitoxantrone hcl intravenous concentrate	1	PA
mutamycin intravenous solution reconstituted	1	NDS
NERLYNX ORAL TABLET	1	PA; QL (180 EA per 30 days); NDS
NINLARO ORAL CAPSULE	1	PA; NDS
paclitaxel intravenous concentrate	1	
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	1	PA; NDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	1	PA; NDS

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Drug Name	Drug Tier	Requirements/ Limits
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	1	PA; NDS
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	1	NDS
ROMIDEPSIN INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
RYDAPT ORAL CAPSULE	1	PA; NDS
SYLATRON SUBCUTANEOUS KIT	1	PA; NDS
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; NDS
TALZENNA ORAL CAPSULE	1	PA; NDS
THERACYS INTRAVESICAL SUSPENSION RECONSTITUTED 81 MG/VIAL	1	NDS
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED	1	
TRISENOX INTRAVENOUS SOLUTION	1	NDS
valrubicin intravesical solution	1	NDS
VELCADE INJECTION SOLUTION RECONSTITUTED	1	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
VERZENIO ORAL TABLET	1	PA; NDS
vinblastine sulfate intravenous solution	1	B/D
vincasar pfs intravenous solution 1 mg/ml	1	B/D
vincristine sulfate intravenous solution	1	B/D
vinorelbine tartrate intravenous solution	1	
VITRAKVI ORAL CAPSULE	1	PA; NDS
VITRAKVI ORAL SOLUTION	1	PA; NDS
ZALTRAP INTRAVENOUS SOLUTION	1	PA; NDS
ZOLINZA ORAL CAPSULE	1	PA; NDS
ZYKADIA ORAL TABLET	1	PA; NDS
Aromatase Inhibitors, 3rd Generation		
anastrozole oral tablet	1	
exemestane oral tablet	1	
letrozole oral tablet	1	
Enzyme Inhibitors		
BALVERSA ORAL TABLET 3 MG	1	PA; QL (90 EA per 30 days); NDS
BALVERSA ORAL TABLET 4 MG	1	PA; QL (60 EA per 30 days); NDS
BALVERSA ORAL TABLET 5 MG	1	PA; QL (30 EA per 30 days); NDS

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ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED	1	NDS
etoposide intravenous solution	1	
irinotecan hcl intravenous solution	1	
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 30 MG, 60 MG	1	PA; NDS
toposar intravenous solution	1	
topotecan hcl intravenous solution	1	NDS
topotecan hcl intravenous solution reconstituted	1	NDS
ZYDELIG ORAL TABLET	1	PA; NDS
Molecular Target Inhibitors		
AFINITOR DISPERZ ORAL TABLET SOLUBLE	1	PA; NDS
AFINITOR ORAL TABLET	1	PA; QL (30 EA per 30 days); NDS
ALECENSA ORAL CAPSULE	1	PA; NDS
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (120 EA per 30 days); NDS
ALUNBRIG ORAL TABLET THERAPY PACK	1	PA; QL (60 EA per 365 days); NDS
BOSULIF ORAL TABLET	1	PA; NDS
CABOMETYX ORAL TABLET	1	PA; NDS
CALQUENCE ORAL CAPSULE	1	PA; NDS
CAPRELSA ORAL TABLET 100 MG	1	PA; QL (60 EA per 30 days); NDS
CAPRELSA ORAL TABLET 300 MG	1	PA; NDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	1	PA; NDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	1	PA; NDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	1	PA; NDS
ERIVEDGE ORAL CAPSULE	1	PA; NDS
erlotinib hcl oral tablet	1	PA; NDS
GILOTRIF ORAL TABLET	1	PA; QL (30 EA per 30 days); NDS
ICLUSIG ORAL TABLET 15 MG	1	PA; QL (60 EA per 30 days); NDS
ICLUSIG ORAL TABLET 45 MG	1	PA; NDS

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Drug Name	Drug Tier	Requirements/ Limits
IDHIFA ORAL TABLET	1	PA; QL (30 EA per 30 days); NDS
imatinib mesylate oral tablet	1	PA; NDS
IMBRUVICA ORAL CAPSULE	1	PA; NDS
IMBRUVICA ORAL TABLET	1	PA; NDS
INLYTA ORAL TABLET	1	PA; NDS
IRESSA ORAL TABLET	1	PA; NDS
JAKAFI ORAL TABLET 10 MG	1	PA; QL (60 EA per 30 days); NDS
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	1	PA; NDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	1	PA; NDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	1	PA; NDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	1	PA; NDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	1	PA; NDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	1	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	1	PA; NDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	1	PA; NDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	1	PA; NDS
MEKINIST ORAL TABLET	1	PA; NDS
NEXAVAR ORAL TABLET	1	PA; NDS
ODOMZO ORAL CAPSULE	1	PA; NDS
RUBRACA ORAL TABLET	1	PA; NDS
SPRYCEL ORAL TABLET	1	PA; NDS
STIVARGA ORAL TABLET	1	PA; NDS
SUTENT ORAL CAPSULE	1	PA; NDS
TAFINLAR ORAL CAPSULE	1	PA; NDS
TAGRISSE ORAL TABLET 40 MG	1	PA; QL (30 EA per 30 days); NDS
TAGRISSE ORAL TABLET 80 MG	1	PA; NDS
TASIGNA ORAL CAPSULE	1	PA; NDS
temsirolimus intravenous solution	1	PA; NDS
TIBSOVO ORAL TABLET	1	PA; NDS

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Drug Name	Drug Tier	Requirements/ Limits
TORISEL INTRAVENOUS SOLUTION	1	PA; NDS
TYKERB ORAL TABLET	1	PA; NDS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	1	PA
VENCLEXTA ORAL TABLET 100 MG	1	PA; NDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	1	PA; NDS
VIZIMPRO ORAL TABLET	1	PA; NDS
VOTRIENT ORAL TABLET	1	PA; NDS
XALKORI ORAL CAPSULE	1	PA; NDS
XOSPATA ORAL TABLET	1	PA; NDS
ZEJULA ORAL CAPSULE	1	PA; NDS
ZELBORAF ORAL TABLET	1	PA; NDS
ZYKADIA ORAL CAPSULE	1	PA; NDS
Monoclonal Antibody/Antibody- Drug Conjugate		
ARZERRA INTRAVENOUS CONCENTRATE	1	PA; NDS
AVASTIN INTRAVENOUS SOLUTION	1	NDS
BAVENCIO INTRAVENOUS SOLUTION	1	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
CYRAMZA INTRAVENOUS SOLUTION	1	PA; NDS
DARZALEX INTRAVENOUS SOLUTION	1	PA; NDS
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
ERBITUX INTRAVENOUS SOLUTION	1	PA; NDS
GAZYVA INTRAVENOUS SOLUTION	1	PA; NDS
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
IMFINZI INTRAVENOUS SOLUTION	1	PA; NDS
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
KEYTRUDA INTRAVENOUS SOLUTION	1	PA; NDS
KEYTRUDA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	1	PA; NDS

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Drug Name	Drug Tier	Requirements/ Limits
LARTRUVO INTRAVENOUS SOLUTION	1	PA; NDS
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 40 MG/4ML	1	PA; NDS
PERJETA INTRAVENOUS SOLUTION	1	PA; NDS
PORTRAZZA INTRAVENOUS SOLUTION	1	PA; NDS
RITUXAN INTRAVENOUS SOLUTION	1	PA; NDS
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	1	PA; NDS
UNITUXIN INTRAVENOUS SOLUTION	1	NDS
VECTIBIX INTRAVENOUS SOLUTION	1	NDS
YERVOY INTRAVENOUS SOLUTION	1	PA; NDS
ZEVALIN Y-90 INTRAVENOUS KIT	1	NDS
Retinoids		
bexarotene oral capsule	1	PA; NDS
PANRETIN EXTERNAL GEL	1	NDS

Drug Name	Drug Tier	Requirements/ Limits
TARGRETIN EXTERNAL GEL	1	PA; NDS
tretinoin oral capsule	1	NDS
Treatment Adjuncts		
dexrazoxane hcl intravenous solution reconstituted	1	NDS
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED	1	NDS
mesna intravenous solution	1	
MESNEX ORAL TABLET	1	NDS
Antiparasitics		
Anthelmintics		
albendazole oral tablet	1	NDS
BENZNIDAZOLE ORAL TABLET	1	
ivermectin oral tablet	1	
praziquantel oral tablet	1	
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED	1	NDS
ALINIA ORAL TABLET	1	NDS
atovaquone oral suspension	1	NDS
atovaquone-proguanil hcl oral tablet	1	
chloroquine phosphate oral tablet	1	
COARTEM ORAL TABLET	1	

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Drug Name	Drug Tier	Requirements/ Limits
DARAPRIM ORAL TABLET	1	PA; NDS
hydroxychloroquine sulfate oral tablet	1	
mefloquine hcl oral tablet	1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	1	B/D
PENTAM INJECTION SOLUTION RECONSTITUTED	1	
pentamidine isethionate injection solution reconstituted	1	
primaquine phosphate oral tablet	1	
quinine sulfate oral capsule	1	PA
tinidazole oral tablet	1	
Pediculicides/Scabicides		
crotan external lotion	1	
EURAX EXTERNAL CREAM	1	
lindane external shampoo	1	
malathion external lotion	1	
permethrin external cream	1	
ULESFIA EXTERNAL LOTION	1	
Antiparkinson Agents		
Anticholinergics		

Drug Name	Drug Tier	Requirements/ Limits
benztropine mesylate injection solution	1	
benztropine mesylate oral tablet	1	
trihexyphenidyl hcl oral elixir 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet	1	
Antiparkinson Agents, Other		
entacapone oral tablet	1	
tolcapone oral tablet	1	NDS
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	1	PA; QL (90 ML per 30 days); NDS
bromocriptine mesylate oral capsule	1	
bromocriptine mesylate oral tablet	1	
NEUPRO TRANSDERMAL PATCH 24 HOUR	1	ST
pramipexole dihydrochloride er oral tablet extended release 24 hour	1	
pramipexole dihydrochloride oral tablet	1	
ropinirole hcl er oral tablet extended release 24 hour	1	
ropinirole hcl oral tablet	1	

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Drug Name	Drug Tier	Requirements/ Limits
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
carbidopa oral tablet	1	NDS
carbidopa-levodopa er oral tablet extended release	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet dispersible	1	
carbidopa-levodopa-entacapone oral tablet	1	
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate oral tablet	1	
selegiline hcl oral capsule	1	
selegiline hcl oral tablet	1	
ZELAPAR ORAL TABLET DISPERSIBLE	1	NDS
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl injection solution	1	
chlorpromazine hcl oral tablet	1	
fluphenazine decanoate injection solution	1	
fluphenazine hcl injection solution	1	
fluphenazine hcl oral concentrate	1	
fluphenazine hcl oral elixir	1	

Drug Name	Drug Tier	Requirements/ Limits
fluphenazine hcl oral tablet	1	
haloperidol decanoate intramuscular solution	1	
haloperidol lactate injection solution	1	
haloperidol lactate oral concentrate	1	
haloperidol oral tablet	1	
loxapine succinate oral capsule	1	
molindone hcl oral tablet	1	
perphenazine oral tablet	1	
pimozide oral tablet	1	
thioridazine hcl oral tablet	1	PA
thiothixene oral capsule	1	
trifluoperazine hcl oral tablet	1	
2nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	1	NDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	1	NDS
aripiprazole oral solution	1	QL (750 ML per 30 days)
aripiprazole oral tablet	1	QL (30 EA per 30 days)
aripiprazole oral tablet dispersible	1	QL (60 EA per 30 days); NDS

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Drug Name	Drug Tier	Requirements/ Limits
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	1	NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	1	NDS
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	1	ST; QL (60 EA per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	1	ST; QL (60 EA per 30 days); NDS
FANAPT TITRATION PACK ORAL TABLET	1	ST; QL (8 EA per 180 days)
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	1	QL (60 EA per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	1	NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	NDS
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	1	QL (30 EA per 30 days); NDS
LATUDA ORAL TABLET 80 MG	1	QL (60 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
NUPLAZID ORAL CAPSULE	1	PA; NDS
NUPLAZID ORAL TABLET	1	PA; NDS
olanzapine intramuscular solution reconstituted	1	
olanzapine oral tablet	1	QL (30 EA per 30 days)
olanzapine oral tablet dispersible	1	QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	1	QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	1	QL (60 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 9 mg	1	QL (30 EA per 30 days); NDS
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	1	PA; NDS
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg	1	QL (60 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 200 mg	1	QL (90 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	QL (90 EA per 30 days)
quetiapine fumarate oral tablet 300 mg, 400 mg	1	QL (60 EA per 30 days)
REXULTI ORAL TABLET	1	QL (30 EA per 30 days); NDS

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Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG	1	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 37.5 MG, 50 MG	1	NDS
risperidone oral solution	1	QL (240 ML per 30 days)
risperidone oral tablet	1	QL (60 EA per 30 days)
risperidone oral tablet dispersible	1	QL (60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	1	ST; QL (60 EA per 30 days); NDS
VRAYLAR ORAL CAPSULE	1	ST; QL (30 EA per 30 days); NDS
VRAYLAR ORAL CAPSULE THERAPY PACK	1	ST; QL (14 EA per 365 days)
ziprasidone hcl oral capsule	1	QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 405 MG	1	NDS
Treatment-Resistant		

Drug Name	Drug Tier	Requirements/ Limits
clozapine oral tablet 100 mg, 25 mg	1	QL (270 EA per 30 days)
clozapine oral tablet 200 mg	1	QL (120 EA per 30 days)
clozapine oral tablet 50 mg	1	QL (180 EA per 30 days)
clozapine oral tablet dispersible 100 mg, 25 mg	1	QL (270 EA per 30 days)
clozapine oral tablet dispersible 12.5 mg	1	QL (90 EA per 30 days)
clozapine oral tablet dispersible 150 mg	1	QL (180 EA per 30 days); NDS
clozapine oral tablet dispersible 200 mg	1	QL (120 EA per 30 days); NDS
VERSACLOZ ORAL SUSPENSION	1	QL (540 ML per 30 days); NDS
Antispasticity Agents		
Antispasticity Agents		
baclofen intrathecal solution 10 mg/20ml, 20000 mcg/20ml	1	B/D
baclofen intrathecal solution 40 mg/20ml	1	B/D; NDS
baclofen oral tablet 10 mg, 20 mg	1	
BOTOX INJECTION SOLUTION RECONSTITUTED	1	PA
dantrolene sodium oral capsule	1	
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML	1	B/D

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Drug Name	Drug Tier	Requirements/ Limits
GABLOFEN INTRATHECAL SOLUTION 40000 MCG/20ML	1	B/D; NDS
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 20000 MCG/20ML, 50 MCG/ML	1	B/D
LIORESAL INTRATHECAL INTRATHECAL SOLUTION 2000 MCG/ML	1	B/D; NDS
LIORESAL INTRATHECAL INTRATHECAL SOLUTION 500 MCG/ML	1	B/D
LIORESAL INTRATHECAL SOLUTION 0.05 MG/ML	1	B/D
tizanidine hcl oral capsule	1	
tizanidine hcl oral tablet	1	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	1	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	1	PA; NDS
Antivirals		
Anti-cytomegalovirus (CMV) Agents		

Drug Name	Drug Tier	Requirements/ Limits
cidofovir intravenous solution	1	NDS
ganciclovir sodium intravenous solution reconstituted	1	B/D
valganciclovir hcl oral solution reconstituted	1	NDS
valganciclovir hcl oral tablet	1	NDS
ZIRGAN OPHTHALMIC GEL	1	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil oral tablet	1	PA; NDS
BARACLUDGE ORAL SOLUTION	1	QL (600 ML per 30 days); NDS
entecavir oral tablet	1	QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION	1	
INTRON A INJECTION SOLUTION	1	PA; NDS
INTRON A INJECTION SOLUTION RECONSTITUTED	1	PA; NDS
lamivudine oral tablet 100 mg	1	
VEMLIDY ORAL TABLET	1	NDS
Anti-hepatitis C (HCV) Agents, Direct Acting Agents		
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG	1	PA; QL (168 EA per 365 days); NDS

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Drug Name	Drug Tier	Requirements/ Limits
ledipasvir-sofosbuvir oral tablet	1	PA; QL (168 EA per 365 days); NDS
MAVYRET ORAL TABLET	1	PA; QL (336 EA per 365 days); NDS
sofosbuvir-velpatasvir oral tablet	1	PA; QL (84 EA per 365 days); NDS
SOVALDI ORAL TABLET	1	PA; QL (336 EA per 365 days); NDS
VIEKIRA PAK ORAL TABLET THERAPY PACK	1	PA; QL (672 EA per 365 days); NDS
VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200-8.33-50- 33.33 MG	1	PA; QL (504 EA per 365 days); NDS
VOSEVI ORAL TABLET	1	PA; QL (84 EA per 365 days); NDS
ZEPATIER ORAL TABLET	1	PA; QL (112 EA per 365 days); NDS
Anti-hepatitis C (HCV) Agents, Other		
MODERIBA 1200 DOSE PACK ORAL TABLET 600 MG	1	NDS
MODERIBA 800 DOSE PACK ORAL TABLET 400 MG	1	NDS
MODERIBA ORAL TABLET 200 MG	1	
moderiba oral tablet therapy pack 200 & 400 mg, 400 & 600 mg	1	NDS

