CareFirst
Family of health care plans

# CareFirst Formulary 2

# 2020

**PLEASE READ: This document contains information about the drugs we cover in this plan.**

**This formulary is for members of an employer group with 51 or more employees. For your specific prescription benefit plan information, log into your account at carefirst.com.**

For more recent information or other questions, please contact CareFirst Pharmacy Services at **800-241-3371** or visit **carefirst.com/rxgroup**.

Last updated 05/01/2020—For self-insured plans only

# Introduction

A formulary is a list of covered prescription drugs. Our drug list is reviewed and approved by an independent national committee comprised of physicians, pharmacists and other health care professionals, known as the Pharmacy and Therapeutics Committee. This committee makes sure the drugs on the formulary are safe and clinically effective.

Within the formulary, prescription drugs are divided into tiers as described below. Depending on your plan, prescription drugs fall into one of three drug tiers which determines the price you pay.

## Using Your Formulary

The first column of the formulary lists drugs by name. If the drugs are shown in lowercase italics, they are *generic drugs*. If the drugs are bold and capitalized, they are **BRAND-NAME DRUGS**.

You may search the formulary for a drug by pressing "CTRL" and "F" at the same time to prompt a search.

The second column indicates the drug tier for a covered drug.

The third column indicates any prescription guidelines a drug requires such as prior authorization (PA), step therapy (ST) or quantity limits (QL).

- **Prior Authorization** from CareFirst is required before you fill prescriptions for certain drugs. Your doctor may need to provide some of your medical history or laboratory tests to determine if these medications are appropriate. Without prior authorization from CareFirst, your drugs may not be covered.
- **Step Therapy** requires that you try lower-cost, equally effective drugs that treat the same medical condition before trying a higher-cost alternative. Your doctor will need to provide information to CareFirst about your experience with these alternatives prior to dispensing a more expensive drug.
- **Quantity Limits** have been placed on the use of selected drugs for quality or safety reasons. Limits may be placed on the amount of the drug covered per prescription or for a defined period of time. For example, quantity limits apply to specialty drugs. Specialty drugs are medications that may be used to treat complex and/or rare health conditions and require special handling, administration or monitoring. Specialty drugs are typically covered for a one-month supply.

Members can view specific cost-share (copay or coinsurance) information and prescription guidelines by logging in to *My Account* at **carefirst.com/myaccount** and clicking on *Tools* and *Drug Pricing Tool* or by reviewing their annual summary of benefits.