Drug Name	Drug Tier	Requirements/ Limits
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION	1	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION	1	PA; NDS
PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS KIT 120 MCG/0.5ML	1	PA; NDS
PEGINTRON SUBCUTANEOUS KIT	1	PA; NDS
REBETOL ORAL SOLUTION 40 MG/ML	1	NDS
ribasphere oral capsule	1	
RIBASPHERE ORAL TABLET 200 MG	1	
RIBASPHERE ORAL TABLET 400 MG	1	NDS
ribasphere oral tablet 600 mg	1	NDS
RIBASPHERE RIBAPAK ORAL TABLET 400 MG	1	NDS
ribasphere ribapak oral tablet 600 mg	1	NDS
ribasphere ribapak oral tablet therapy pack	1	NDS
ribavirin oral capsule	1	
ribavirin oral tablet	1	
Antitherpetic Agents		
acyclovir external cream	1	NDS
acyclovir external ointment	1	
acyclovir oral capsule	1	
acyclovir oral suspension	1	

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Drug Name	Drug Tier	Requirements/ Limits
acyclovir oral tablet	1	
acyclovir sodium intravenous solution	1	B/D
ACYCLOVIR SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	1	B/D
DENAVIR EXTERNAL CREAM	1	NDS
famciclovir oral tablet	1	
trifluridine ophthalmic solution	1	
valacyclovir hcl oral tablet	1	QL (120 EA per 30 days)
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY ORAL TABLET	1	QL (30 EA per 30 days); NDS
DELSTRIGO ORAL TABLET	1	QL (30 EA per 30 days); NDS
DOVATO ORAL TABLET	1	QL (30 EA per 30 days); NDS
GENVOYA ORAL TABLET	1	QL (30 EA per 30 days); NDS
ISENTRESS ORAL PACKET	1	NDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	1	NDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	1	
JULUCA ORAL TABLET	1	QL (30 EA per 30 days); NDS
STRIBILD ORAL TABLET	1	QL (30 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
TIVICAY ORAL TABLET 10 MG	1	
TIVICAY ORAL TABLET 25 MG, 50 MG	1	NDS
TRIUMEQ ORAL TABLET	1	QL (30 EA per 30 days); NDS
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
ATRIPLA ORAL TABLET	1	QL (30 EA per 30 days); NDS
COMPLERA ORAL TABLET	1	QL (30 EA per 30 days); NDS
EDURANT ORAL TABLET	1	NDS
efavirenz oral capsule 200 mg	1	NDS
efavirenz oral capsule 50 mg	1	
efavirenz oral tablet	1	NDS
INTELENCE ORAL TABLET 100 MG, 200 MG	1	NDS
INTELENCE ORAL TABLET 25 MG	1	
nevirapine er oral tablet extended release 24 hour	1	
nevirapine oral suspension	1	
nevirapine oral tablet	1	
ODEFSEY ORAL TABLET	1	QL (30 EA per 30 days); NDS
PIFELTRO ORAL TABLET	1	NDS
RESCRIPTOR ORAL TABLET	1	

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Drug Name	Drug Tier	Requirements/Limits
SYMFI LO ORAL TABLET	1	QL (30 EA per 30 days); NDS
SYMFI ORAL TABLET	1	QL (30 EA per 30 days); NDS
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate oral solution	1	
abacavir sulfate oral tablet	1	
abacavir sulfate-lamivudine oral tablet	1	QL (30 EA per 30 days)
abacavir-lamivudine-zidovudine oral tablet	1	QL (60 EA per 30 days); NDS
CIMDUO ORAL TABLET	1	QL (30 EA per 30 days); NDS
DESCOVY ORAL TABLET	1	QL (30 EA per 30 days); NDS
didanosine oral capsule delayed release	1	
EMTRIVA ORAL CAPSULE	1	
EMTRIVA ORAL SOLUTION	1	
lamivudine oral solution	1	
lamivudine oral tablet 150 mg, 300 mg	1	
lamivudine-zidovudine oral tablet	1	QL (60 EA per 30 days)
RETROVIR INTRAVENOUS SOLUTION	1	
stavudine oral capsule	1	
tenofovir disoproxil fumarate oral tablet	1	

Drug Name	Drug Tier	Requirements/Limits
TRUVADA ORAL TABLET	1	QL (30 EA per 30 days); NDS
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	1	
VIDEX ORAL SOLUTION RECONSTITUTED	1	
VIREAD ORAL POWDER	1	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	NDS
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML	1	
zidovudine oral capsule	1	
zidovudine oral syrup	1	
zidovudine oral tablet	1	
Anti-HIV Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	1	QL (60 EA per 30 days); NDS
ISENTRESS HD ORAL TABLET	1	NDS
ISENTRESS ORAL TABLET	1	NDS
SELZENTRY ORAL SOLUTION	1	NDS
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	1	NDS
SELZENTRY ORAL TABLET 25 MG	1	

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Drug Name	Drug Tier	Requirements/ Limits
TYBOST ORAL TABLET	1	
Anti-HIV Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE	1	NDS
APTIVUS ORAL SOLUTION	1	NDS
atazanavir sulfate oral capsule	1	NDS
CRIXIVAN ORAL CAPSULE	1	
EVOTAZ ORAL TABLET	1	QL (30 EA per 30 days); NDS
fosamprenavir calcium oral tablet	1	NDS
INVIRASE ORAL CAPSULE 200 MG	1	NDS
INVIRASE ORAL TABLET	1	NDS
KALETRA ORAL TABLET 100-25 MG	1	
KALETRA ORAL TABLET 200-50 MG	1	NDS
LEXIVA ORAL SUSPENSION	1	
lopinavir-ritonavir oral solution	1	NDS
NORVIR ORAL CAPSULE 100 MG	1	
NORVIR ORAL PACKET	1	
NORVIR ORAL SOLUTION	1	
PREZCOBIX ORAL TABLET	1	QL (30 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
PREZISTA ORAL SUSPENSION	1	NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	1	
PREZISTA ORAL TABLET 600 MG, 800 MG	1	NDS
REYATAZ ORAL PACKET	1	NDS
ritonavir oral tablet	1	
SYMTUZA ORAL TABLET	1	QL (30 EA per 30 days); NDS
VIRACEPT ORAL TABLET	1	NDS
Anti-influenza Agents		
amantadine hcl oral capsule	1	
amantadine hcl oral syrup	1	
amantadine hcl oral tablet	1	
oseltamivir phosphate oral capsule 30 mg	1	QL (168 EA per 365 days)
oseltamivir phosphate oral capsule 45 mg	1	QL (84 EA per 365 days)
oseltamivir phosphate oral capsule 75 mg	1	QL (110 EA per 365 days)
oseltamivir phosphate oral suspension reconstituted	1	QL (1080 ML per 365 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (240 EA per 365 days)
rimantadine hcl oral tablet	1	
Anxiolytics		

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Drug Name	Drug Tier	Requirements/ Limits
Anxiolytics, Other		
buspirone hcl oral tablet	1	
meprobamate oral tablet	1	
Benzodiazepines		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg	1	QL (30 EA per 30 days)
alprazolam er oral tablet extended release 24 hour 2 mg	1	QL (150 EA per 30 days)
alprazolam er oral tablet extended release 24 hour 3 mg	1	QL (90 EA per 30 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	QL (120 EA per 30 days)
alprazolam oral tablet 2 mg	1	QL (150 EA per 30 days)
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg	1	QL (120 EA per 30 days)
alprazolam oral tablet dispersible 2 mg	1	QL (150 EA per 30 days)
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg	1	QL (30 EA per 30 days)
alprazolam xr oral tablet extended release 24 hour 2 mg	1	QL (150 EA per 30 days)
alprazolam xr oral tablet extended release 24 hour 3 mg	1	QL (90 EA per 30 days)
chlordiazepoxide hcl oral capsule 10 mg	1	QL (900 EA per 30 days)
chlordiazepoxide hcl oral capsule 25 mg	1	QL (360 EA per 30 days)
chlordiazepoxide hcl oral capsule 5 mg	1	QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
clorazepate dipotassium oral tablet 15 mg	1	QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	1	QL (720 EA per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	1	QL (360 EA per 30 days)
diazepam injection solution	1	
diazepam oral concentrate	1	
diazepam oral solution	1	
diazepam oral tablet 10 mg	1	QL (120 EA per 30 days)
diazepam oral tablet 2 mg	1	QL (300 EA per 30 days)
diazepam oral tablet 5 mg	1	QL (240 EA per 30 days)
lorazepam injection solution	1	
lorazepam intensol oral concentrate	1	
lorazepam oral concentrate	1	
lorazepam oral tablet 0.5 mg, 1 mg	1	QL (90 EA per 30 days)
lorazepam oral tablet 2 mg	1	QL (150 EA per 30 days)
midazolam hcl injection solution	1	
midazolam hcl oral syrup	1	
oxazepam oral capsule	1	QL (120 EA per 30 days)
temazepam oral capsule	1	QL (30 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		

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Drug Name	Drug Tier	Requirements/ Limits
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	1	
lithium carbonate er oral tablet extended release	1	
lithium carbonate oral capsule	1	
lithium carbonate oral tablet	1	
LITHIUM ORAL SOLUTION	1	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral tablet	1	
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	1	ST; QL (3.4 ML per 28 days)
BYDUREON PEN	1	ST; QL (4 EA per 28 days)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG	1	ST; QL (4 EA per 28 days)
CYCLOSET ORAL TABLET	1	
glimepiride oral tablet	1	
glipizide er oral tablet extended release 24 hour	1	
glipizide oral tablet	1	
glipizide xl oral tablet extended release 24 hour	1	
glipizide-metformin hcl oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
glyburide micronized oral tablet	1	
glyburide oral tablet	1	
glyburide-metformin oral tablet	1	
INVOKAMET ORAL TABLET	1	ST
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	1	ST
INVOKANA ORAL TABLET	1	ST
JANUMET ORAL TABLET	1	ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	1	ST
JANUVIA ORAL TABLET	1	ST
JARDIANCE ORAL TABLET	1	ST
JENTADUETO ORAL TABLET	1	ST
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	1	ST
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR	1	ST
metformin hcl er oral tablet extended release 24 hour	1	
METFORMIN HCL ORAL SOLUTION	1	
metformin hcl oral tablet	1	
miglitol oral tablet	1	

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Drug Name	Drug Tier	Requirements/ Limits
nateglinide oral tablet	1	
ONGLYZA ORAL TABLET	1	ST
pioglitazone hcl oral tablet	1	
pioglitazone hcl-glimepiride oral tablet	1	
pioglitazone hcl-metformin hcl oral tablet	1	
repaglinide oral tablet	1	
repaglinide-metformin hcl oral tablet	1	
RIOMET ORAL SOLUTION	1	
SYMLINPEN 120	1	PA; NDS
SYMLINPEN 60	1	PA; NDS
SYNJARDY ORAL TABLET	1	ST
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	1	ST
tolazamide oral tablet 250 mg, 500 mg	1	
tolbutamide oral tablet	1	
TRADJENTA ORAL TABLET	1	ST
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	ST; QL (2 ML per 28 days)
VICTOZA	1	ST; QL (9 ML per 30 days)
Glycemic Agents		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	1	

Drug Name	Drug Tier	Requirements/ Limits
GLUCAGON EMERGENCY INJECTION KIT	1	
PROGLYCEM ORAL SUSPENSION	1	NDS
Insulins		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	
FIASP SUBCUTANEOUS SOLUTION	1	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	
HUMALOG MIX 50/50 KWIKPEN	1	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION	1	
HUMALOG MIX 75/25 KWIKPEN	1	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION	1	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	
HUMALOG U-100 VIAL AND CARTRIDGE SUBCUTANEOUS SOLUTION	1	

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Drug Name	Drug Tier	Requirements/ Limits
HUMALOG U-100 VIAL AND CARTRIDGE SUBCUTANEOUS SOLUTION CARTRIDGE	1	
HUMULIN 70/30 KWIKPEN	1	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	1	
HUMULIN N KWIKPEN	1	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION	1	
HUMULIN R U-500 KWIKPEN	1	
HUMULIN R U-500 VIAL (CONCENTRATED) SUBCUTANEOUS SOLUTION	1	NDS
HUMULIN R VIAL INJECTION SOLUTION	1	
insulin lispro subcutaneous solution	1	
insulin lispro subcutaneous solution pen-injector	1	
LANTUS U-100 SOLOSTAR	1	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION	1	
LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	

Drug Name	Drug Tier	Requirements/ Limits
LEVEMIR U-100 VIAL SUBCUTANEOUS SOLUTION	1	
novolin 70/30 relion subcutaneous suspension	1	
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	1	
novolin n relion subcutaneous suspension	1	
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION	1	
novolin r relion injection solution	1	
NOVOLIN R VIAL INJECTION SOLUTION	1	
NOVOLOG U-100 FLEXPEN	1	
NOVOLOG MIX 70/30 FLEXPEN	1	
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION	1	
NOVOLOG U-100 PENFILL	1	
NOVOLOG U-100 VIAL SUBCUTANEOUS SOLUTION	1	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	

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Drug Name	Drug Tier	Requirements/ Limits
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
argatroban in sodium chloride intravenous solution 250-0.9 mg/250ml-%	1	NDS
argatroban intravenous solution	1	NDS
COUMADIN ORAL TABLET	1	
ELIQUIS ORAL TABLET 2.5 MG	1	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	1	QL (90 EA per 30 days)
ELIQUIS STARTER PACK ORAL TABLET	1	QL (148 EA per 365 days)
enoxaparin sodium injection solution	1	
enoxaparin sodium subcutaneous solution	1	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	1	QL (28 ML per 90 days); NDS
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	1	QL (17.5 ML per 90 days)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	1	QL (14 ML per 90 days); NDS
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	1	QL (21 ML per 90 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML	1	QL (35 ML per 90 days); NDS
FRAGMIN SUBCUTANEOUS SOLUTION 12500 UNIT/0.5ML	1	QL (17.5 ML per 90 days); NDS
FRAGMIN SUBCUTANEOUS SOLUTION 15000 UNIT/0.6ML	1	QL (21 ML per 90 days); NDS
FRAGMIN SUBCUTANEOUS SOLUTION 18000 UNT/0.72ML	1	QL (25.3 ML per 90 days); NDS
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	1	QL (7 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION 7500 UNIT/0.3ML	1	QL (10.5 ML per 90 days); NDS
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	1	QL (22.8 ML per 90 days); NDS
heparin (porcine) in nacl injection solution	1	
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%, 25000-0.45 ut/500ml-%	1	
heparin sod (porcine) in d5w intravenous solution	1	

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Drug Name	Drug Tier	Requirements/ Limits
HEPARIN SODIUM (PORCINE) INJECTION SOLUTION 1000 UNIT/ML	1	
heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	
heparin sodium (porcine) pf injection solution	1	
jantoven oral tablet	1	
PRADAXA ORAL CAPSULE	1	QL (60 EA per 30 days)
warfarin sodium oral tablet	1	
XARELTO ORAL TABLET 10 MG, 20 MG	1	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	1	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	1	QL (102 EA per 365 days)
Blood Formation Modifiers		
anagrelide hcl oral capsule	1	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	1	PA; NDS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	1	PA

Drug Name	Drug Tier	Requirements/ Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	1	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	1	PA; NDS
GRANIX SUBCUTANEOUS SOLUTION	1	ST; NDS
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	ST; NDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	1	PA; NDS
MOZOBIL SUBCUTANEOUS SOLUTION	1	PA; QL (38.4 ML per 365 days); NDS
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	1	PA; NDS
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; NDS
NEUPOGEN INJECTION SOLUTION	1	ST; NDS

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Drug Name	Drug Tier	Requirements/ Limits
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	1	ST; NDS
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; NDS
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	1	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	1	PA; NDS
PROMACTA ORAL PACKET	1	PA; NDS
PROMACTA ORAL TABLET	1	PA; NDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	1	NDS
Blood Products/Modifiers/Volume Expanders		
SOLIRIS INTRAVENOUS SOLUTION	1	PA; NDS
Hemostasis Agents		
AMINOCAPROIC ACID INTRAVENOUS SOLUTION	1	
AMINOCAPROIC ACID ORAL TABLET 1000 MG	1	
aminocaproic acid oral tablet 500 mg	1	NDS

Drug Name	Drug Tier	Requirements/ Limits
tranexamic acid intravenous solution	1	
tranexamic acid oral tablet	1	
Platelet Modifying Agents		
aspirin-dipyridamole er oral capsule extended release 12 hour	1	
BRILINTA ORAL TABLET	1	
CABLIVI INJECTION KIT	1	PA; QL (30 EA per 30 days); NDS
cilostazol oral tablet	1	
clopidogrel bisulfate oral tablet	1	
dipyridamole oral tablet	1	
prasugrel hcl oral tablet	1	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hcl oral tablet	1	
clonidine transdermal patch weekly	1	
CLORPRES ORAL TABLET 0.1-15 MG, 0.2-15 MG, 0.3-15 MG	1	
guanfacine hcl oral tablet	1	
methyldopa oral tablet	1	
methyldopa-hydrochlorothiazide oral tablet	1	

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Drug Name	Drug Tier	Requirements/ Limits
METHYLDOPATE HCL INTRAVENOUS SOLUTION 250 MG/5ML	1	
midodrine hcl oral tablet	1	
phenylephrine hcl intravenous solution	1	
Alpha-adrenergic Blocking Agents		
phenoxybenzamine hcl oral capsule	1	NDS
prazosin hcl oral capsule	1	
Angiotensin II Receptor Antagonists		
candesartan cilexetil oral tablet	1	
candesartan cilexetil- hctz oral tablet	1	
EDARBI ORAL TABLET	1	
EDARBYCLOR ORAL TABLET	1	
eprosartan mesylate oral tablet	1	
irbesartan oral tablet	1	
irbesartan- hydrochlorothiazide oral tablet	1	
losartan potassium oral tablet	1	
losartan potassium-hctz oral tablet	1	
olmesartan medoxomil oral tablet	1	
olmesartan medoxomil- hctz oral tablet	1	
telmisartan oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
telmisartan-hctz oral tablet	1	
valsartan oral tablet	1	
valsartan- hydrochlorothiazide oral tablet	1	
Angiotensin- converting Enzyme (ACE) Inhibitors		
benazepril hcl oral tablet	1	
benazepril- hydrochlorothiazide oral tablet	1	
captopril oral tablet	1	
captopril- hydrochlorothiazide oral tablet	1	
enalapril maleate oral tablet	1	
enalaprilat intravenous injectable	1	
enalapril- hydrochlorothiazide oral tablet	1	
fosinopril sodium oral tablet	1	
fosinopril sodium-hctz oral tablet	1	
lisinopril oral tablet	1	
lisinopril- hydrochlorothiazide oral tablet	1	
moexipril hcl oral tablet	1	
moexipril- hydrochlorothiazide oral tablet 15-12.5 mg, 15- 25 mg, 7.5-12.5 mg	1	

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Drug Name	Drug Tier	Requirements/ Limits
perindopril erbumine oral tablet	1	
quinapril hcl oral tablet	1	
quinapril-hydrochlorothiazide oral tablet	1	
ramipril oral capsule	1	
trandolapril oral tablet	1	
trandolapril-verapamil hcl er oral tablet extended release	1	
Antiarrhythmics		
amiodarone hcl intravenous solution	1	
amiodarone hcl oral tablet	1	
disopyramide phosphate oral capsule	1	
dofetilide oral capsule	1	
flecainide acetate oral tablet	1	
IBUTILIDE FUMARATE INTRAVENOUS SOLUTION	1	
lidocaine hcl (cardiac) intravenous solution prefilled syringe 100 mg/5ml	1	
lidocaine hcl (cardiac) pf intravenous solution	1	
lidocaine hcl (cardiac) pf intravenous solution prefilled syringe 50 mg/5ml	1	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	1	

Drug Name	Drug Tier	Requirements/ Limits
mexiletine hcl oral capsule	1	
MULTAQ ORAL TABLET	1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	1	
pacerone oral tablet	1	
procainamide hcl injection solution	1	
propafenone hcl er oral capsule extended release 12 hour	1	
propafenone hcl oral tablet	1	
quinidine gluconate er oral tablet extended release	1	
quinidine gluconate injection solution 80 mg/ml	1	
quinidine sulfate oral tablet	1	
sorine oral tablet	1	
sotalol hcl (af) oral tablet	1	
sotalol hcl intravenous solution	1	NDS
sotalol hcl oral tablet	1	
Beta-adrenergic Blocking Agents		
acebutolol hcl oral capsule	1	
atenolol oral tablet	1	
atenolol-chlorthalidone oral tablet	1	

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Drug Name	Drug Tier	Requirements/ Limits
betaxolol hcl oral tablet	1	
bisoprolol fumarate oral tablet	1	
bisoprolol-hydrochlorothiazide oral tablet	1	
BREVIBLOC IN NAACL INTRAVENOUS SOLUTION	1	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION	1	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION	1	
BYSTOLIC ORAL TABLET	1	
carvedilol oral tablet	1	
ESMOLOL HCL INTRAVENOUS SOLUTION 100 MG/10ML	1	
ESMOLOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 2000 MG/100ML	1	
esmolol hcl-sodium chloride intravenous solution 2500 mg/250ml	1	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1	
labetalol hcl intravenous solution	1	
labetalol hcl oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
metoprolol succinate er oral tablet extended release 24 hour	1	
metoprolol tartrate intravenous solution	1	
metoprolol tartrate intravenous solution cartridge	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol-hydrochlorothiazide oral tablet	1	
nadolol oral tablet	1	
nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg	1	
pindolol oral tablet	1	
propranolol hcl er oral capsule extended release 24 hour	1	
propranolol hcl intravenous solution	1	
propranolol hcl oral solution	1	
propranolol hcl oral tablet	1	
propranolol-hctz oral tablet	1	
timolol maleate oral tablet	1	
Calcium Channel Blocking Agents		
afeditab cr oral tablet extended release 24 hour	1	

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Drug Name	Drug Tier	Requirements/ Limits
amlodipine besylate oral tablet	1	
amlodipine besylate-benazepril hcl oral capsule	1	
amlodipine besylate-valsartan oral tablet	1	
amlodipine-atorvastatin oral tablet	1	
amlodipine-valsartan-hctz oral tablet	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	1	
cartia xt oral capsule extended release 24 hour	1	
diltiazem hcl er beads oral capsule extended release 24 hour	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
diltiazem hcl er coated beads oral tablet extended release 24 hour	1	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl intravenous solution	1	

Drug Name	Drug Tier	Requirements/ Limits
diltiazem hcl intravenous solution reconstituted	1	
diltiazem hcl oral tablet	1	
dilt-xr oral capsule extended release 24 hour	1	
felodipine er oral tablet extended release 24 hour	1	
isradipine oral capsule	1	
matzim la oral tablet extended release 24 hour	1	
NICARDIPINE HCL INTRAVENOUS SOLUTION	1	
nicardipine hcl oral capsule	1	
nifedical xl oral tablet extended release 24 hour	1	
nifedipine er oral tablet extended release 24 hour	1	
nifedipine er osmotic release oral tablet extended release 24 hour	1	
nifedipine oral capsule	1	
nimodipine oral capsule	1	NDS
nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg	1	
NYMALIZE ORAL SOLUTION 60 MG/20ML	1	NDS

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Drug Name	Drug Tier	Requirements/ Limits
taztia xt oral capsule extended release 24 hour	1	
telmisartan-amlodipine oral tablet	1	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg	1	
VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl intravenous solution	1	
verapamil hcl oral tablet	1	
Cardiovascular Agents, Other		
ADRENALIN INJECTION SOLUTION	1	
aliskiren fumarate oral tablet	1	
CORLANOR ORAL TABLET	1	PA; QL (60 EA per 30 days)
DEMSER ORAL CAPSULE	1	NDS
digitek oral tablet	1	
digox oral tablet	1	
DIGOXIN INJECTION SOLUTION	1	
DIGOXIN ORAL SOLUTION	1	
digoxin oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
dobutamine hcl intravenous solution	1	B/D
dobutamine in d5w intravenous solution	1	B/D
dopamine hcl intravenous solution	1	B/D
dopamine in d5w intravenous solution	1	B/D
ENTRESTO ORAL TABLET	1	QL (60 EA per 30 days)
LANOXIN ORAL TABLET	1	
mannitol intravenous solution	1	
MILRINONE LACTATE IN DEXTROSE INTRAVENOUS SOLUTION	1	B/D
MILRINONE LACTATE INTRAVENOUS SOLUTION 10 MG/10ML, 50 MG/50ML	1	B/D
milrinone lactate intravenous solution 20 mg/20ml	1	B/D; NDS
norepinephrine bitartrate intravenous solution	1	
NORTHERA ORAL CAPSULE	1	PA; NDS
osmitrol intravenous solution	1	
pentoxifylline er oral tablet extended release	1	
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	PA; QL (2 ML per 28 days)

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Drug Name	Drug Tier	Requirements/ Limits
ranolazine er oral tablet extended release 12 hour	1	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	1	PA; QL (3.5 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	1	PA; QL (3 ML per 28 days)
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide sodium injection solution reconstituted	1	NDS
Diuretics, Loop		
bumetanide injection solution	1	
bumetanide oral tablet	1	
ethacrynic acid oral tablet	1	NDS
furosemide injection solution	1	
furosemide oral solution	1	
furosemide oral tablet	1	
toremide oral tablet	1	
Diuretics, Potassium- sparing		
amiloride hcl oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
amiloride- hydrochlorothiazide oral tablet	1	
DYRENIUM ORAL CAPSULE	1	
eplerenone oral tablet	1	
spironolactone oral tablet	1	
spironolactone-hctz oral tablet	1	
triamterene-hctz oral capsule	1	
triamterene-hctz oral tablet	1	
Diuretics, Thiazide		
chlorothiazide oral tablet	1	
CHLOROTHIAZIDE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED	1	
chlorthalidone oral tablet	1	
hydrochlorothiazide oral capsule	1	
hydrochlorothiazide oral tablet	1	
indapamide oral tablet	1	
methyclothiazide oral tablet 5 mg	1	
metolazone oral tablet	1	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule	1	

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Drug Name	Drug Tier	Requirements/ Limits
fenofibrate oral capsule 150 mg, 50 mg	1	
fenofibrate oral tablet 145 mg, 160 mg, 40 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	1	
FENOFIBRIC ACID ORAL TABLET 105 MG	1	
fenofibric acid oral tablet 35 mg	1	
gemfibrozil oral tablet	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium oral tablet	1	
fluvastatin sodium er oral tablet extended release 24 hour	1	
fluvastatin sodium oral capsule	1	
lovastatin oral tablet	1	
pravastatin sodium oral tablet	1	
rosuvastatin calcium oral tablet	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
simvastatin oral tablet 80 mg	1	PA
Dyslipidemics, Other		
cholestyramine light oral packet	1	
cholestyramine light oral powder	1	

Drug Name	Drug Tier	Requirements/ Limits
cholestyramine oral packet	1	
cholestyramine oral powder	1	
colesevelam hcl oral packet	1	
colesevelam hcl oral tablet	1	
colestipol hcl oral granules	1	
colestipol hcl oral packet	1	
colestipol hcl oral tablet	1	
ezetimibe oral tablet	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	1	
ezetimibe-simvastatin oral tablet 10-80 mg	1	PA
JUXTAPID ORAL CAPSULE	1	PA; QL (30 EA per 30 days); NDS
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (4 ML per 28 days); NDS
niacin (antihyperlipidemic) oral tablet	1	
niacin er (antihyperlipidemic) oral tablet extended release	1	
omega-3-acid ethyl esters oral capsule	1	
prevalite oral packet	1	
prevalite oral powder	1	

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Drug Name	Drug Tier	Requirements/ Limits
TRIKLO ORAL CAPSULE 1 GM	1	
VASCEPA ORAL CAPSULE	1	
Vasodilators, Direct-acting Arterial		
HYDRALAZINE HCL INJECTION SOLUTION	1	
hydralazine hcl oral tablet	1	
minoxidil oral tablet	1	
Vasodilators, Direct-acting Arterial/Venous		
BIDIL ORAL TABLET	1	
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE	1	
ISORDIL TITRADOSE ORAL TABLET 40 MG	1	NDS
isosorbide dinitrate er oral tablet extended release	1	
isosorbide dinitrate oral tablet	1	
isosorbide mononitrate er oral tablet extended release 24 hour	1	
isosorbide mononitrate oral tablet	1	
minitran transdermal patch 24 hour	1	
nitro-bid transdermal ointment	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	1	

Drug Name	Drug Tier	Requirements/ Limits
nitroglycerin in d5w intravenous solution	1	
nitroglycerin intravenous solution	1	
nitroglycerin sublingual tablet sublingual	1	
nitroglycerin transdermal patch 24 hour	1	
nitroglycerin translingual solution	1	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION	1	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine-dextroamphetamine er oral capsule extended release 24 hour	1	PA; QL (30 EA per 30 days)
amphetamine-dextroamphetamine oral tablet	1	PA; QL (90 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	1	PA; QL (180 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	1	PA; QL (120 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1	PA; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
DEXTROAMPHETAMINE SULFATE ORAL SOLUTION	1	PA; QL (1800 ML per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	1	PA; QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 5 mg	1	PA; QL (90 EA per 30 days)
zenzedi oral tablet 10 mg	1	PA; QL (180 EA per 30 days)
zenzedi oral tablet 5 mg	1	PA; QL (90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl oral capsule 10 mg	1	QL (60 EA per 30 days)
atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	QL (30 EA per 30 days)
clonidine hcl er oral tablet extended release 12 hour	1	
dexmethylphenidate hcl er oral capsule extended release 24 hour	1	PA; QL (30 EA per 30 days)
dexmethylphenidate hcl oral tablet	1	PA; QL (60 EA per 30 days)
guanfacine hcl er oral tablet extended release 24 hour	1	
metadate er oral tablet extended release	1	PA; QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
methylphenidate hcl er (cd) oral capsule extended release	1	PA; QL (30 EA per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour	1	PA; QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 10 mg	1	PA; QL (180 EA per 30 days)
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg	1	PA; QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 20 mg	1	PA; QL (90 EA per 30 days)
METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 27 MG, 54 MG	1	PA; QL (30 EA per 30 days)
METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 36 MG	1	PA; QL (60 EA per 30 days)
methylphenidate hcl er oral tablet extended release 36 mg	1	PA; QL (60 EA per 30 days)
methylphenidate hcl oral solution	1	PA
methylphenidate hcl oral tablet	1	PA; QL (90 EA per 30 days)
methylphenidate hcl oral tablet chewable 10 mg	1	PA; QL (180 EA per 30 days)
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	1	PA; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
relexxii oral tablet extended release	1	PA; QL (30 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET	1	PA; QL (120 EA per 30 days); NDS
butalbital-apap-caffeine oral tablet	1	
butalbital-aspirin-caffeine oral capsule	1	PA
CAFFEINE CITRATE INTRAVENOUS SOLUTION	1	
CAFFEINE CITRATE ORAL SOLUTION	1	
CLONIDINE HCL (ANALGESIA) EPIDURAL SOLUTION	1	
INGREZZA ORAL CAPSULE 40 MG	1	PA; QL (60 EA per 30 days); NDS
INGREZZA ORAL CAPSULE 80 MG	1	PA; QL (30 EA per 30 days); NDS
NUDEXTA ORAL CAPSULE	1	PA
riluzole oral tablet	1	PA
tetrabenazine oral tablet	1	PA; NDS
Fibromyalgia Agents		
SAVELLA ORAL TABLET	1	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	1	QL (110 EA per 365 days)
Multiple Sclerosis Agents		

Drug Name	Drug Tier	Requirements/ Limits
AUBAGIO ORAL TABLET	1	PA; QL (30 EA per 30 days); NDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	1	PA; QL (4 EA per 28 days); NDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	1	PA; QL (4 EA per 28 days); NDS
AVONEX VIAL INTRAMUSCULAR KIT INTRAMUSCULAR KIT 30 MCG	1	PA; QL (4 EA per 28 days); NDS
BETASERON SUBCUTANEOUS KIT	1	PA; QL (15 EA per 30 days); NDS
dalfampridine er oral tablet extended release 12 hour	1	PA; QL (60 EA per 30 days); NDS
EXTAVIA SUBCUTANEOUS KIT	1	PA; QL (15 EA per 30 days); NDS
GILENYA ORAL CAPSULE 0.5 MG	1	PA; QL (30 EA per 30 days); NDS
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	1	PA; QL (30 ML per 30 days); NDS
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	1	PA; QL (12 ML per 28 days); NDS
glatopa subcutaneous solution prefilled syringe 20 mg/ml	1	PA; QL (30 ML per 30 days); NDS
glatopa subcutaneous solution prefilled syringe 40 mg/ml	1	PA; QL (12 ML per 28 days); NDS

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Drug Name	Drug Tier	Requirements/ Limits
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	PA; QL (2 ML per 365 days); NDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (4 ML per 365 days); NDS
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	PA; QL (1 ML per 28 days); NDS
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (1 ML per 28 days); NDS
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA; QL (6 ML per 28 days); NDS
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA; QL (8.4 ML per 365 days); NDS
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (6 ML per 28 days); NDS
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (8.4 ML per 365 days); NDS
TECFIDERA STARTER PACK	1	PA; QL (120 EA per 365 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
TECFIDERA ORAL CAPSULE DELAYED RELEASE	1	PA; QL (60 EA per 30 days); NDS
TYSABRI INTRAVENOUS CONCENTRATE	1	PA; NDS
Dental and Oral Agents		
Dental and Oral Agents		
ARESTIN DENTAL	1	NDS
cevimeline hcl oral capsule	1	
chlorhexidine gluconate mouth/throat solution	1	
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED	1	NDS
lidocaine hcl mouth/throat solution	1	
lidocaine viscous hcl mouth/throat solution	1	
oralone mouth/throat paste	1	
paroex mouth/throat solution	1	
periogard mouth/throat solution	1	
pilocarpine hcl oral tablet	1	
triamcinolone acetonide mouth/throat paste	1	
Dermatological Agents		
Dermatological Agents		