| | |
|---|---|
| **Tier 0: $0 Drugs** | ▪ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor.<br>▪ Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share. |
| **Tier 1: Generic Drugs $** | ▪ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use.<br>▪ Generic drugs generally cost less than brand-name drugs. |
| **Tier 2: Preferred Brand Drugs $$** | ▪ Preferred brand drugs are brand-name drugs that may not be available in generic form, but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category. |
| **Tier 3: Non-preferred Brand Drugs $$$** | ▪ Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower. |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS** | | |
| ***DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)*** | | |
| SUNOSI TAB 75MG | 2 | |
| SUNOSI TAB 150MG | 2 | |
| **ANALGESICS** | | |
| ***COX-II INHIBITORS*** | | |
| CELEBREX CAP 50MG | 3 | |
| CELEBREX CAP 100MG | 3 | |
| CELEBREX CAP 200MG | 3 | |
| CELEBREX CAP 400MG | 3 | |
| *celecoxib cap 50 mg* | 1 | |
| *celecoxib cap 100 mg* | 1 | |
| *celecoxib cap 200 mg* | 1 | |
| *celecoxib cap 400 mg* | 1 | |
| ***GOUT*** | | |
| *allopurinol tab 100 mg* | 1 | |
| *allopurinol tab 300 mg* | 1 | |
| *colchicine cap 0.6 mg* | 1 | |
| *colchicine tab 0.6 mg* | 1 | |
| *colchicine w/ probenecid tab 0.5-500 mg* | 1 | |
| *febuxostat tab 40 mg* | 1 | |
| *febuxostat tab 80 mg* | 1 | |
| MITIGARE CAP 0.6MG | 3 | |
| *probenecid tab 500 mg* | 1 | |
| ULORIC TAB 40MG | 2 | |
| ULORIC TAB 80MG | 2 | |
| ZYLOPRIM TAB 100MG | 3 | |
| ZYLOPRIM TAB 300MG | 3 | |
| ***NON-OPIOID ANALGESICS*** | | |
| BUPAP TAB 50-300MG | 3 | |
| *butalbital-acetaminophen tab 50-325 mg* | 1 | |
| *butalbital-acetaminophen-caffeine tab 50-325-40 mg* | 1 | |
| *butalbital-aspirin-caffeine cap 50-325-40 mg* | 1 | |
| EQUAGESIC TAB 200-325 | 3 | |
| ESGIC TAB | 2 | |
| FIORINAL CAP | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LEVACET TAB | 3 | |
| ***NSAIDS*** | | |
| ANAPROX DS TAB 550MG | 2 | |
| ANAPROX TAB 275MG | 2 | |
| *choline & magnesium salicylates tab 1000 mg* | 1 | |
| DAYPRO TAB 600MG | 2 | |
| *diclofenac potassium tab 50 mg* | 1 | |
| *diclofenac sodium tab delayed release 25 mg* | 1 | |
| *diclofenac sodium tab delayed release 50 mg* | 1 | |
| *diclofenac sodium tab delayed release 75 mg* | 1 | |
| *diclofenac sodium tab er 24hr 100 mg* | 1 | |
| *diflunisal tab 500 mg* | 1 | |
| EC-NAPROSYN TAB 375MG | 3 | |
| EC-NAPROSYN TAB 500MG | 3 | |
| *etodolac cap 200 mg* | 1 | |
| *etodolac cap 300 mg* | 1 | |
| *etodolac tab 400 mg* | 1 | |
| *etodolac tab 500 mg* | 1 | |
| *etodolac tab er 24hr 400 mg* | 1 | |
| *etodolac tab er 24hr 500 mg* | 1 | |
| *etodolac tab er 24hr 600 mg* | 1 | |
| FELDENE CAP 10MG | 3 | |
| FELDENE CAP 20MG | 3 | |
| *fenoprofen calcium tab 600 mg* | 1 | |
| *flurbiprofen tab 50 mg* | 1 | |
| *flurbiprofen tab 100 mg* | 1 | |
| *ibuprofen tab 400 mg* | 1 | |
| *ibuprofen tab 600 mg* | 1 | |
| *ibuprofen tab 800 mg* | 1 | |
| KETOPROFEN CAP 25 MG | 1 | |
| *ketoprofen cap 50 mg* | 1 | |
| *ketoprofen cap 75 mg* | 1 | |
| *ketorolac tromethamine tab 10 mg* | 1 | |
| *meclofenamate sodium cap 50 mg* | 1 | |
| *meclofenamate sodium cap 100 mg* | 1 | |
| *mefenamic acid cap 250 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *meloxicam susp 7.5 mg/5ml* | 1 | |
| *meloxicam tab 7.5 mg* | 1 | |
| *meloxicam tab 15 mg* | 1 | |
| MOBIC SUS 7.5/5ML | 2 | |
| MOBIC TAB 7.5MG | 2 | |
| MOBIC TAB 15MG | 2 | |
| *nabumetone tab 500 mg* | 1 | |
| *nabumetone tab 750 mg* | 1 | |
| NALFON CAP 400MG | 3 | |
| NALFON TAB 600MG | 3 | |
| NAPROSYN SUS 125/5ML | 3 | |
| NAPROSYN TAB 250MG | 2 | |
| NAPROSYN TAB 375MG | 2 | |
| NAPROSYN TAB 500MG | 3 | |
| *naproxen sodium tab 275 mg* | 1 | |
| *naproxen sodium tab 550 mg* | 1 | |
| *naproxen tab 250 mg* | 1 | |
| *naproxen tab 375 mg* | 1 | |
| *naproxen tab 500 mg* | 1 | |
| *naproxen tab ec 375 mg* | 1 | |
| *naproxen tab ec 500 mg* | 1 | |
| *oxaprozin tab 600 mg* | 1 | |
| *piroxicam cap 10 mg* | 1 | |
| *piroxicam cap 20 mg* | 1 | |
| PONSTEL CAP 250MG | 3 | |
| *sulindac tab 150 mg* | 1 | |
| *sulindac tab 200 mg* | 1 | |
| *tolmetin sodium cap 400 mg* | 1 | |
| *tolmetin sodium tab 200 mg* | 1 | |
| *tolmetin sodium tab 600 mg* | 1 | |
| ZIPSOR CAP 25MG | 3 | |
| ***NSAIDS, COMBINATIONS*** | | |
| *diclofenac w/ misoprostol tab delayed release 50-0.2 mg* | 1 | |
| *diclofenac w/ misoprostol tab delayed release 75-0.2 mg* | 1 | |
| DUEXIS TAB 800-26.6 | 3 | |
| VIMOVO TAB 375-20MG | 3 | |
| VIMOVO TAB 500-20MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***NSAIDS, TOPICAL*** | | |
| *diclofenac sodium soln 1.5%* | 1 | QL (150 ml per 21 days), PA |
| VOLTAREN GEL 1% | 3 | |
| ***OPIOID ANALGESICS*** | | |
| ABSTRAL SUB 100MCG | 3 | PA |
| ABSTRAL SUB 200MCG | 3 | PA |
| ABSTRAL SUB 300MCG | 3 | PA |
| ABSTRAL SUB 400MCG | 3 | PA |
| ABSTRAL SUB 600MCG | 3 | PA |
| ABSTRAL SUB 800MCG | 3 | PA |
| *acetaminophen w/ codeine soln 120-12 mg/5ml* | 1 | QL (2700 mL per month) |
| *acetaminophen w/ codeine tab 300-15 mg* | 1 | QL (400 tabs per month) |
| *acetaminophen w/ codeine tab 300-30 mg* | 1 | QL (360 tabs per month) |
| *acetaminophen w/ codeine tab 300-60 mg* | 1 | QL (180 tabs per month) |
| *acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg* | 1 | QL (300 caps per month) |
| ACTIQ LOZ 200MCG | 3 | PA |
| ACTIQ LOZ 400MCG | 3 | PA |
| ACTIQ LOZ 600MCG | 3 | PA |
| ACTIQ LOZ 800MCG | 3 | PA |
| ACTIQ LOZ 1200MCG | 3 | PA |
| ACTIQ LOZ 1600MCG | 3 | PA |
| *aspirin-caffeine-dihydrocodeine cap 356.4-30-16 mg* | 1 | QL (300 caps per month) |
| BELBUCA MIS 75MCG | 2 | QL (60 films per month) |
| BELBUCA MIS 150MCG | 2 | QL (60 films per month) |
| BELBUCA MIS 300MCG | 2 | QL (60 films per month) |
| BELBUCA MIS 450MCG | 2 | QL (60 films per month) |
| BELBUCA MIS 600MCG | 2 | PA |
| BELBUCA MIS 750MCG | 2 | PA |
| BELBUCA MIS 900MCG | 2 | PA |
| *buprenorphine td patch weekly 5 mcg/hr* | 1 | QL (4 patches per month) |
| *buprenorphine td patch weekly 7.5 mcg/hr* | 1 | QL (4 patches per month) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *buprenorphine td patch weekly 10 mcg/hr* | 1 | QL (4 patches per month) |
| *buprenorphine td patch weekly 15 mcg/hr* | 1 | PA |
| *buprenorphine td patch weekly 20 mcg/hr* | 1 | PA |
| *butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg* | 1 | |