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Drug Name	Drug Tier	Requirements/ Limits
acitretin oral capsule 10 mg, 25 mg	1	
acitretin oral capsule 17.5 mg	1	NDS
adapalene external cream	1	
adapalene external gel	1	
adapalene-benzoyl peroxide external gel	1	
ammonium lactate external cream	1	
ammonium lactate external lotion	1	
amnestem oral capsule	1	PA
AVITA EXTERNAL CREAM	1	PA
AVITA EXTERNAL GEL	1	PA
azelaic acid external gel	1	
benzoyl peroxide-erythromycin external gel	1	
calcipotriene external cream	1	QL (120 GM per 30 days)
calcipotriene external ointment	1	QL (120 GM per 30 days)
calcipotriene external solution	1	QL (60 ML per 30 days)
CALCITRENE EXTERNAL OINTMENT	1	QL (120 GM per 30 days)
CALCITRIOL EXTERNAL OINTMENT	1	
claravis oral capsule	1	PA
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1	

Drug Name	Drug Tier	Requirements/ Limits
clindamycin-tretinoin external gel	1	
CONDYLOX EXTERNAL GEL	1	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; NDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA; NDS
diclofenac sodium transdermal solution	1	PA
doxepin hcl external cream	1	PA; QL (90 GM per 30 days)
DOXYCYCLINE ORAL CAPSULE DELAYED RELEASE	1	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	1	PA; QL (8 ML per 28 days); NDS
FINACEA EXTERNAL FOAM	1	
imiquimod external cream	1	
imiquimod pump external cream	1	NDS
isotretinoin oral capsule	1	PA
methoxsalen rapid oral capsule	1	NDS
metronidazole external cream	1	
metronidazole external gel	1	

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Drug Name	Drug Tier	Requirements/ Limits
metronidazole external lotion	1	
MIRVASO EXTERNAL GEL	1	PA
myorisan oral capsule	1	PA
neuac external gel	1	
PENNSAID TRANSDERMAL SOLUTION	1	PA; NDS
PICATO EXTERNAL GEL	1	NDS
pimecrolimus external cream	1	
podofilox external solution	1	
RECTIV RECTAL OINTMENT	1	
REGRANEX EXTERNAL GEL	1	PA; NDS
rosadan external cream	1	
rosadan external gel	1	
SANTYL EXTERNAL OINTMENT	1	
selenium sulfide external lotion	1	
STELARA INTRAVENOUS SOLUTION	1	PA; NDS
STELARA SUBCUTANEOUS SOLUTION	1	PA; NDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; NDS
TACLONEX EXTERNAL SUSPENSION	1	QL (400 GM per 30 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
tacrolimus external ointment	1	
tazarotene external cream	1	
TAZORAC EXTERNAL CREAM 0.05 %	1	
TAZORAC EXTERNAL GEL	1	
tretinoin external cream	1	PA
tretinoin external gel	1	PA
tretinoin microsphere external gel	1	PA
TRETINOIN MICROSPHERE PUMP EXTERNAL GEL	1	PA
UVADEX INJECTION SOLUTION 20 MCG/ML	1	
VELTIN EXTERNAL GEL	1	
VEREGEN EXTERNAL OINTMENT	1	NDS
zenatane oral capsule	1	PA
ZYCLARA EXTERNAL CREAM	1	NDS
ZYCLARA PUMP EXTERNAL CREAM	1	NDS
Electrolytes/Minerals/ Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II/ELECTROLYTES INTRAVENOUS SOLUTION 8.5 %	1	B/D
AMINOSYN M INTRAVENOUS SOLUTION 3.5 %	1	B/D

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Drug Name	Drug Tier	Requirements/ Limits
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 7 %, 8.5 %	1	B/D
CARBAGLU ORAL TABLET	1	NDS
CLINIMIX E/DEXTROSE (2.75/10) INTRAVENOUS SOLUTION	1	B/D
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	1	B/D
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	1	B/D
CLINIMIX E/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION	1	B/D
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	1	B/D
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	1	B/D
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	1	B/D
CLINIMIX E/DEXTROSE (5/25) INTRAVENOUS SOLUTION 5 %	1	B/D
CLINIMIX N9G20E INTRAVENOUS SOLUTION	1	B/D

Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	1	B/D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	1	B/D
CLINIMIX/DEXTROSE (4.25/20) INTRAVENOUS SOLUTION 4.25 %	1	B/D
CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION	1	B/D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	1	B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	1	B/D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	1	B/D
CLINIMIX/DEXTROSE (5/25) INTRAVENOUS SOLUTION	1	B/D
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	1	
dextrose in lactated ringers intravenous solution	1	
DEXTROSE INTRAVENOUS SOLUTION 10 %	1	

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Drug Name	Drug Tier	Requirements/ Limits
dextrose intravenous solution 20 %, 250 mg/ml, 30 %, 40 %, 5 %, 50 %, 70 %	1	
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	1	
dextrose-nacl intravenous solution 5-0.3 %	1	
glucose intravenous solution	1	
IONOSOL-B IN D5W INTRAVENOUS SOLUTION	1	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	1	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	1	
ISOLYTE-S INTRAVENOUS SOLUTION	1	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	1	
kcl in d5w lactated ringers intravenous solution	1	

Drug Name	Drug Tier	Requirements/ Limits
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 10-5-0.45 MEQ/L-%-%, 20-5-0.2 MEQ/L-%-%, 20-5-0.33 MEQ/L-%-%, 20-5-0.45 MEQ/L-%-%, 20-5-0.9 MEQ/L-%-%, 30-5-0.45 MEQ/L-%-%, 40-5-0.45 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-%	1	
kcl in dextrose-nacl intravenous solution 20-5-0.225 meq/l-%-%	1	
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION	1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	1	
klor-con m10 oral tablet extended release	1	
klor-con m15 oral tablet extended release	1	
klor-con m20 oral tablet extended release	1	
klor-con oral packet	1	
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	
klor-con sprinkle oral capsule extended release	1	
lactated ringers intravenous solution	1	
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	1	

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Drug Name	Drug Tier	Requirements/ Limits
MAGNESIUM SULFATE INJECTION SOLUTION 50 %	1	
magnesium sulfate injection solution 50 % (10ml syringe)	1	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	1	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	1	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	1	
NORMOSOL-R INTRAVENOUS SOLUTION	1	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	1	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	1	
PLASMA-LYTE A INTRAVENOUS SOLUTION	1	
PLASMA-LYTE-56 IN D5W INTRAVENOUS SOLUTION	1	
potassium acetate intravenous solution	1	
potassium chloride crystal oral tablet extended release	1	
potassium chloride oral capsule extended release	1	

Drug Name	Drug Tier	Requirements/ Limits
potassium chloride oral tablet extended release	1	
POTASSIUM CHLORIDE IN DEXTROSE INTRAVENOUS SOLUTION	1	
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%	1	
POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.9 MEQ/L-%, 40-0.9 MEQ/L-%	1	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 20 MEQ/100ML, 40 MEQ/100ML	1	
potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/50ml	1	
potassium chloride oral packet	1	
potassium chloride oral solution	1	
potassium chloride proamp intravenous solution 2 meq/ml	1	
potassium citrate oral tablet extended release	1	

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Drug Name	Drug Tier	Requirements/ Limits
PROCALAMINE INTRAVENOUS SOLUTION	1	B/D
ringers intravenous solution	1	
sodium acetate intravenous solution 2 meq/ml	1	
sodium chloride injection solution	1	
SODIUM CHLORIDE INTRAVENOUS SOLUTION 0.45 %, 3 %, 5 %	1	
sodium chloride intravenous solution 0.9 %	1	
sodium fluoride oral tablet 2.2 (1 f) mg	1	
SODIUM LACTATE INTRAVENOUS SOLUTION	1	
sodium phosphates intravenous solution 45 mmole/15ml	1	
TPN ELECTROLYTES INTRAVENOUS SOLUTION	1	
Electrolyte/Mineral/Me tal Modifiers		
deferasirox oral tablet soluble	1	PA; NDS
DEPEN TITRATABS ORAL TABLET	1	NDS
FERRIPROX ORAL SOLUTION	1	PA; NDS
FERRIPROX ORAL TABLET 500 MG	1	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
JADENU ORAL TABLET	1	PA; NDS
JADENU SPRINKLE ORAL PACKET	1	PA; NDS
kionex oral powder	1	
kionex oral suspension	1	
LOKELMA ORAL PACKET	1	QL (90 EA per 30 days)
penicillamine oral capsule	1	NDS
sodium polystyrene sulfonate oral powder	1	
sodium polystyrene sulfonate oral suspension	1	
sodium polystyrene sulfonate rectal suspension	1	
sps oral suspension	1	
trientine hcl oral capsule	1	NDS
Phosphate Binders		
calcium acetate (phos binder) oral capsule	1	
calcium acetate (phos binder) oral tablet	1	
lanthanum carbonate oral tablet chewable	1	NDS
sevelamer carbonate oral packet	1	NDS
sevelamer carbonate oral tablet	1	
sevelamer hcl oral tablet 400 mg	1	
sevelamer hcl oral tablet 800 mg	1	NDS
VELPHORO ORAL TABLET CHEWABLE	1	NDS

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Drug Name	Drug Tier	Requirements/ Limits
Vitamins		
prenatal oral tablet 27-1 mg	1	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
dicyclomine hcl intramuscular solution	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution	1	
dicyclomine hcl oral tablet	1	
GLYCOPYRROLATE INJECTION SOLUTION	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
methscopolamine bromide oral tablet	1	
propantheline bromide oral tablet	1	
Gastrointestinal Agents, Other		
amoxicill-clarithro-lansopraz oral	1	
chenodal oral tablet	1	NDS
cromolyn sodium oral concentrate	1	
DIPHENATOL ORAL TABLET 2.5-0.025 MG	1	
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
GATTEX SUBCUTANEOUS KIT	1	PA; NDS
loperamide hcl oral capsule	1	
metoclopramide hcl injection solution	1	
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
OCALIVA ORAL TABLET	1	PA; QL (30 EA per 30 days); NDS
OPIUM ORAL TINCTURE	1	
RELISTOR ORAL TABLET	1	ST; QL (90 EA per 30 days); NDS
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	1	ST; QL (18 ML per 30 days); NDS
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	1	ST; QL (12 ML per 30 days); NDS
ursodiol oral capsule	1	
ursodiol oral tablet	1	
XERMELO ORAL TABLET	1	PA; QL (90 EA per 30 days); NDS
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl oral solution	1	
cimetidine oral tablet	1	

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Drug Name	Drug Tier	Requirements/ Limits
famotidine intravenous solution	1	
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	1	
famotidine premixed intravenous solution	1	
nizatidine oral capsule	1	
nizatidine oral solution	1	
ranitidine hcl injection solution 150 mg/6ml, 50 mg/2ml	1	
ranitidine hcl oral capsule	1	
ranitidine hcl oral syrup 75 mg/5ml	1	
ranitidine hcl oral tablet 150 mg, 300 mg	1	
Irritable Bowel Syndrome Agents		
alosetron hcl oral tablet	1	PA; NDS
AMITIZA ORAL CAPSULE	1	QL (60 EA per 30 days)
LINZESS ORAL CAPSULE	1	QL (30 EA per 30 days)
Laxatives		
constulose oral solution	1	
enulose oral solution	1	
gavilyte-c oral solution reconstituted	1	
gavilyte-g oral solution reconstituted	1	
gavilyte-h oral kit	1	

Drug Name	Drug Tier	Requirements/ Limits
gavilyte-n with flavor pack oral solution reconstituted	1	
generlac oral solution	1	
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	1	
lactulose encephalopathy oral solution	1	
lactulose oral packet	1	
lactulose oral solution 10 gm/15ml	1	
MOVIPREP ORAL SOLUTION RECONSTITUTED	1	
peg 3350/electrolytes oral solution reconstituted	1	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	1	
peg-3350/electrolytes oral solution reconstituted	1	
polyethylene glycol 3350 oral packet	1	
polyethylene glycol 3350 oral powder	1	
SUPREP BOWEL PREP KIT ORAL SOLUTION	1	
trilyte oral solution reconstituted	1	
Protectants		
CARAFATE ORAL SUSPENSION	1	

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Drug Name	Drug Tier	Requirements/Limits
misoprostol oral tablet	1	
SUCRALFATE ORAL SUSPENSION	1	
sucralfate oral tablet	1	
Proton Pump Inhibitors		
esomeprazole magnesium oral capsule delayed release 20 mg	1	QL (30 EA per 30 days)
esomeprazole magnesium oral capsule delayed release 40 mg	1	QL (60 EA per 30 days)
ESOMEPRAZOLE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED	1	
lansoprazole oral capsule delayed release	1	QL (30 EA per 30 days)
NEXIUM ORAL PACKET	1	QL (30 EA per 30 days)
omeprazole oral capsule delayed release 10 mg, 40 mg	1	QL (30 EA per 30 days)
omeprazole oral capsule delayed release 20 mg	1	QL (60 EA per 30 days)
pantoprazole sodium intravenous solution reconstituted	1	
pantoprazole sodium oral tablet delayed release 20 mg	1	QL (60 EA per 30 days)
pantoprazole sodium oral tablet delayed release 40 mg	1	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
rabeprazole sodium oral tablet delayed release	1	QL (30 EA per 30 days)
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	1	NDS
ALDURAZYME INTRAVENOUS SOLUTION	1	PA; NDS
CERDELGA ORAL CAPSULE	1	PA; NDS
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 6000 UNIT	1	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 36000 UNIT	1	NDS
CYSTADANE ORAL POWDER	1	NDS
CYSTAGON ORAL CAPSULE	1	
ELAPRASE INTRAVENOUS SOLUTION	1	PA; NDS

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Drug Name	Drug Tier	Requirements/ Limits
EXONDYS 51 INTRAVENOUS SOLUTION	1	PA; NDS
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
KANUMA INTRAVENOUS SOLUTION	1	PA; NDS
KUVAN ORAL PACKET	1	PA; NDS
KUVAN ORAL TABLET SOLUBLE	1	PA; NDS
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
miglustat oral capsule	1	PA; NDS
NAGLAZYME INTRAVENOUS SOLUTION	1	PA; NDS
ORFADIN ORAL CAPSULE	1	NDS
ORFADIN ORAL SUSPENSION	1	NDS
PROCYSBI ORAL CAPSULE DELAYED RELEASE	1	PA; NDS
RAVICTI ORAL LIQUID	1	PA; NDS
sodium phenylbutyrate oral powder	1	NDS
sodium phenylbutyrate oral tablet	1	NDS
STRENSIQ SUBCUTANEOUS SOLUTION	1	PA; NDS
SUCRAID ORAL SOLUTION	1	NDS

Drug Name	Drug Tier	Requirements/ Limits
VIMIZIM INTRAVENOUS SOLUTION	1	PA; NDS
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
XIAFLEX INJECTION SOLUTION RECONSTITUTED	1	PA; NDS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	1	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er oral tablet extended release 24 hour	1	
flavoxate hcl oral tablet	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	1	
oxybutynin chloride er oral tablet extended release 24 hour	1	
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet	1	
solifenacin succinate oral tablet	1	
tolterodine tartrate er oral capsule extended release 24 hour	1	
tolterodine tartrate oral tablet	1	

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Drug Name	Drug Tier	Requirements/ Limits
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	1	
tropium chloride er oral capsule extended release 24 hour	1	
tropium chloride oral tablet	1	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er oral tablet extended release 24 hour	1	
doxazosin mesylate oral tablet	1	
dutasteride oral capsule	1	
dutasteride-tamsulosin hcl oral capsule	1	
finasteride oral tablet 5 mg	1	
silodosin oral capsule	1	
tamsulosin hcl oral capsule	1	
terazosin hcl oral capsule	1	
Genitourinary Agents, Other		
acetic acid irrigation solution	1	
bethanechol chloride oral tablet	1	
ELMIRON ORAL CAPSULE	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		

Drug Name	Drug Tier	Requirements/ Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ala-cort external cream	1	
alclometasone dipropionate external cream	1	
alclometasone dipropionate external ointment	1	
beser external lotion	1	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	1	
betamethasone dipropionate aug external lotion	1	
betamethasone dipropionate aug external ointment	1	
betamethasone dipropionate external cream	1	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	1	
betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml	1	
betamethasone valerate external cream	1	

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Drug Name	Drug Tier	Requirements/ Limits
betamethasone valerate external foam	1	QL (100 GM per 30 days)
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
CAPEX EXTERNAL SHAMPOO	1	
CLOBETASOL PROPIONATE E EXTERNAL CREAM	1	
clobetasol propionate emulsion external foam	1	
clobetasol propionate external cream	1	
clobetasol propionate external foam	1	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external lotion	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
CLOCORTOLONE PIVALATE EXTERNAL CREAM	1	
CLOCORTOLONE PIVALATE PUMP EXTERNAL CREAM 0.1 %	1	
clodan external shampoo	1	

Drug Name	Drug Tier	Requirements/ Limits
CORDRAN EXTERNAL TAPE	1	
CORMAX SCALP APPLICATION EXTERNAL SOLUTION 0.05 %	1	
CORTIFOAM RECTAL FOAM	1	
cortisone acetate oral tablet	1	
decadron oral tablet	1	
deltasone oral tablet	1	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	1	
DESONATE EXTERNAL GEL	1	
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
desoximetasone external cream	1	
dexamethasone intensol oral concentrate	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone sod phosphate pf injection solution	1	

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Drug Name	Drug Tier	Requirements/ Limits
dexamethasone sodium phosphate injection solution	1	
EMFLAZA ORAL SUSPENSION	1	PA; NDS
EMFLAZA ORAL TABLET	1	PA; NDS
fludrocortisone acetate oral tablet	1	
fluocinolone acetonide external cream	1	
fluocinolone acetonide external ointment	1	
fluocinolone acetonide external solution	1	
fluocinolone acetonide scalp external oil	1	
fluocinonide emulsified base external cream	1	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	1	QL (120 GM per 30 days)
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
fluticasone propionate external cream	1	
fluticasone propionate external lotion	1	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	1	