| *butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg* | 1 | |
| *butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg* | 1 | |
| *butorphanol tartrate nasal soln 10 mg/ml* | 1 | QL (2 inhalers per month) |
| CAPITAL/COD SUS 120-12/5 | 3 | QL (2700 mL per month) |
| CODEINE SULF TAB 15MG | 3 | |
| CODEINE SULF TAB 60MG | 3 | |
| *codeine sulfate tab 30 mg* | 1 | QL (42 tabs per month) |
| CONZIP CAP 100MG | 3 | QL (30 tabs per month) |
| CONZIP CAP 200MG | 3 | PA |
| CONZIP CAP 300MG | 3 | PA |
| DILAUDID LIQ 1MG/ML | 3 | QL (600 mL per month) |
| DILAUDID TAB 2MG | 3 | QL (180 tabs per month) |
| DILAUDID TAB 4MG | 3 | QL (150 tabs per month) |
| DILAUDID TAB 8MG | 3 | QL (60 tabs per month) |
| DOLOPHINE TAB 5MG | 3 | QL (90 tabs per month) |
| DOLOPHINE TAB 10MG | 3 | QL (90 tabs per month) |
| DURAGESIC DIS 12MCG/HR | 3 | QL (10 patches per month) |
| DURAGESIC DIS 25MCG/HR | 3 | QL (10 patches per month) |
| DURAGESIC DIS 50MCG/HR | 3 | PA |
| DURAGESIC DIS 75MCG/HR | 3 | PA |
| DURAGESIC DIS 100MCG/H | 3 | PA |
| EMBEDA CAP 20-0.8MG | 2 | QL (60 caps per month) |
| EMBEDA CAP 30-1.2MG | 2 | QL (60 caps per month) |
| EMBEDA CAP 50-2MG | 2 | QL (30 caps per month) |
| EMBEDA CAP 60-2.4MG | 2 | QL (30 caps per month) |
| EMBEDA CAP 80-3.2MG | 2 | QL (30 caps per month) |
| EMBEDA CAP 100-4MG | 2 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EXALGO TAB 8MG | 3 | QL (30 tabs per month) |
| EXALGO TAB 12MG | 3 | QL (30 tabs per month) |
| EXALGO TAB 16MG | 3 | QL (30 tabs per month) |
| EXALGO TAB 32MG | 3 | PA |
| *fentanyl citrate lozenge on a handle 200 mcg* | 1 | PA |
| *fentanyl citrate lozenge on a handle 400 mcg* | 1 | PA |
| *fentanyl citrate lozenge on a handle 600 mcg* | 1 | PA |
| *fentanyl citrate lozenge on a handle 800 mcg* | 1 | PA |
| *fentanyl citrate lozenge on a handle 1200 mcg* | 1 | PA |
| *fentanyl citrate lozenge on a handle 1600 mcg* | 1 | PA |
| FENTANYL DIS 37.5MCG | 3 | QL (10 patches per month) |
| FENTANYL DIS 62.5MCG | 3 | PA |
| FENTANYL DIS 87.5MCG | 3 | PA |
| *fentanyl td patch 72hr 12 mcg/hr* | 1 | QL (10 patches per month) |
| *fentanyl td patch 72hr 25 mcg/hr* | 1 | QL (10 patches per month) |
| *fentanyl td patch 72hr 50 mcg/hr* | 1 | PA |
| *fentanyl td patch 72hr 75 mcg/hr* | 1 | PA |
| *fentanyl td patch 72hr 100 mcg/hr* | 1 | PA |
| FENTORA TAB 100MCG | 3 | PA |
| FENTORA TAB 200MCG | 3 | PA |
| FENTORA TAB 400MCG | 3 | PA |
| FENTORA TAB 600MCG | 3 | PA |
| FENTORA TAB 800MCG | 3 | PA |
| FIORICET CAP CODEINE | 3 | |
| FIORINAL/COD CAP 30MG | 3 | |
| HYCET SOL 7.5-325 | 3 | QL (2700 mL per month) |
| *hydrocodone-acetaminophen soln 7.5-325 mg/15ml* | 1 | QL (2700 mL per month) |
| *hydrocodone-acetaminophen soln 10-325 mg/15ml* | 1 | QL (2700 mL per month) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *hydrocodone-acetaminophen tab 2.5-325 mg* | 1 | QL (360 tabs per month) |
| *hydrocodone-acetaminophen tab 5-300 mg* | 1 | QL (240 tabs per month) |
| *hydrocodone-acetaminophen tab 5-325 mg* | 1 | QL (240 tabs per month) |
| *hydrocodone-acetaminophen tab 7.5-300 mg* | 1 | QL (180 tabs per month) |
| *hydrocodone-acetaminophen tab 7.5-325 mg* | 1 | QL (180 tabs per month) |
| *hydrocodone-acetaminophen tab 10-300 mg* | 1 | QL (180 tabs per month) |
| *hydrocodone-acetaminophen tab 10-325 mg* | 1 | QL (180 tabs per month) |
| *hydrocodone-ibuprofen tab 5-200 mg* | 1 | QL (50 tabs per month) |
| *hydrocodone-ibuprofen tab 7.5-200 mg* | 1 | QL (50 tabs per month) |
| *hydrocodone-ibuprofen tab 10-200 mg* | 1 | QL (50 tabs per month) |
| HYDROMORPHON SUP 3MG | 3 | QL (120 supps per month) |
| *hydromorphone hcl liqd 1 mg/ml* | 1 | QL (600 mL per month) |
| *hydromorphone hcl tab 2 mg* | 1 | QL (180 tabs per month) |
| *hydromorphone hcl tab 4 mg* | 1 | QL (150 tabs per month) |
| *hydromorphone hcl tab 8 mg* | 1 | QL (60 tabs per month) |
| *hydromorphone hcl tab er 24hr deter 8 mg* | 1 | QL (30 tabs per month) |
| *hydromorphone hcl tab er 24hr deter 12 mg* | 1 | QL (30 tabs per month) |
| *hydromorphone hcl tab er 24hr deter 16 mg* | 1 | QL (30 tabs per month) |
| *hydromorphone hcl tab er 24hr deter 32 mg* | 1 | PA |
| KADIAN CAP 10MG ER | 3 | QL (60 caps per month) |
| KADIAN CAP 20MG ER | 3 | QL (60 caps per month) |
| KADIAN CAP 30MG ER | 3 | QL (60 caps per month) |
| KADIAN CAP 40MG ER | 3 | QL (60 caps per month) |
| KADIAN CAP 50MG ER | 3 | QL (30 caps per month) |
| KADIAN CAP 60MG ER | 3 | QL (30 caps per month) |
| KADIAN CAP 80MG ER | 3 | QL (30 caps per month) |
| KADIAN CAP 100MG ER | 3 | PA |
| KADIAN CAP 200MG ER | 3 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LORTAB ELX 10-300MG | 3 | QL (2025 mL per month) |
| *methadone hcl conc 10 mg/ml* | 1 | QL (90 mL per month) |
| *methadone hcl soln 5 mg/5ml* | 1 | QL (450 mL per month) |
| *methadone hcl soln 10 mg/5ml* | 1 | QL (300 ml's per month) |
| *methadone hcl tab 5 mg* | 1 | QL (90 tabs per month) |
| *methadone hcl tab 10 mg* | 1 | QL (90 tabs per month) |
| *methadone hcl tab for oral susp 40 mg* | 1 | |
| METHADOSE CON 10MG/ML | 3 | QL (90 mL per month) |
| MORPHINE SUL SUP 30MG | 3 | QL (90 supps per month) |
| *morphine sulfate beads cap er 24hr 30 mg* | 1 | QL (30 caps per month) |
| *morphine sulfate beads cap er 24hr 45 mg* | 1 | QL (30 caps per month) |
| *morphine sulfate beads cap er 24hr 60 mg* | 1 | QL (30 caps per month) |
| *morphine sulfate beads cap er 24hr 75 mg* | 1 | QL (30 caps per month) |
| *morphine sulfate beads cap er 24hr 90 mg* | 1 | QL (30 caps per month) |
| *morphine sulfate beads cap er 24hr 120 mg* | 1 | PA |
| *morphine sulfate cap er 24hr 10 mg* | 1 | QL (60 caps per month) |
| *morphine sulfate cap er 24hr 20 mg* | 1 | QL (60 caps per month) |
| *morphine sulfate cap er 24hr 30 mg* | 1 | QL (60 caps per month) |
| *morphine sulfate cap er 24hr 50 mg* | 1 | QL (30 caps per month) |
| *morphine sulfate cap er 24hr 60 mg* | 1 | QL (30 caps per month) |
| *morphine sulfate cap er 24hr 80 mg* | 1 | QL (30 caps per month) |
| *morphine sulfate cap er 24hr 100 mg* | 1 | PA |
| *morphine sulfate oral soln 10 mg/5ml* | 1 | QL (900 mL per month) |
| *morphine sulfate oral soln 20 mg/5ml* | 1 | QL (675 mL per month) |
| *morphine sulfate oral soln 100 mg/5ml (20 mg/ml)* | 1 | QL (135 mL per month) |
| *morphine sulfate suppos 5 mg* | 1 | QL (180 supps per month) |