Drug Name	Drug Tier	Requirements/ Limits
halobetasol propionate external ointment	1	
hydrocortisone butyrate external cream	1	QL (60 GM per 30 days)
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %	1	QL (100 GM per 30 days)
hydrocortisone external ointment 2.5 %	1	
hydrocortisone in absorbbase external ointment 1 %	1	QL (100 GM per 30 days)
hydrocortisone oral tablet	1	
hydrocortisone rectal enema	1	
hydrocortisone valerate external cream	1	QL (60 GM per 30 days)
hydrocortisone valerate external ointment	1	
KENALOG INJECTION SUSPENSION 10 MG/ML	1	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	
methylprednisolone oral tablet	1	
methylprednisolone oral tablet therapy pack	1	

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Drug Name	Drug Tier	Requirements/ Limits
methylprednisolone sodium succ injection solution reconstituted	1	
MILLIPRED DP ORAL TABLET THERAPY PACK 5 MG (21)	1	
mometasone furoate external cream	1	
mometasone furoate external ointment	1	
mometasone furoate external solution	1	
prednicarbate external cream	1	
prednicarbate external ointment	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisone intensol oral concentrate	1	
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED	1	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM	1	
triamcinolone acetonide external aerosol solution	1	
triamcinolone acetonide external cream	1	

Drug Name	Drug Tier	Requirements/ Limits
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	
triamcinolone acetonide injection suspension 40 mg/ml	1	
triderm external cream 0.1 %	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED	1	PA
desmopressin ace rhinal tube nasal solution 0.01 %	1	
desmopressin ace spray refrig nasal solution	1	
DESMOPRESSIN ACETATE INJECTION SOLUTION	1	
desmopressin acetate oral tablet	1	
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; QL (60 EA per 30 days); NDS
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; NDS

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Drug Name	Drug Tier	Requirements/ Limits
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; NDS
HUMATROPE INJECTION SOLUTION RECONSTITUTED	1	PA; NDS
INCRELEX SUBCUTANEOUS SOLUTION	1	PA; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION	1	PA; NDS
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED	1	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	1	PA; NDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	1	PA; NDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	1	PA; NDS
OMNITROPE SUBCUTANEOUS SOLUTION	1	PA; NDS
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED	1	PA

Drug Name	Drug Tier	Requirements/ Limits
SAIZEN CLICK.EASY INJECTION SOLUTION RECONSTITUTED 8.8 MG	1	PA; NDS
SAIZEN INJECTION SOLUTION RECONSTITUTED	1	PA; NDS
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	1	PA; NDS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; NDS
STIMATE NASAL SOLUTION	1	NDS
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	1	PA
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; NDS
Hormonal Agents, Stimulant/Replacemen t/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacemen t/Modifying (Prostaglandins)		
KORLYM ORAL TABLET	1	PA; QL (120 EA per 30 days); NDS
Hormonal Agents, Stimulant/Replacemen t/Modifying (Sex Hormones/Modifiers)		

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Drug Name	Drug Tier	Requirements/ Limits
Anabolic Steroids		
ANADROL-50 ORAL TABLET	1	PA; NDS
oxandrolone oral tablet 10 mg	1	PA; QL (60 EA per 30 days); NDS
oxandrolone oral tablet 2.5 mg	1	PA; QL (240 EA per 30 days)
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	1	PA
ANDROXY ORAL TABLET 10 MG	1	PA
danazol oral capsule	1	
methitest oral tablet	1	PA
methyltestosterone oral capsule	1	PA; NDS
testosterone cypionate intramuscular solution	1	PA
testosterone enanthate intramuscular solution	1	PA
testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	1	PA
Estrogens		
altavera oral tablet	1	
alyacen 1/35 oral tablet	1	
alyacen 7/7/7 oral tablet	1	
amabelz oral tablet	1	
amethia lo oral tablet	1	QL (91 EA per 91 days)

Drug Name	Drug Tier	Requirements/ Limits
amethia oral tablet	1	QL (91 EA per 91 days)
amethyst oral tablet	1	
apri oral tablet	1	
aranelle oral tablet	1	
ashlyna oral tablet	1	QL (91 EA per 91 days)
aubra oral tablet	1	
aviane oral tablet	1	
azurette oral tablet	1	
balziva oral tablet	1	
bekyree oral tablet	1	
blisovi 24 fe oral tablet	1	
blisovi fe 1.5/30 oral tablet	1	
blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	
briellyn oral tablet	1	
camrese lo oral tablet	1	QL (91 EA per 91 days)
camrese oral tablet	1	QL (91 EA per 91 days)
caziant oral tablet	1	
chateal oral tablet	1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	1	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	1	
cryselle-28 oral tablet	1	
cyclafem 1/35 oral tablet	1	

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Drug Name	Drug Tier	Requirements/ Limits
cyclafem 7/7/7 oral tablet	1	
cyred oral tablet	1	
dasetta 1/35 oral tablet	1	
dasetta 7/7/7 oral tablet	1	
daysee oral tablet	1	QL (91 EA per 91 days)
delyla oral tablet	1	
depo-estradiol intramuscular oil	1	
desogestrel-ethinyl estradiol oral tablet	1	
dotti transdermal patch twice weekly	1	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	1	
drospirenone-ethinyl estradiol oral tablet	1	
elinest oral tablet	1	
emoquette oral tablet	1	
enpresse-28 oral tablet	1	
enskyce oral tablet	1	
estarylla oral tablet	1	
estradiol oral tablet	1	
estradiol transdermal patch twice weekly	1	
estradiol transdermal patch weekly	1	
estradiol vaginal cream	1	
estradiol vaginal tablet	1	
estradiol valerate intramuscular oil	1	
estradiol-norethindrone acet oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
ESTRING VAGINAL RING	1	QL (1 EA per 90 days)
ESTROPIPATE ORAL TABLET 0.75 MG, 1.5 MG, 3 MG	1	
ethynodiol diac-eth estradiol oral tablet	1	
falmina oral tablet	1	
fayosim oral tablet	1	QL (91 EA per 91 days)
FEMRING VAGINAL RING	1	QL (1 EA per 90 days)
femynor oral tablet	1	
fyavolv oral tablet	1	
gianvi oral tablet	1	
gildagia oral tablet 0.4-35 mg-mcg	1	
gildess fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	
gildess fe 1/20 oral tablet 1-20 mg-mcg	1	
hailey 24 fe oral tablet	1	
introvale oral tablet	1	QL (91 EA per 91 days)
isibloom oral tablet	1	
jasmiel oral tablet	1	
JEVANTIQUE LO ORAL TABLET 0.5-2.5 MG-MCG	1	
jinteli oral tablet	1	
jolessa oral tablet	1	QL (91 EA per 91 days)
juleber oral tablet	1	
junel 1.5/30 oral tablet	1	
junel 1/20 oral tablet	1	

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Drug Name	Drug Tier	Requirements/ Limits
junel fe 1.5/30 oral tablet	1	
junel fe 1/20 oral tablet	1	
junel fe 24 oral tablet	1	
kaitlib fe oral tablet chewable	1	
kariva oral tablet	1	
kelnor 1/35 oral tablet	1	
kelnor 1/50 oral tablet	1	
kimidess oral tablet 0.15-0.02/0.01 mg (21/5)	1	
kurvelo oral tablet	1	
larin 1.5/30 oral tablet	1	
larin 1/20 oral tablet	1	
larin 24 fe oral tablet	1	
larin fe 1.5/30 oral tablet	1	
larin fe 1/20 oral tablet	1	
larissia oral tablet	1	
LAYOLIS FE ORAL TABLET CHEWABLE	1	
leena oral tablet	1	
lessina oral tablet	1	
levonest oral tablet	1	
levonorgest-eth est & eth est oral tablet	1	QL (91 EA per 91 days)
levonorgest-eth estrad 91-day oral tablet	1	QL (91 EA per 91 days)
levonorgestrel-ethinyl estrad oral tablet	1	
levonorg-eth estrad triphasic oral tablet	1	
levora 0.15/30 (28) oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
LO LOESTRIN FE ORAL TABLET	1	
lomedica 24 fe oral tablet 1-20 mg-mcg(24)	1	
LOPREEZA ORAL TABLET 0.5-0.1 MG	1	
lopreeza oral tablet 1-0.5 mg	1	
loryna oral tablet	1	
low-ogestrel oral tablet	1	
lutera oral tablet	1	
marlissa oral tablet	1	
melodetta 24 fe oral tablet chewable	1	
menest oral tablet	1	
mibelas 24 fe oral tablet chewable	1	
microgestin 1.5/30 oral tablet	1	
microgestin 1/20 oral tablet	1	
microgestin fe 1.5/30 oral tablet	1	
microgestin fe 1/20 oral tablet	1	
mili oral tablet	1	
mimvey lo oral tablet	1	
mimvey oral tablet	1	
mono-linyah oral tablet	1	
MONONESSA ORAL TABLET	1	
myzilra oral tablet	1	
necon 0.5/35 (28) oral tablet	1	

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necon 1/35 (28) oral tablet	1	
necon 1/50 (28) oral tablet 1-50 mg-mcg	1	
necon 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	
nikki oral tablet	1	
norethin ace-eth estrad-fe oral tablet	1	
norethin ace-eth estrad-fe oral tablet chewable	1	
norethindrone acet-ethinyl est oral tablet	1	
norethindrone acet-ethinyl est oral tablet chewable 1-20 mg-mcg(24)	1	
NORETHINDRONE-ETH ESTRADIOL ORAL TABLET	1	
norethin-eth estradiol-fe oral tablet chewable	1	
norgestimate-eth estradiol oral tablet	1	
norgestimate-ethinyl estradiol triphasic oral tablet	1	
nortrel 0.5/35 (28) oral tablet	1	
nortrel 1/35 (21) oral tablet	1	
nortrel 1/35 (28) oral tablet	1	
nortrel 7/7/7 oral tablet	1	
ocella oral tablet	1	
ogestrel oral tablet	1	
orsythia oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
philith oral tablet	1	
pimtrea oral tablet	1	
pirmella 1/35 oral tablet	1	
pirmella 7/7/7 oral tablet	1	
portia-28 oral tablet	1	
PREMARIN ORAL TABLET	1	
PREMARIN VAGINAL CREAM	1	
PREMPHASE ORAL TABLET	1	
PREMPRO ORAL TABLET	1	
previfem oral tablet	1	
quasense oral tablet 0.15-0.03 mg	1	QL (91 EA per 91 days)
rajani oral tablet 3-0.02-0.451 mg	1	
reclipsen oral tablet	1	
rivelsa oral tablet	1	QL (91 EA per 91 days)
setlakin oral tablet	1	QL (91 EA per 91 days)
simliya oral tablet	1	
sprintec 28 oral tablet	1	
sronyx oral tablet	1	
syeda oral tablet	1	
tarina 24 fe oral tablet	1	
tarina fe 1/20 oral tablet	1	
tilia fe oral tablet	1	
tri-estarylla oral tablet	1	
tri-legest fe oral tablet	1	
tri-linyah oral tablet	1	

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Drug Name	Drug Tier	Requirements/ Limits
tri-lo-estarylla oral tablet	1	
tri-lo-marzia oral tablet	1	
tri-lo-sprintec oral tablet	1	
tri-mili oral tablet	1	
trinessa (28) oral tablet	1	
trinessa lo oral tablet 0.18/0.215/0.25 mg-25 mcg	1	
tri-previfem oral tablet	1	
tri-sprintec oral tablet	1	
trivora (28) oral tablet	1	
tri-vylibra lo oral tablet	1	
velivet oral tablet	1	
vestura oral tablet 3- 0.02 mg	1	
vienva oral tablet	1	
viorele oral tablet	1	
vyfemla oral tablet	1	
vylibra oral tablet	1	
wera oral tablet	1	
wymzya fe oral tablet chewable	1	
xulane transdermal patch weekly	1	
yuvafem vaginal tablet	1	
zarah oral tablet	1	
zenchent oral tablet 0.4- 35 mg-mcg	1	
zovia 1/35e (28) oral tablet	1	
zovia 1/50e (28) oral tablet 1-50 mg-mcg	1	
Progesterone Agonists/Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
ELLA ORAL TABLET	1	
Progestins		
camila oral tablet	1	
CRINONE VAGINAL GEL	1	PA
deblitane oral tablet	1	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	1	QL (10 ML per 28 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	1	QL (0.65 ML per 90 days)
errin oral tablet	1	
heather oral tablet	1	
hydroxyprogesterone caproate intramuscular oil	1	PA; NDS
hydroxyprogesterone caproate intramuscular solution	1	PA; NDS
incassia oral tablet	1	
jencycla oral tablet	1	
JOLIVETTE ORAL TABLET 0.35 MG	1	
levonorgestrel oral tablet	1	
lyza oral tablet	1	
MAKENA INTRAMUSCULAR OIL	1	PA; NDS
medroxyprogesterone acetate intramuscular suspension	1	QL (1 ML per 90 days)

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Drug Name	Drug Tier	Requirements/ Limits
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL (1 ML per 90 days)
medroxyprogesterone acetate oral tablet	1	
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml	1	PA
megestrol acetate oral tablet	1	PA
nora-be oral tablet	1	
norethindrone acetate oral tablet	1	
norethindrone oral tablet	1	
norlyroc oral tablet	1	
progesterone intramuscular oil	1	
progesterone micronized oral capsule	1	
sharobel oral tablet	1	
Selective Estrogen Receptor Modifying Agents		
OSPHENA ORAL TABLET	1	PA; QL (30 EA per 30 days)
raloxifene hcl oral tablet	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levothyroxine sodium oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
LEVOXYL ORAL TABLET	1	
LIOTHYRONINE SODIUM INTRAVENOUS SOLUTION	1	
liothyronine sodium oral tablet	1	
SYNTHROID ORAL TABLET	1	
TIROSINT ORAL CAPSULE 175 MCG, 200 MCG	1	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
unithroid oral tablet 137 mcg	1	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET	1	NDS
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
cabergoline oral tablet	1	
ELIGARD SUBCUTANEOUS KIT 22.5 MG	1	PA; QL (1 EA per 84 days)

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Drug Name	Drug Tier	Requirements/ Limits
ELIGARD SUBCUTANEOUS KIT 30 MG	1	PA; QL (1 EA per 112 days)
ELIGARD SUBCUTANEOUS KIT 45 MG	1	PA; QL (1 EA per 168 days)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	1	PA; QL (1 EA per 28 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG	1	PA; QL (4 EA per 365 days); NDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	1	PA; QL (1 EA per 28 days)
leuprolide acetate injection kit	1	PA; NDS
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG	1	PA; QL (1 EA per 84 days); NDS
LUPANETA PACK COMBINATION KIT 3.75 & 5 MG	1	PA; QL (1 EA per 28 days); NDS
LUPRON DEPOT (1- MONTH) INTRAMUSCULAR KIT	1	PA; QL (1 EA per 28 days); NDS
LUPRON DEPOT (3- MONTH) INTRAMUSCULAR KIT	1	PA; QL (1 EA per 84 days); NDS
LUPRON DEPOT (4- MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT	1	PA; QL (1 EA per 112 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT (6- MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT	1	PA; QL (1 EA per 168 days); NDS
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	1	PA; QL (1 EA per 28 days); NDS
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	1	PA; QL (1 EA per 84 days); NDS
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	1	PA
octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml	1	PA; NDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	1	PA; NDS
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	1	PA; QL (1 EA per 28 days); NDS
SIGNIFOR SUBCUTANEOUS SOLUTION	1	PA; QL (60 ML per 30 days); NDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	1	PA; NDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; NDS
SYNAREL NASAL SOLUTION	1	NDS

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Drug Name	Drug Tier	Requirements/ Limits
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	1	PA; QL (1 EA per 84 days); NDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	1	PA; QL (1 EA per 168 days); NDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG	1	PA; QL (1 EA per 28 days); NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	1	QL (1 EA per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	1	QL (1 EA per 28 days)
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral tablet	1	
propylthiouracil oral tablet	1	
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT	1	PA; NDS
FIRAZYR SUBCUTANEOUS SOLUTION	1	PA; NDS
icatibant acetate subcutaneous solution	1	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
KALBITOR SUBCUTANEOUS SOLUTION	1	PA; NDS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
Immune Suppressants		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	1	B/D
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	1	B/D; NDS
azasan oral tablet	1	B/D
azathioprine oral tablet	1	B/D
azathioprine sodium injection solution reconstituted	1	B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA; NDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; NDS
CIMZIA PREFILLED KIT SUBCUTANEOUS KIT	1	PA; NDS
CIMZIA STARTER KIT SUBCUTANEOUS KIT	1	PA; NDS

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Drug Name	Drug Tier	Requirements/ Limits
CIMZIA SUBCUTANEOUS KIT	1	PA; NDS
cyclosporine intravenous solution	1	
cyclosporine modified oral capsule	1	B/D
cyclosporine modified oral solution	1	B/D
cyclosporine oral capsule	1	B/D
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	1	PA; NDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	1	B/D
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	1	B/D; NDS
gengraf oral capsule	1	B/D
gengraf oral solution	1	B/D
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	1	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	1	PA; NDS
HUMIRA PEN- CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	1	PA; NDS
HUMIRA PEN- PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	1	PA; NDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	1	PA; NDS
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; NDS
methotrexate oral tablet	1	
methotrexate sodium (pf) injection solution	1	
methotrexate sodium injection solution	1	
methotrexate sodium injection solution reconstituted	1	
mycophenolate mofetil hcl intravenous solution reconstituted	1	B/D
mycophenolate mofetil oral capsule	1	B/D

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Drug Name	Drug Tier	Requirements/ Limits
mycophenolate mofetil oral suspension reconstituted	1	B/D; NDS
mycophenolate mofetil oral tablet	1	B/D
mycophenolate sodium oral tablet delayed release	1	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA; QL (4 ML per 28 days); NDS
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; NDS
PROGRAF INTRAVENOUS SOLUTION	1	
PROGRAF ORAL PACKET	1	B/D; NDS
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
SANDIMMUNE ORAL SOLUTION	1	B/D
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; NDS
sirolimus oral solution	1	B/D; NDS
sirolimus oral tablet 0.5 mg, 1 mg	1	B/D
sirolimus oral tablet 2 mg	1	B/D; NDS
tacrolimus oral capsule	1	B/D
XATMEP ORAL SOLUTION	1	
ZORTRESS ORAL TABLET	1	PA; NDS
Immunizing Agents, Passive		
ATGAM INTRAVENOUS INJECTABLE	1	NDS
BIVIGAM INTRAVENOUS SOLUTION	1	PA; NDS
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
CUVITRU SUBCUTANEOUS SOLUTION	1	PA; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	1	PA; NDS
GAMASTAN INTRAMUSCULAR INJECTABLE	1	PA
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
GAMMAGARD INJECTION SOLUTION	1	PA; NDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
GAMMAKED INJECTION SOLUTION	1	PA; NDS
GAMMAPLEX INTRAVENOUS SOLUTION	1	PA; NDS
GAMUNEX-C INJECTION SOLUTION	1	PA; NDS
HEPAGAM B INJECTION SOLUTION	1	B/D; NDS
HIZENTRA SUBCUTANEOUS SOLUTION	1	PA; NDS
HYPERHEP B S/D INTRAMUSCULAR SOLUTION	1	B/D; NDS
HYPERRAB S/D INJECTION SOLUTION	1	B/D
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	
HYQVIA SUBCUTANEOUS KIT	1	PA; NDS
IMOGAM RABIES-HT INJECTION SOLUTION	1	B/D
KEDRAB INJECTION SOLUTION	1	B/D
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	

Drug Name	Drug Tier	Requirements/ Limits
NABI-HB INTRAMUSCULAR SOLUTION	1	B/D; NDS
OCTAGAM INTRAVENOUS SOLUTION	1	PA; NDS
PRIVIGEN INTRAVENOUS SOLUTION	1	PA; NDS
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	1	
SYNAGIS INTRAMUSCULAR SOLUTION	1	PA; NDS
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED	1	NDS
Immunomodulators		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA; NDS
ACTEMRA INTRAVENOUS SOLUTION	1	PA; NDS
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (3.6 ML per 28 days); NDS
ACTIMMUNE SUBCUTANEOUS SOLUTION	1	PA; NDS

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Drug Name	Drug Tier	Requirements/ Limits
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; NDS
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
ILARIS (150MG DELIVERED) SUBCUTANEOUS SOLUTION RECONSTITUTED 180 MG	1	PA; QL (2 EA per 28 days); NDS
ILARIS SUBCUTANEOUS SOLUTION	1	PA; QL (2 ML per 28 days); NDS
leflunomide oral tablet	1	
LEMTRADA INTRAVENOUS SOLUTION	1	PA; NDS
OTEZLA ORAL TABLET	1	PA; NDS
OTEZLA ORAL TABLET THERAPY PACK	1	PA; NDS
RIDAURA ORAL CAPSULE	1	NDS
SIMPONI ARIA INTRAVENOUS SOLUTION	1	PA; NDS
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED	1	NDS
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
XELJANZ ORAL TABLET	1	PA; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	1	PA; NDS
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ADACEL INTRAMUSCULAR SUSPENSION	1	
BCG VACCINE INJECTION INJECTABLE	1	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5- 18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	1	
DAPTACEL INTRAMUSCULAR SUSPENSION	1	
DIPHThERIA- TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	1	
ENGERIX-B INJECTION SUSPENSION	1	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	

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Drug Name	Drug Tier	Requirements/ Limits
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HAVRIX INTRAMUSCULAR SUSPENSION	1	
HIBERIX INJECTION SOLUTION RECONSTITUTED	1	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	1	B/D
INFANRIX INTRAMUSCULAR SUSPENSION	1	
IPOL INJECTION INJECTABLE	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	
KINRIX INTRAMUSCULAR SUSPENSION	1	
MENACTRA INTRAMUSCULAR INJECTABLE	1	
MENHIBRIX INTRAMUSCULAR SOLUTION RECONSTITUTED 5-5- 2.5 MCG	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
M-M-R II SUBCUTANEOUS INJECTABLE	1	

Drug Name	Drug Tier	Requirements/ Limits
PEDIARIX INTRAMUSCULAR SUSPENSION	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	1	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL INTRAMUSCULAR SUSPENSION	1	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	B/D
RECOMBIVAX HB INJECTION SUSPENSION	1	B/D
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	
ROTATEQ ORAL SOLUTION	1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
TDVAX INTRAMUSCULAR SUSPENSION	1	
TENIVAC INTRAMUSCULAR INJECTABLE	1	

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Drug Name	Drug Tier	Requirements/ Limits
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TYPHIM VI INTRAMUSCULAR SOLUTION	1	
VAQTA INTRAMUSCULAR SUSPENSION	1	
VARIVAX SUBCUTANEOUS INJECTABLE	1	
VARIZIG INTRAMUSCULAR SOLUTION	1	PA; NDS
YF-VAX SUBCUTANEOUS INJECTABLE	1	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1	
balsalazide disodium oral capsule	1	
DIPENTUM ORAL CAPSULE	1	NDS
mesalamine oral tablet delayed release 1.2 gm	1	

Drug Name	Drug Tier	Requirements/ Limits
mesalamine rectal enema	1	
mesalamine rectal suppository	1	NDS
MESALAMINE- CLEANSER RECTAL KIT	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	1	NDS
Glucocorticoids		
budesonide er oral tablet extended release 24 hour	1	NDS
budesonide oral capsule delayed release particles	1	
colocort rectal enema	1	
Sulfonamides		
sulfasalazine oral tablet	1	
sulfasalazine oral tablet delayed release	1	
sulfazine oral tablet	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium oral solution	1	
alendronate sodium oral tablet 10 mg, 35 mg, 40 mg, 5 mg	1	
alendronate sodium oral tablet 70 mg	1	QL (4 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
BINOSTO ORAL TABLET EFFERVESCENT	1	QL (4 EA per 28 days)
calcitonin (salmon) nasal solution	1	QL (3.7 ML per 30 days)
calcitriol intravenous solution	1	
calcitriol oral capsule	1	
calcitriol oral solution	1	
cinacalcet hcl oral tablet	1	NDS
doxercalciferol intravenous solution	1	
doxercalciferol oral capsule	1	
etidronate disodium oral tablet	1	
FORTEO SUBCUTANEOUS SOLUTION	1	PA; NDS
FOSAMAX PLUS D ORAL TABLET	1	ST; QL (4 EA per 28 days)
ibandronate sodium intravenous solution	1	
ibandronate sodium oral tablet	1	QL (1 EA per 28 days)
MIACALCIN INJECTION SOLUTION	1	NDS
NATPARA SUBCUTANEOUS CARTRIDGE	1	PA; QL (2 EA per 28 days); NDS
pamidronate disodium intravenous solution	1	
pamidronate disodium intravenous solution reconstituted	1	
PARICALCITOL INTRAVENOUS SOLUTION	1	

Drug Name	Drug Tier	Requirements/Limits
paricalcitol oral capsule	1	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	
risedronate sodium oral tablet 150 mg	1	QL (1 EA per 28 days)
risedronate sodium oral tablet 30 mg, 5 mg	1	
risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	QL (4 EA per 28 days)
RISEDRONATE SODIUM ORAL TABLET DELAYED RELEASE	1	QL (4 EA per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	PA; NDS
XGEVA SUBCUTANEOUS SOLUTION	1	PA; NDS
ZOLEDRONIC ACID INTRAVENOUS CONCENTRATE	1	
ZOLEDRONIC ACID INTRAVENOUS SOLUTION 5 MG/100ML	1	PA
zoledronic acid intravenous solution reconstituted 4 mg	1	NDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
alcohol prep pads pad 70 %	1	

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AMINO ACID INTRAVENOUS SOLUTION 10 %	1	B/D
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 7 %	1	B/D
AMINOSYN INTRAVENOUS SOLUTION 10 %	1	B/D
AMINOSYN-HBC INTRAVENOUS SOLUTION 7 %	1	B/D
AMINOSYN-PF INTRAVENOUS SOLUTION	1	B/D
AMINOSYN-RF INTRAVENOUS SOLUTION 5.2 %	1	B/D
AMMONUL INTRAVENOUS SOLUTION	1	NDS
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
clinisol sf intravenous solution	1	B/D
cvs gauze sterile pad 2"x2"	1	
deferoxamine mesylate injection solution reconstituted	1	B/D
FREAMINE HBC INTRAVENOUS SOLUTION	1	B/D
FREAMINE III INTRAVENOUS SOLUTION	1	B/D

Drug Name	Drug Tier	Requirements/ Limits
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; NDS
HEPATAMINE INTRAVENOUS SOLUTION	1	B/D
insulin pen needles 29g x 12mm	1	QL (200 EA per 30 days)
insulin syringes 28g x 1/2" 0.5 ml, 29g 0.3 ml, 29g x 1/2" 1 ml	1	QL (200 EA per 30 days)
INTRALIPID INTRAVENOUS EMULSION 20 %	1	B/D
KEVEYIS ORAL TABLET	1	PA; QL (120 EA per 30 days); NDS
lactated ringers irrigation solution	1	
levocarnitine oral solution	1	
LEVOCARNITINE ORAL TABLET	1	
methergine oral tablet	1	NDS
methylergonovine maleate oral tablet	1	NDS
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; NDS
NEPHRAMINE INTRAVENOUS SOLUTION	1	B/D
NUTRILIPID INTRAVENOUS EMULSION	1	B/D
oxytocin injection solution	1	

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Drug Name	Drug Tier	Requirements/ Limits
PHYSIOLYTE IRRIGATION SOLUTION	1	
PHYSIOSOL IRRIGATION SOLUTION	1	
plenamine intravenous solution	1	B/D
premasol intravenous solution	1	B/D
PROSOL INTRAVENOUS SOLUTION	1	B/D
ringers irrigation irrigation solution	1	
sod benz-sod phenylacet intravenous solution	1	NDS
SODIUM CHLORIDE IRRIGATION SOLUTION	1	
sterile water for irrigation irrigation solution	1	
SYNTHAMIN 17 INTRAVENOUS SOLUTION	1	B/D
tis-u-sol irrigation solution	1	
TRAVASOL INTRAVENOUS SOLUTION	1	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	1	B/D
V-GO 20 KIT	1	QL (1 EA per 365 days)

Drug Name	Drug Tier	Requirements/ Limits
V-GO 30 KIT	1	QL (1 EA per 365 days)
V-GO 40 KIT	1	QL (1 EA per 365 days)
Ophthalmic Agents		
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost ophthalmic solution	1	QL (5 ML per 30 days)
latanoprost ophthalmic solution	1	QL (2.5 ML per 25 days)
LUMIGAN OPHTHALMIC SOLUTION	1	QL (2.5 ML per 25 days)
Ophthalmic Agents, Other		
ak-poly-bac ophthalmic ointment	1	
ATROPINE SULFATE OPHTHALMIC SOLUTION	1	
bacitracin-polymyxin b ophthalmic ointment	1	
cyclopentolate hcl ophthalmic solution	1	
CYSTARAN OPHTHALMIC SOLUTION	1	PA; QL (60 ML per 28 days); NDS
EYLEA INTRAVITREAL SOLUTION	1	PA; NDS
neomycin-bacitracin zn-polymyx ophthalmic ointment	1	
neomycin-polymyxin-gramicidin ophthalmic solution	1	

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Drug Name	Drug Tier	Requirements/ Limits
neo-polycin ophthalmic ointment	1	
polycin ophthalmic ointment	1	
polymyxin b-trimethoprim ophthalmic solution	1	
proparacaine hcl ophthalmic solution	1	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	1	
RESTASIS OPHTHALMIC EMULSION	1	
RHOPRESSA OPHTHALMIC SOLUTION	1	ST; QL (2.5 ML per 25 days)
triple antibiotic ophthalmic ointment 5-400-10000	1	
Ophthalmic Anti-allergy Agents		
ALOCRILOPHTHALMIC SOLUTION	1	
azelastine hcl ophthalmic solution	1	
BEPREVE OPHTHALMIC SOLUTION	1	
cromolyn sodium ophthalmic solution	1	
epinastine hcl ophthalmic solution	1	
LASTACAFTOPHTHALMIC SOLUTION	1	

Drug Name	Drug Tier	Requirements/ Limits
olopatadine hcl ophthalmic solution	1	
Ophthalmic Antiglaucoma Agents		
acetazolamide er oral capsule extended release 12 hour	1	
acetazolamide oral tablet	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	
apraclonidine hcl ophthalmic solution	1	
AZOPT OPHTHALMIC SUSPENSION	1	
betaxolol hcl ophthalmic solution	1	
BETIMOLOPHTHALMIC SOLUTION	1	
BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.15 %	1	
brimonidine tartrate ophthalmic solution 0.2 %	1	
carteolol hcl ophthalmic solution	1	
COMBIGAN OPHTHALMIC SOLUTION	1	
COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML	1	
dorzolamide hcl ophthalmic solution	1	

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dorzolamide hcl-timolol mal ophthalmic solution	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml	1	
levobunolol hcl ophthalmic solution	1	
methazolamide oral tablet	1	
metipranolol ophthalmic solution 0.3 %	1	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	1	
pilocarpine hcl ophthalmic solution	1	
SIMBRINZA OPHTHALMIC SUSPENSION	1	
timolol maleate ophthalmic gel forming solution	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
Ophthalmic Anti-inflammatory		
ALOMIDE OPHTHALMIC SOLUTION	1	
ALREX OPHTHALMIC SUSPENSION	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment	1	
BLEPHAMIDE OPHTHALMIC SUSPENSION	1	

Drug Name	Drug Tier	Requirements/ Limits
blephamide s.o.p. ophthalmic ointment	1	
bromfenac sodium (once-daily) ophthalmic solution	1	
dexamethasone sodium phosphate ophthalmic solution	1	
diclofenac sodium ophthalmic solution	1	
FLAREX OPHTHALMIC SUSPENSION	1	
fluorometholone ophthalmic suspension	1	
flurbiprofen sodium ophthalmic solution	1	
FML FORTE OPHTHALMIC SUSPENSION	1	
FML OPHTHALMIC OINTMENT	1	
ILEVRO OPHTHALMIC SUSPENSION	1	QL (6 ML per 30 days)
ketorolac tromethamine ophthalmic solution	1	
LOTEMAX OPHTHALMIC OINTMENT	1	QL (14 GM per 365 days)
LOTEMAX SM OPHTHALMIC GEL	1	QL (20 GM per 365 days)
loteprednol etabonate ophthalmic suspension	1	
MAXIDEX OPHTHALMIC SUSPENSION	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	

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Drug Name	Drug Tier	Requirements/ Limits
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension	1	
neo-polycin hc ophthalmic ointment	1	
NEVANAC OPTHALMIC SUSPENSION	1	QL (6 ML per 30 days)
PRED MILD OPTHALMIC SUSPENSION	1	
PRED-G OPTHALMIC SUSPENSION	1	
PRED-G S.O.P. OPTHALMIC OINTMENT	1	
prednisolone acetate ophthalmic suspension	1	
prednisolone sodium phosphate ophthalmic solution	1	
PROLENSA OPTHALMIC SOLUTION	1	QL (12 ML per 365 days)
sulfacetamide-prednisolone ophthalmic solution	1	
TOBRADEX OPTHALMIC OINTMENT	1	
TOBRADEX ST OPTHALMIC SUSPENSION	1	
tobramycin-dexamethasone ophthalmic suspension	1	