| *morphine sulfate suppos 10 mg* | 1 | QL (180 supps per month) |
| *morphine sulfate suppos 20 mg* | 1 | QL (120 supps per month) |
| *morphine sulfate tab 15 mg* | 1 | QL (180 tabs per month) |
| *morphine sulfate tab 30 mg* | 1 | QL (90 tabs per month) |
| *morphine sulfate tab er 15 mg* | 1 | QL (90 tabs per month) |
| *morphine sulfate tab er 30 mg* | 1 | QL (90 tabs per month) |
| *morphine sulfate tab er 60 mg* | 1 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *morphine sulfate tab er 100 mg* | 1 | PA |
| *morphine sulfate tab er 200 mg* | 1 | PA |
| MS CONTIN TAB 15MG ER | 3 | QL (90 tabs per month) |
| MS CONTIN TAB 30MG ER | 3 | QL (90 tabs per month) |
| MS CONTIN TAB 60MG ER | 3 | PA |
| MS CONTIN TAB 100MG ER | 3 | PA |
| MS CONTIN TAB 200MG ER | 3 | PA |
| NORCO TAB 5-325MG | 3 | QL (240 tabs per month) |
| NORCO TAB 7.5-325 | 3 | QL (180 tabs per month) |
| NORCO TAB 10-325MG | 3 | QL (180 tabs per month) |
| NUCYNTA ER TAB 50MG | 2 | QL (60 tabs per month) |
| NUCYNTA ER TAB 100MG | 2 | QL (60 tabs per month) |
| NUCYNTA ER TAB 150MG | 2 | PA |
| NUCYNTA ER TAB 200MG | 2 | PA |
| NUCYNTA ER TAB 250MG | 2 | PA |
| NUCYNTA TAB 50MG | 2 | QL (120 tabs per month) |
| NUCYNTA TAB 75MG | 2 | QL (90 tabs per month) |
| NUCYNTA TAB 100MG | 2 | QL (60 tabs per month) |
| OPANA ER TAB 5MG | 3 | QL (60 tabs per month) |
| OPANA ER TAB 7.5MG | 3 | QL (60 tabs per month) |
| OPANA ER TAB 10MG | 3 | QL (60 tabs per month) |
| OPANA ER TAB 15MG | 3 | QL (60 tabs per month) |
| OPANA ER TAB 20MG | 3 | PA |
| OPANA ER TAB 30MG | 3 | PA |
| OPANA ER TAB 40MG | 3 | PA |
| OPANA TAB 5MG | 3 | QL (180 tabs per month) |
| OPANA TAB 10MG | 3 | QL (90 tabs per month) |
| *oxycodone hcl cap 5 mg* | 1 | QL (180 caps per month) |
| *oxycodone hcl conc 100 mg/5ml (20 mg/ml)* | 1 | QL (90 mL per month) |
| *oxycodone hcl soln 5 mg/5ml* | 1 | QL (900 mL per month) |
| *oxycodone hcl tab 5 mg* | 1 | QL (180 tabs per month) |
| *oxycodone hcl tab 10 mg* | 1 | QL (180 tabs per month) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *oxycodone hcl tab 15 mg* | 1 | QL (120 tabs per month) |
| *oxycodone hcl tab 20 mg* | 1 | QL (90 tabs per month) |
| *oxycodone hcl tab 30 mg* | 1 | QL (60 tabs per month) |
| *oxycodone hcl tab er 12hr deter 10 mg* | 1 | QL (60 tabs per month) |
| *oxycodone hcl tab er 12hr deter 15 mg* | 1 | QL (60 tabs per month) |
| *oxycodone hcl tab er 12hr deter 20 mg* | 1 | QL (60 tabs per month) |
| *oxycodone hcl tab er 12hr deter 30 mg* | 1 | QL (60 tabs per month) |
| *oxycodone hcl tab er 12hr deter 40 mg* | 1 | QL (120 tabs per month), PA |
| *oxycodone hcl tab er 12hr deter 60 mg* | 1 | QL (60 tabs per month), PA |
| *oxycodone hcl tab er 12hr deter 80 mg* | 1 | QL (60 tabs per month), PA |
| *oxycodone w/ acetaminophen soln 5-325 mg/5ml* | 1 | QL (1800 mL per month) |
| *oxycodone w/ acetaminophen tab 2.5-325 mg* | 1 | QL (360 tabs per month) |
| *oxycodone w/ acetaminophen tab 5-325 mg* | 1 | QL (360 tabs per month) |
| *oxycodone w/ acetaminophen tab 7.5-325 mg* | 1 | QL (240 tabs per month) |
| *oxycodone w/ acetaminophen tab 10-325 mg* | 1 | QL (180 tabs per month) |
| *oxycodone-aspirin tab 4.8355-325 mg* | 1 | QL (360 tabs per month) |
| *oxycodone-ibuprofen tab 5-400 mg* | 1 | QL (28 tabs per month) |
| *oxymorphone hcl tab 5 mg* | 1 | QL (180 tabs per month) |
| *oxymorphone hcl tab 10 mg* | 1 | QL (90 tabs per month) |
| *oxymorphone hcl tab er 12hr 5 mg* | 1 | QL (60 tabs per month) |
| *oxymorphone hcl tab er 12hr 7.5 mg* | 1 | QL (60 tabs per month) |
| *oxymorphone hcl tab er 12hr 10 mg* | 1 | QL (60 tabs per month) |
| *oxymorphone hcl tab er 12hr 15 mg* | 1 | QL (60 tabs per month) |
| *oxymorphone hcl tab er 12hr 20 mg* | 1 | PA |
| *oxymorphone hcl tab er 12hr 30 mg* | 1 | PA |
| *oxymorphone hcl tab er 12hr 40 mg* | 1 | PA |
| PERCODAN TAB | 3 | QL (360 tabs per month) |
| REPREXAIN TAB 5-200MG | 3 | QL (50 tabs per month) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ROXICET SOL 5-325/5 | 2 | QL (1800 mL per month) |
| ROXICODONE TAB 5MG | 3 | QL (180 tabs per month) |
| ROXICODONE TAB 15MG | 3 | QL (120 tabs per month) |
| ROXICODONE TAB 30MG | 3 | QL (60 tabs per month) |
| SUBSYS SPR 100MCG | 2 | PA |
| SUBSYS SPR 200MCG | 2 | PA |
| SUBSYS SPR 400MCG | 2 | PA |
| SUBSYS SPR 600MCG | 2 | PA |
| SUBSYS SPR 800MCG | 2 | PA |
| SUBSYS SPR 1200MCG | 2 | PA |
| SUBSYS SPR 1600MCG | 2 | PA |
| SYNALGOS-DC CAP | 3 | QL (300 caps per month) |
| TRAMADOL HCL CAP 150MG ER | 1 | QL (30 tabs per month) |
| *tramadol hcl cap er 24hr biphasic release 100 mg* | 1 | QL (30 tabs per month) |
| *tramadol hcl cap er 24hr biphasic release 200 mg* | 1 | PA |
| *tramadol hcl cap er 24hr biphasic release 300 mg* | 1 | PA |
| *tramadol hcl tab 50 mg* | 1 | QL (180 tabs per month) |
| *tramadol hcl tab 100 mg* | 3 | QL (90 tabs per month) |
| *tramadol hcl tab er 24hr 100 mg* | 1 | QL (30 tabs per month) |
| *tramadol hcl tab er 24hr 200 mg* | 1 | PA |
| *tramadol hcl tab er 24hr 300 mg* | 1 | PA |
| *tramadol hcl tab er 24hr biphasic release 100 mg* | 1 | QL (30 tabs per month) |
| *tramadol hcl tab er 24hr biphasic release 200 mg* | 1 | PA |
| *tramadol hcl tab er 24hr biphasic release 300 mg* | 1 | PA |
| *tramadol-acetaminophen tab 37.5-325 mg* | 1 | QL (40 tabs per month) |
| TREZIX CAP | 3 | QL (300 caps per month) |
| TYLENOL/COD TAB #3 | 3 | QL (360 tabs per month) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TYLENOL/COD TAB #4 | 3 | QL (180 tabs per month) |
| ULTRACET TAB 37.5-325 | 3 | QL (40 tabs per month) |
| ULTRAM ER TAB 100MG | 3 | QL (30 tabs per month) |
| ULTRAM ER TAB 200MG | 3 | PA |
| ULTRAM ER TAB 300MG | 3 | PA |
| ULTRAM TAB 50MG | 2 | QL (180 tabs per month) |
| VERDROCET TAB 2.5-325 | 3 | QL (360 tabs per month) |
| VICOPROFEN TAB 7.5-200 | 3 | QL (50 tabs per month) |
| XARTEMIS XR TAB 7.5-325 | 3 | QL (120 tabs per month) |
| XODOL TAB 5-300MG | 3 | QL (240 tabs per month) |
| XODOL TAB 7.5-300 | 3 | QL (180 tabs per month) |
| XODOL TAB 10-300MG | 3 | QL (180 tabs per month) |
| XTAMPZA ER CAP 9MG | 2 | QL (60 caps per month) |
| XTAMPZA ER CAP 13.5MG | 2 | QL (60 caps per month) |
| XTAMPZA ER CAP 18MG | 2 | QL (60 caps per month) |
| XTAMPZA ER CAP 27MG | 2 | QL (60 per month) |
| XTAMPZA ER CAP 36MG | 2 | PA |
| **ANTI-INFECTIVE AGENTS - MISC.** | | |
| ***PLEUROMUTILINS*** | | |