Drug Name	Drug Tier	Requirements/ Limits
ZYLET OPTHALMIC SUSPENSION	1	
Otic Agents		
Otic Agents		
acetazol hc otic solution	1	
acetic acid otic solution	1	
antibiotic ear otic solution	1	
CIPRO HC OTIC SUSPENSION	1	
COLY-MYCIN S OTIC SUSPENSION	1	
flac otic oil	1	
fluocinolone acetonide otic oil	1	
hydrocortisone-acetic acid otic solution	1	
neomycin-polymyxin-hc otic solution 1 %	1	
neomycin-polymyxin-hc otic suspension	1	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
azelastine hcl nasal solution 0.1 %, 0.15 %	1	QL (60 ML per 30 days)
cetirizine hcl oral solution 1 mg/ml	1	
cyproheptadine hcl oral syrup	1	PA
cyproheptadine hcl oral tablet	1	PA
desloratadine oral tablet	1	
diphenhydramine hcl injection solution	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
HYDROXYZINE HCL INTRAMUSCULAR SOLUTION	1	PA
hydroxyzine hcl oral syrup	1	PA
hydroxyzine hcl oral tablet	1	PA
hydroxyzine pamoate oral capsule	1	PA
levocetirizine dihydrochloride oral solution	1	
levocetirizine dihydrochloride oral tablet	1	
olopatadine hcl nasal solution	1	QL (30.5 GM per 30 days)
Anti-inflammatories, Inhaled Corticosteroids		
AEROSPAN INHALATION AEROSOL SOLUTION 80 MCG/ACT	1	QL (17.8 GM per 30 days)
BECONASE AQ NASAL SUSPENSION	1	QL (50 GM per 25 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (60 EA per 30 days)
budesonide inhalation suspension	1	B/D; QL (120 ML per 30 days)
budesonide nasal suspension	1	QL (17.2 GM per 30 days)
DYMISTA NASAL SUSPENSION	1	QL (23 GM per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	1	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	1	QL (240 EA per 30 days)
flunisolide nasal solution	1	QL (50 ML per 30 days)
fluticasone propionate nasal suspension	1	
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; QL (3 EA per 28 days); NDS
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT	1	QL (17.4 GM per 30 days)
QVAR INHALATION AEROSOL SOLUTION 80 MCG/ACT	1	QL (26.1 GM per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED	1	QL (21.2 GM per 30 days)
triamcinolone acetonide nasal aerosol	1	
Antileukotrienes		
montelukast sodium oral packet	1	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
zafirlukast oral tablet	1	

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Drug Name	Drug Tier	Requirements/ Limits
zileuton er oral tablet extended release 12 hour	1	ST; NDS
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION	1	QL (25.8 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	1	QL (8 GM per 30 days)
ipratropium bromide inhalation solution	1	B/D; QL (312.5 ML per 30 days)
ipratropium bromide nasal solution	1	
ipratropium-albuterol inhalation solution	1	B/D; QL (540 ML per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE	1	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	1	QL (8 GM per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	1	QL (8 GM per 28 days)
Bronchodilators, Sympathomimetic		
albuterol sulfate er oral tablet extended release 12 hour	1	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1	QL (17 GM per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	1	B/D; QL (525 ML per 30 days)
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	1	B/D; QL (100 EA per 30 days)
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	1	B/D; QL (375 ML per 30 days)
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	1	
ARCAPTA NEOHALER INHALATION CAPSULE	1	QL (30 EA per 30 days)
BROVANA INHALATION NEBULIZATION SOLUTION	1	PA; QL (120 ML per 30 days); NDS
epinephrine injection solution 0.3 mg/0.3ml	1	ST
epinephrine injection solution auto-injector 0.15 mg/0.15ml	1	ST
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml	1	B/D; QL (540 ML per 30 days)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	1	B/D; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml	1	B/D; QL (270 ML per 30 days)
levalbuterol hfa inhalation aerosol 45 mcg/act	1	QL (30 GM per 30 days)
metaproterenol sulfate oral syrup	1	
metaproterenol sulfate oral tablet 10 mg, 20 mg	1	
PERFORMIST INHALATION NEBULIZATION SOLUTION	1	B/D; QL (120 ML per 30 days); NDS
PROAIR HFA INHALATION AEROSOL SOLUTION	1	QL (17 GM per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (2 EA per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (60 EA per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	1	QL (4 GM per 30 days)
terbutaline sulfate injection solution	1	NDS
terbutaline sulfate oral tablet	1	
Cystic Fibrosis Agents		
BETHKIS INHALATION NEBULIZATION SOLUTION	1	B/D; NDS

Drug Name	Drug Tier	Requirements/ Limits
CAYSTON INHALATION SOLUTION RECONSTITUTED	1	PA; NDS
KALYDECO ORAL PACKET	1	PA; NDS
KALYDECO ORAL TABLET	1	PA; NDS
ORKAMBI ORAL PACKET	1	PA; QL (56 EA per 28 days); NDS
ORKAMBI ORAL TABLET	1	PA; QL (112 EA per 28 days); NDS
PULMOZYME INHALATION SOLUTION	1	PA; NDS
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	1	PA; QL (60 EA per 30 days); NDS
TOBI PODHALER INHALATION CAPSULE	1	QL (224 EA per 56 days); NDS
tobramycin inhalation nebulization solution	1	B/D; NDS
Mast Cell Stabilizers		
cromolyn sodium inhalation nebulization solution	1	B/D
Phosphodiesterase Inhibitors, Airways Disease		
aminophylline intravenous solution	1	
DALIRESP ORAL TABLET	1	PA

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Drug Name	Drug Tier	Requirements/Limits
theophylline er oral tablet extended release 12 hour	1	
theophylline er oral tablet extended release 24 hour	1	
theophylline in d5w intravenous solution	1	
theophylline oral solution	1	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET	1	PA; QL (90 EA per 30 days); NDS
alyq oral tablet	1	PA; QL (60 EA per 30 days); NDS
ambrisentan oral tablet	1	PA; QL (30 EA per 30 days); NDS
epoprostenol sodium intravenous solution reconstituted	1	PA; NDS
OPSUMIT ORAL TABLET	1	PA; QL (30 EA per 30 days); NDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	1	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	1	PA; NDS
sildenafil citrate intravenous solution	1	PA; NDS
sildenafil citrate oral suspension reconstituted	1	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
sildenafil citrate oral tablet 20 mg	1	PA; QL (90 EA per 30 days)
tadalafil (pah) oral tablet	1	PA; QL (60 EA per 30 days); NDS
TREPROSTINIL INJECTION SOLUTION	1	PA; NDS
UPTRAVI ORAL TABLET	1	PA; QL (60 EA per 30 days); NDS
UPTRAVI ORAL TABLET THERAPY PACK	1	PA; QL (400 EA per 365 days); NDS
VENTAVIS INHALATION SOLUTION	1	PA; QL (270 ML per 30 days); NDS
Pulmonary Fibrosis Agents		
ESBRIET ORAL TABLET	1	PA; NDS
Respiratory Tract Agents, Other		
acetylcysteine inhalation solution	1	B/D
ADVAIR HFA INHALATION AEROSOL	1	QL (24 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (60 EA per 30 days)
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
DULERA INHALATION AEROSOL	1	QL (17.6 GM per 30 days)
ESBRIET ORAL CAPSULE	1	PA; NDS

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Drug Name	Drug Tier	Requirements/ Limits
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (60 EA per 30 days)
GLASSIA INTRAVENOUS SOLUTION	1	PA; NDS
OFEV ORAL CAPSULE	1	PA; NDS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
ribavirin inhalation solution reconstituted	1	NDS
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	1	QL (8 GM per 28 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT	1	QL (12 GM per 30 days)
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT	1	QL (13.8 GM per 30 days)
wixela inhub inhalation aerosol powder breath activated	1	QL (60 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; NDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA; NDS
Skeletal Muscle Relaxants		

Drug Name	Drug Tier	Requirements/ Limits
Skeletal Muscle Relaxants		
carisoprodol oral tablet	1	PA
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet	1	
methocarbamol oral tablet	1	
orphenadrine citrate er oral tablet extended release 12 hour	1	
Sleep Disorder Agents		
GABA Receptor Modulators		
eszopiclone oral tablet	1	QL (30 EA per 30 days)
zaleplon oral capsule 10 mg	1	QL (60 EA per 30 days)
zaleplon oral capsule 5 mg	1	QL (30 EA per 30 days)
zolpidem tartrate er oral tablet extended release	1	QL (30 EA per 30 days)
zolpidem tartrate oral tablet	1	QL (30 EA per 30 days)
Sleep Disorders, Other		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	1	PA; QL (30 EA per 30 days)
armodafinil oral tablet 50 mg	1	PA; QL (60 EA per 30 days)
HETLIOZ ORAL CAPSULE	1	PA; QL (30 EA per 30 days); NDS
modafinil oral tablet	1	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
ramelteon oral tablet	1	QL (30 EA per 30 days)
SILENOR ORAL TABLET	1	QL (30 EA per 30 days)
XYREM ORAL SOLUTION	1	PA; QL (540 ML per 30 days); NDS

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levobunolol hcl	LOPREEZA	80	MAXIDEX.....	96
levocarnitine	lorazepam.....	45	meclizine hcl	20
LEVOCARNITINE	lorazepam intensol	45	medroxyprogesterone acetate	82
levocetirizine dihydrochloride.	LORBRENA.....	29	mefenamic acid.....	1
levofloxacin	lorcet.....	4	mefloquine hcl.....	35
levofloxacin in d5w	lorcet hd.....	4	megestrol acetate	82
levoleucovorin calcium.....	lorcet plus	4	MEKINIST	32
levoleucovorin calcium pf.....	loryna.....	80	MEKTOVI.....	29
levonest.....	losartan potassium	51	melodetta 24 fe	80
levonorgest-eth est & eth est .	losartan potassium-hctz	51	meloxicam.....	1
levonorgest-eth estrad 91-day	LOTEMAX	96	melphalan hcl.....	26
80	LOTEMAX SM.....	96	memantine hcl	18
levonorgestrel	loteprednol etabonate.....	96	MEMANTINE HCL	18
levonorgestrel-ethinyl estrad..	lovastatin	57	memantine hcl er	18
80	low-ogestrel	80	MENACTRA.....	89
levonorg-eth estrad triphasic..	loxapine succinate.....	36	menest	80
80	LUMIGAN	94	MENHIBRIX.....	89
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levorphanol tartrate	LUPANETA PACK.....	83	MENVEO	90
2	LUPRON DEPOT (1-MONTH)		meprobamate.....	44
levothyroxine sodium	83	mercaptapurine	27
LEVOXYL.....	LUPRON DEPOT (3-MONTH)		meropenem.....	10
LEXIVA	84	meropenem-sodium chloride .	11
lidocaine.....	LUPRON DEPOT (4-MONTH)		mesalamine	91
lidocaine hcl	INTRAMUSCULAR KIT		MESALAMINE-CLEANSER...91	
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lidocaine hcl (cardiac)	LUPRON DEPOT (6-MONTH)		MESNEX.....	34
52	INTRAMUSCULAR KIT		metadate er.....	59
lidocaine hcl (cardiac) pf	45MG.....	84	metaproterenol sulfate	99
52	LUPRON DEPOT-PED (1-		metformin hcl er	46
lidocaine hcl (pf).....	MONTH).....	84	metformin hcl ir	46
5	LUPRON DEPOT-PED (3-		METFORMIN HCL IR	46
lidocaine hcl urethral/mucosal..	MONTH).....	84	methadone hcl	2
5		methadone hcl intensol.....	2
lidocaine hcl in d5w	lutera	80		
52				
LIDOCAINE IN DEXTROSE ...				
5				
LIDOCAINE PAK				
5				
lidocaine viscous hcl				
62				
lidocaine-epinephrine.....				
5				
lidocaine-prilocaine				
5				
lincomycin hcl.....				
7				
lindane				
35				
linezolid				
7				

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methadose	2	migergot	24	mupirocin calcium	8
methadose sugar-free	2	miglitol	46	MUSTARGEN	26
methazolamide	95	miglustat	71	mutamycin	29
methenamine hippurate	8	mili	80	MYALEPT	93
methergine	93	MILLIPRED DP	75	MYCAMINE	23
methimazole	84	milrinone lactate	56	mycophenolate mofetil	86
methitest	77	MILRINONE LACTATE	56	mycophenolate mofetil hcl	86
methocarbamol	102	MILRINONE LACTATE IN		mycophenolate sodium	86
methotrexate	86	DEXTROSE	56	MYLOTARG	34
methotrexate sodium	86	mimvey	80	myorisan	63
methotrexate sodium (pf)	86	mimvey lo	80	MYRBETRIQ	72
methoxsalen rapid	63	minitran	58	myzilra	80
methscopolamine bromide	68	minocycline hcl	14	N	
methyclothiazide	57	minoxidil	58	NABI-HB	88
methyldopa	51	mirtazapine	18	nabumetone	1
methyldopa-hydrochlorothiazide		MIRVASO	63	nadolol	54
.....	51	misoprostol	70	nadolol-bendroflumethiazide	54
METHYLDOPATE HCL	51	mitigo	2	nafcillin sodium	11
methylergonovine maleate	93	mitomycin	29	NAFCILLIN SODIUM	11
methylphenidate hcl	60	mitoxantrone hcl	29	NAFCILLIN SODIUM IN	
methylphenidate hcl er	60	M-M-R II	90	DEXTROSE	11
METHYLPHENIDATE HCL ER		modafinil	102	naftifine hcl	23
.....	60	moderiba	40	NAFTIN	23
methylphenidate hcl er (cd)	60	MODERIBA	40	NAGLAZYME	71
methylphenidate hcl er (la)	60	MODERIBA 1200 DOSE PACK		NALBUPHINE HCL	4
methylprednisolone	75	.....	40	naloxone hcl	6
methylprednisolone acetate	75	MODERIBA 800 DOSE PACK		naltrexone hcl	5
methylprednisolone sodium		.....	40	NAMENDA XR TITRATION	
succ	75	moexipril hcl	52	PACK	18
methyltestosterone	77	moexipril-hydrochlorothiazide	52	NAMZARIC	18
metipranolol	95	molindone hcl	36	naproxen	1
metoclopramide hcl	69	mometasone furoate	75	naproxen dr	1
metolazone	57	mondoxyne nl	14	naproxen sodium	1
metoprolol succinate er	53	mono-lyyah	80	naratriptan hcl	24
metoprolol tartrate	54	MONONESSA	80	NARCAN	6
metoprolol-hydrochlorothiazide		montelukast sodium	98	NATACYN	23
.....	54	MONUROL	8	nateglinide	46
metronidazole	8, 63	morgidox	14	NATPARA	91
metronidazole in nacl	8	morphine sulfate	4	NEBUPENT	35
METRONIDAZOLE IN NAACL	8	MORPHINE SULFATE	4	necon 0.5/35 (28)	80
mexiletine hcl	52	morphine sulfate (concentrate)	4	necon 1/35 (28)	80
MIACALCIN	91	morphine sulfate (pf)	4	necon 1/50 (28)	80
mibelas 24 fe	80	morphine sulfate er	2	necon 7/7/7	80
miconazole 3	23	morphine sulfate er beads	2	nefazodone hcl	20
MICRHOGAM ULTRA-		MOVIPREP	70	neomycin sulfate	6
FILTERED PLUS	88	MOXEZA	13	neomycin-bacitracin zn-polymyx	
microgestin 1.5/30	80	moxifloxacin hcl	14	.....	94
microgestin 1/20	80	MOXIFLOXACIN HCL	13	neomycin-polymyxin b gu	6
microgestin fe 1.5/30	80	moxifloxacin hcl in nacl	13	neomycin-polymyxin-dexameth	
microgestin fe 1/20	80	MOZOBIL	50	.....	96
midazolam hcl	45	MULTAQ	52	neomycin-polymyxin-gramicidin	
midodrine hcl	51	mupirocin	8	94

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neo-polycin.....94	triphasic 80	okebo 14
neo-polycin hc.....96	norlyroc..... 82	olanzapine 37
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NERLYNX30	NORMOSOL-R..... 66	olmesartan medoxomil..... 51
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NEUPOGEN 50	NORTHERA 56	omeprazole 70
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nevirapine42	nortrel 1/35 (28)..... 81	ondansetron odt..... 21
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niacin (antihyperlipidemic)58	NOVAREL 76	OPDIVO 34
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nifedipine er55	NOVOLOG MIX 70/30	ORFADIN..... 71
nifedipine er osmotic release .55	FLEXPEN 48	ORKAMBI 100
nikki.....80	NOVOLOG MIX 70/30 VIAL .. 48	orphenadrine citrate er..... 102
nilutamide.....26	NOVOLOG PENFILL..... 48	orsythia 81
nimodipine.....55	NOVOLOG U-100 VIAL..... 48	oseltamivir phosphate 44
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NIPENT28	NPLATE 50	OSPHENA 82
nisoldipine er55	NUCALA 98	OTEZLA 88
nitro-bid58	NUDEXTA..... 60	oxacillin sodium 12
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nitrofurantoin8	NUPLAZID..... 37	OXALIPLATIN..... 26
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nitrofurantoin monohydrate	NUTROPIN AQ NUSPIN 10 .. 76	oxaprozin 1
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norethindrone 82	ocella 81	oxycodone-aspirin..... 4
norethindrone acetate 82	OCTAGAM 88	oxycodone-ibuprofen 4
norethindrone acet-ethinyl est80	octreotide acetate 84	oxymorphone hcl 4
NORETHINDRONE-ETH	ODEFSEY 42	oxymorphone hcl er 3
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paclitaxel	30	phenelzine sulfate	18	POTASSIUM CHLORIDE	67
paliperidone er	37, 38	PHENERGAN	21	potassium chloride crys er	66
palonosetron hcl	22	phenobarbital	15, 16	potassium chloride er	67
PALONOSETRON HCL	21	phenobarbital sodium	15	POTASSIUM CHLORIDE IN	
pamidronate disodium	92	phenoxybenzamine hcl	51	DEXTROSE	67
PANRETIN	34	phenylephrine hcl	51	potassium chloride in nacl	67
pantoprazole sodium	70, 71	phenytek	17	POTASSIUM CHLORIDE IN	
paricalcitol	92	phenytoin	17	NACL	67
PARICALCITOL	92	phenytoin infatabs	17	potassium chloride proamp	67
paroex	62	phenytoin sodium	17	potassium citrate er	67
paromomycin sulfate	6	phenytoin sodium extended ..	17	PRADAXA	49
paroxetine hcl	20	philith	81	PRALUENT	56
paroxetine hcl er	20	PHOSPHOLINE IODIDE	95	pramipexole dihydrochloride ..	36
paser	25	PHYSIOLYTE	93	pramipexole dihydrochloride er	
PAXIL	20	PHYSIOSOL IRRIGATION	93	.....	36
PCE	13	PICATO	63	prasugrel hcl	51
PEDIARIX	90	PIFELTRO	42	pravastatin sodium	57
PEDVAX HIB	90	pilocarpine hcl	62, 95	praziquantel	35
peg 3350/electrolytes	70	pimecrolimus	63	prazosin hcl	51
peg 3350-kcl-na bicarb-nacl ..	70	pimozide	36	PRED MILD	96
peg-3350/electrolytes	70	pimtree	81	PRED-G	96
PEGANONE	17	pindolol	54	PRED-G S.O.P.	96
PEGASYS	40	pioglitazone hcl	46	prednicarbate	75
PEGASYS PROCLICK	40	pioglitazone hcl-glimepiride ..	46	prednisolone	75
PEGINTRON	40	pioglitazone hcl-metformin hcl	46	prednisolone acetate	97
PEG-INTRON REDIPEN PAK 4		piperacillin sod-tazobactam so		prednisolone sodium phosphate	
.....	40	.....	12	.....	75, 97
penicillamine	68	PIQRAY (200 MG DAILY		prednisone	75
penicillin g pot in dextrose	12	DOSE)	30	prednisone intensol	75
PENICILLIN G POT IN		PIQRAY (250 MG DAILY		pregabalin	15
DEXTROSE	12	DOSE)	30	PREGNYL	77
penicillin g potassium	12	PIQRAY (300 MG DAILY		PREMARIN	81
penicillin g sodium	12	DOSE)	30	premasol	93
penicillin v potassium	12	pirmella 1/35	81	PREMPHASE	81
PENNSAID	63	pirmella 7/7/7	81	PREMPRO	81
PENTACEL	90	piroxicam	2	prenatal	68
PENTAM	35	PLASMA-LYTE 148	66	prevalite	58
pentamidine isethionate	35	PLASMA-LYTE A	66	previfem	81
PENTASA	91	PLASMA-LYTE-56 IN D5W ..	66	PREZCOBIX	43
pentazocine-naloxone hcl	4	PLEGRIDY	61	PREZISTA	43
pentoxifylline er	56	PLEGRIDY STARTER PACK ..	61	PRIFTIN	25
PERFOROMIST	99	plenamine	93	primaquine phosphate	35
perindopril erbumine	52	podofilox	63	primidone	16
periogard	62	polycin	94	PRIMSOL	8
PERJETA	34	polyethylene glycol 3350	70	PRIVIGEN	88
permethrin	35	polymyxin b sulfate	8	PROAIR HFA	100
perphenazine	36	polymyxin b-trimethoprim	94	PROAIR RESPICLICK	100
perphenazine-amitriptyline	20	POMALYST	27	probenecid	24
PERSERIS	38	portia-28	81	procainamide hcl	53
PEXEVA	20	PORTRAZZA	34	PROCALAMINE	67
phenadoz	20	potassium acetate	66	prochlorperazine	21
PHENADOZ	21	potassium chloride	67		

PROCHLORPERAZINE		
EDISYLATE	21	
prochlorperazine maleate	21	
PROCRIT	50	
procto-med hc	24	
procto-pak	24	
proctosol hc	24	
proctozone-hc	24	
PROCYSBI	71	
PROFENO	2	
progesterone	82	
progesterone micronized	82	
PROGLYCEM	46	
PROGRAF	86	
PROLASTIN-C	102	
PROLENSA	97	
PROLEUKIN	30	
PROLIA	92	
PROMACTA	50	
promethazine hcl	21	
PROMETHAZINE HCL	21	
promethegan	21	
PROMETHEGAN	21	
propafenone hcl	53	
propafenone hcl er	53	
propranethline bromide	68	
proparacaine hcl	94	
propranolol hcl	54	
propranolol hcl er	54	
propranolol-hctz	54	
propylthiouracil	84	
PROQUAD	90	
PROSOL	93	
protriptyline hcl	20	
PULMOZYME	100	
PURIXAN	28	
pyrazinamide	25	
pyridostigmine bromide	25	
pyridostigmine bromide er	25	
Q		
QUADRACEL	90	
quasense	81	
quetiapine fumarate	38	
quetiapine fumarate er	38	
quinapril hcl	52	
quinapril-hydrochlorothiazide	52	
quinidine gluconate	53	
quinidine gluconate er	53	
quinidine sulfate	53	
quinine sulfate	35	
QVAR	98	
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R		
RABAVERT	90	
rabeprazole sodium	71	
rajani	81	
raloxifene hcl	82	
ramelteon	102	
ramipril	52	
ranitidine hcl	69	
ranolazine er	56	
rasagiline mesylate	36	
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RECOMBIVAX HB	90	
RECTIV	63	
REGONOL	25	
REGRANEX	63	
RELENZA DISKHALER	44	
relexxii	60	
RELISTOR	69	
REMICADE	86	
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repaglinide-metformin hcl	46	
REPATHA	56	
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RESTASIS	94	
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RIDAURA	88	
rifabutin	25	
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RIFATER	25	
riluzole	60	
rimantadine hcl	44	
ringers	67	
ringers irrigation	93	
RIOMET	46	
risedronate sodium	92	
RISEDRONATE SODIUM	92	
RISPERDAL CONSTA	38	
risperidone	38	
ritonavir	43	
RITUXAN	34	
rivastigmine	18	
rivastigmine tartrate	18	
rivelsa	81	
rizatriptan benzoate	24	
ROMIDEPSIN	30	
ropinirole hcl	36	
ropinirole hcl er	36	
rosadan	63	
rosuvastatin calcium	57	
ROTARIX	90	
ROTATEQ	90	
roweepra	15	
roweepra xr	15	
RUBRACA	32	
RUCONEST	85	
RYDAPT	30	
S		
SAIZEN	77	
SAIZEN CLICK.EASY	77	
SAIZENPREP	77	
SANCUSO	22	
SANDIMMUNE	86	
SANDOSTATIN LAR DEPOT	84	
SANTYL	63	
SAPHRIS	38	
SAVELLA	60	
SAVELLA TITRATION PACK	60	
scopolamine	21	
selegiline hcl	36	
selenium sulfide	63	
SELZENTRY	43	
SEREVENT DISKUS	100	
SEROSTIM	77	
sertraline hcl	20	
setlakin	81	
sevelamer carbonate	68	
sevelamer hcl	68	
sharobel	82	
SHINGRIX	90	
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sildenafil citrate	101	streptomycin sulfate	6	TAFINLAR	33
SILENOR	102	STRIBILD	41	TAGRISO	33
silodosin	72	STRIVERDI RESPIMAT	100	TALZENNA	30
silver sulfadiazine	8	subvenite	16	tamoxifen citrate	27
SIMBRINZA	95	SUCRAID	72	tamsulosin hcl	72
simliya	81	sucralfate	70	TARGRETIN	34
SIMPONI	87	SUCRALFATE	70	tarina 24 fe	81
SIMPONI ARIA	88	sulfacetamide sodium	14	tarina fe 1/20	81
SIMULECT	89	sulfacetamide sodium (acne)	14	TASIGNA	33
simvastatin	57	sulfacetamide-prednisolone	97	tazarotene	64
sirolimus	87	sulfadiazine	14	tazicef	10
SIRTURO	25	sulfamethoxazole-trimethoprim	14	TAZORAC	64
SIVEXTRO	8	SULFAMETHOXAZOLE-TRIMETHOPRIM	14	taztia xt	55
sod benz-sod phenylacet	93	SULFAMETHOXAZOLE-TRIMETHOPRIM	14	TDVAX	90
sodium acetate	67	SULFAMYLON	8	TECENTRIQ	34
sodium chloride	67	sulfasalazine	91	TECFIDERA	61, 62
SODIUM CHLORIDE	67, 93	sulfatrim pediatric	14	TEFLARO	10
sodium fluoride	67	sulfazine	91	TEGRETOL	17
SODIUM LACTATE	67	sulindac	2	TEGRETOL-XR	17
sodium phenylbutyrate	71	sumatriptan	24	telmisartan	51
sodium phosphates	67	sumatriptan succinate	24	telmisartan-amlodipine	55
sodium polystyrene sulfonate	68	SUMATRIPTAN SUCCINATE REFILL	24	telmisartan-hctz	51
sofosbuvir-velpatasvir	40	suprax	10	temazepam	45
solifenacin succinate	72	SUPRAX	10	TEMODAR	26
SOLIRIS	50	SUPREP BOWEL PREP KIT	70	temsirolimus	33
soloxide	14	SUTENT	33	TENIVAC	90
SOLTAMOX	27	syeda	81	tenofovir disoproxil fumarate	42
SOLU-CORTEF	75	SYLATRON	30	terazosin hcl	72
SOLU-MEDROL	75	SYLVANT	89	terbinafine hcl	23
SOMATULINE DEPOT	84	SYMBICORT	102	terbutaline sulfate	100
SOMAVERT	84	SYMDEKO	100	terconazole	23
sorine	53	SYMFI	42	testosterone	77
sotalol hcl	53	SYMFI LO	42	testosterone cypionate	77
sotalol hcl (af)	53	SYMLINPEN 120	46	testosterone enanthate	77
SOVALDI	40	SYMLINPEN 60	46	tetrabenazine	60
SPIRIVA HANDIHALER	99	SYMPAZAN	16	tetracycline hcl	14
SPIRIVA RESPIMAT	99	SYMTUZA	44	THALOMID	27
spironolactone	57	SYNAGIS	88	theophylline	100
spironolactone-hctz	57	SYNAREL	84	theophylline er	100
sprintec 28	81	SYNERCID	8	theophylline in d5w	100
SPRITAM	15	SYNJARDY	46	THERACYS	30
SPRYCEL	32	SYNJARDY XR	46	thioridazine hcl	36
sps	68	SYNRIBO	30	thiotepa	26
sronyx	81	SYNTHAMIN 17	94	thiothixene	36
SSD	8	SYNTHROID	83	THYMOGLOBULIN	88
stavudine	42	T		tiagabine hcl	16
STELARA	63	TABLOID	28	TIBSOVO	33
sterile water for irrigation	93	TACLONEX	64	TICE BCG	30
STIMATE	77	tacrolimus	64, 87	tigecycline	8
STIOLTO RESPIMAT	102	tadalafil (pah)	101	tilia fe	81
STIVARGA	33			timolol maleate	54, 96
STRENSIQ	72			tinidazole	35

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tis-u-sol	94	tri-estarylla	81	valproic acid	16
TIVICAY	41	trifluoperazine hcl	36	valrubicin	30
tizanidine hcl	39	trifluridine	41	valsartan	51
TOBI PODHALER	100	trihexyphenidyl hcl	35	valsartan-hydrochlorothiazide	51
TOBRADEX	97	TRIKLO	58	vancomycin hcl	8, 9
TOBRADEX ST	97	tri-legest fe	81	VANCOMYCIN HCL	8
tobramycin	6, 100	tri-linyah	81	vancomycin hcl in dextrose	8
tobramycin sulfate	6, 7	tri-lo-estarylla	81	VANDAZOLE	9
tobramycin-dexamethasone	97	tri-lo-marzia	81	VAQTA	90
TOBREX	7	tri-lo-sprintec	81	VARIVAX	90
tolazamide	46	trilyte	70	VARIZIG	90
tolbutamide	46	trimethobenzamide hcl	21	VASCEPA	58
tolcapone	35	trimethoprim	8	VECTIBIX	34
tolmetin sodium	2	tri-mili	81	VELCADE	30
TOLMETIN SODIUM	2	trimipramine maleate	20	velivet	81
tolterodine tartrate	72	TRIMPEX	8	VELPHORO	68
tolterodine tartrate er	72	trinessa (28)	81	VELTIN	64
topiramate	17	trinessa lo	81	VEMLIDY	40
topiramate er	17	TRINTELLIX	20	VENCLEXTA	33
toposar	31	triple antibiotic	94	VENCLEXTA STARTING PACK	33
topotecan hcl	31	tri-previfem	81	venlafaxine hcl	20
toremifene citrate	27	TRISENOX	30	venlafaxine hcl er	20
TORISEL	33	tri-sprintec	81	VENTAVIS	101
toremide	56	TRIUMEQ	41	verapamil hcl	55
TOUJEO MAX SOLOSTAR	48	trivora (28)	81	verapamil hcl er	55
TOUJEO SOLOSTAR	48	tri-vylibra lo	81	VERAPAMIL HCL ER	55
TOVIAZ	72	TROPHAMINE	94	VEREGEN	64
TPN ELECTROLYTES	67	tropium chloride	72	VERSACLOZ	39
TRADJENTA	46	tropium chloride er	72	VERZENIO	30
tramadol hcl er	3	TRULICITY	46	vestura	81
tramadol hcl er (biphasic)	3	TRUMENBA	90	V-GO 20	94
tramadol hcl ir	4	TRUVADA	42	V-GO 30	94
tramadol-acetaminophen	4	TWINRIX	90	V-GO 40	94
trandolapril	52	TYBOST	43	VIBRAMYCIN	14
trandolapril-verapamil hcl er	52	TYKERB	33	vicodin	4
tranexamic acid	50	TYMLOS	92	vicodin es	4
tranlycypromine sulfate	19	TYPHIM VI	90	vicodin hp	4
TRAVASOL	94	TYSABRI	62	VICTOZA	46
trazodone hcl	20	U		VIDEX	42
TREANDA	26	ULESFIA	35	VIDEX EC	42
TRECTOR	25	ULORIC	24	VIEKIRA PAK	40
TRELSTAR MIXJECT	84	unithroid	83	VIEKIRA XR	40
TREPROSTINIL	101	UNITHROID	83	vienva	81
tretinoin	34, 64	UNITUXIN	34	vigabatrin	16
tretinoin microsphere	64	UPTRAVI	101	vigadrone	16
TRETINOIN MICROSPHERE		ursodiol	69	VIIBRYD	20
PUMP	64	UVADEX	64	VIIBRYD STARTER PACK	20
triamcinolone acetonide	62, 76,	V		VIMIZIM	72
98		valacyclovir hcl	41	VIMPAT	17
triamterene-hctz	57	VALCHLOR	26	vinblastine sulfate	30
triderm	76	valganciclovir hcl	39		

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vincasar pfs.....	30	XIAFLEX.....	72	ZEVALIN Y-90	34
vincristine sulfate	30	XIFAXAN	9	zidovudine.....	43
vinorelbine tartrate	30	XOLAIR	102	zileuton er	98
viorele	81	XOSPATA	33	zinacef	10
VIRACEPT	44	XTANDI	26	zinacef in sterile water	10
VIREAD.....	42, 43	xulane.....	81	ziprasidone hcl.....	38
VITRAKVI.....	30	xylocaine dental.....	5	ZIPSOR	2
VIVITROL.....	5	xylon	4	ZIRGAN	39
VIZIMPRO.....	33	XYREM.....	102	ZMAX.....	13
voriconazole	23	Y		ZOLADEX.....	84
VOSEVI.....	40	YERVOY	34	zoledronic acid.....	92
VOTRIENT	33	YF-VAX	90	ZOLEDRONIC ACID.....	92
VPRIV	72	YONDELIS	26	ZOLINZA.....	30
VRAYLAR	38	YONSA.....	27	zolmitriptan	24
vyfemla.....	81	yuvaferm.....	81	zolpidem tartrate	102
vylibra.....	81	Z		zolpidem tartrate er.....	102
VYXEOS	28	zafirlukast	98	ZOMACTON	77
W		zaleplon	102	zonisamide.....	15
warfarin sodium.....	49	ZALTRAP	30	ZORBTIVE.....	77
wera	81	ZANOSAR	26	ZORTRESS	87
wixela inhub	102	zarah	82	ZOSTAVAX.....	90
wymzya fe	81	ZARXIO	50	ZOSYN	12
X		ZEJULA	33	zovia 1/35e (28).....	82
XALKORI	33	ZELAPAR	36	zovia 1/50e (28).....	82
XARELTO	49	ZELBORAF	33	ZUBSOLV	5, 6
XARELTO STARTER PACK..	49	ZEMAIRA	102	ZYCLARA	64
XATMEP	87	zenatane.....	64	ZYCLARA PUMP	64
XELJANZ	89	zenchent.....	82	ZYDELIG	31
XELJANZ XR	89	ZENPEP	72	ZYKADIA	30, 33
XEOMIN	39	zenzedi	59	ZYLET.....	97
XERMELO	69	ZEPATIER.....	40	ZYPREXA RELPREVV	38
XGEVA.....	92	ZERIT	43	ZYTIGA.....	27

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This formulary was updated on 01/01/2020. For more recent information or other questions, please contact us, Samaritan Advantage Health Plan (HMO) at 800-832-4580 or, for TTY users, 800-735-2900, daily 8 a.m. to 8 p.m., or visit medicare.samhealthplans.org.