| XENLETA TAB 600MG | 3 | |
| **ANTI-INFECTIVES** | | |
| ***AMINOGLYCOSIDES*** | | |
| ARIKAYCE SUS | 3 | |
| *neomycin sulfate tab 500 mg* | 1 | |
| *paromomycin sulfate cap 250 mg* | 1 | |
| ***ANTIBACTERIALS, CEPHALOSPORINS, First Generation*** | | |
| *cefadroxil cap 500 mg* | 1 | |
| *cefadroxil for susp 250 mg/5ml* | 1 | |
| *cefadroxil for susp 500 mg/5ml* | 1 | |
| *cefadroxil tab 1 gm* | 1 | |
| *cephalexin cap 250 mg* | 1 | |
| *cephalexin cap 500 mg* | 1 | |
| *cephalexin cap 750 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cephalexin for susp 125 mg/5ml* | 1 | |
| *cephalexin for susp 250 mg/5ml* | 1 | |
| *cephalexin tab 250 mg* | 1 | |
| *cephalexin tab 500 mg* | 1 | |
| KEFLEX CAP 250MG | 3 | |
| KEFLEX CAP 500MG | 3 | |
| KEFLEX CAP 750MG | 3 | |
| ***ANTIBACTERIALS, CEPHALOSPORINS, Second Generation*** | | |
| *cefaclor cap 250 mg* | 1 | |
| *cefaclor cap 500 mg* | 1 | |
| CEFACLOR ER TAB 500MG | 3 | |
| *cefaclor for susp 125 mg/5ml* | 1 | |
| *cefaclor for susp 250 mg/5ml* | 1 | |
| *cefaclor for susp 375 mg/5ml* | 1 | |
| *cefprozil for susp 125 mg/5ml* | 1 | |
| *cefprozil for susp 250 mg/5ml* | 1 | |
| *cefprozil tab 250 mg* | 1 | |
| *cefprozil tab 500 mg* | 1 | |
| CEFTIN SUS 125/5ML | 3 | |
| CEFTIN SUS 250/5ML | 3 | |
| CEFTIN TAB 250MG | 3 | |
| CEFTIN TAB 500MG | 3 | |
| *cefuroxime axetil tab 250 mg* | 1 | |
| *cefuroxime axetil tab 500 mg* | 1 | |
| ***ANTIBACTERIALS, CEPHALOSPORINS, Third Generation*** | | |
| CEDAX CAP 400MG | 3 | |
| CEDAX SUS 90MG/5ML | 3 | |
| CEDAX SUS 180/5ML | 3 | |
| *cefdinir cap 300 mg* | 1 | |
| *cefdinir for susp 125 mg/5ml* | 1 | |
| *cefdinir for susp 250 mg/5ml* | 1 | |
| *cefixime for susp 100 mg/5ml* | 1 | |
| *cefixime for susp 200 mg/5ml* | 1 | |
| *cefpodoxime proxetil for susp 50 mg/5ml* | 1 | |
| *cefpodoxime proxetil for susp 100 mg/5ml* | 1 | |
| *cefpodoxime proxetil tab 100 mg* | 1 | |
| *cefpodoxime proxetil tab 200 mg* | 1 | |
| *ceftibuten cap 400 mg* | 1 | |
| *ceftibuten for susp 180 mg/5ml* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SUPRAX CAP 400MG | 2 | |
| SUPRAX CHW 100MG | 2 | |
| SUPRAX CHW 200MG | 2 | |
| SUPRAX SUS 100/5ML | 2 | |
| SUPRAX SUS 200/5ML | 2 | |
| SUPRAX SUS 500/5ML | 2 | |
| ***ANTIBACTERIALS, ERYTHROMYCINS/MACROLIDES*** | | |
| *azithromycin for susp 100 mg/5ml* | 1 | |
| *azithromycin for susp 200 mg/5ml* | 1 | |
| *azithromycin powd pack for susp 1 gm* | 1 | |
| *azithromycin tab 250 mg* | 1 | |
| *azithromycin tab 500 mg* | 1 | |
| *azithromycin tab 600 mg* | 1 | |
| BIAXIN SUS 250/5ML | 3 | |
| BIAXIN TAB 250MG | 3 | |
| BIAXIN TAB 500MG | 3 | |
| *clarithromycin for susp 125 mg/5ml* | 1 | |
| *clarithromycin for susp 250 mg/5ml* | 1 | |
| *clarithromycin tab 250 mg* | 1 | |
| *clarithromycin tab 500 mg* | 1 | |
| *clarithromycin tab er 24hr 500 mg* | 1 | |
| DIFICID TAB 200MG | 2 | |
| *erythromycin ethylsuccinate for susp 200 mg/5ml* | 1 | |
| *erythromycin ethylsuccinate tab 400 mg* | 1 | |
| *erythromycin stearate tab 250 mg* | 1 | |
| *erythromycin tab 250 mg* | 1 | |
| *erythromycin tab 500 mg* | 1 | |
| *erythromycin tab delayed release 250 mg* | 1 | |
| *erythromycin tab delayed release 333 mg* | 1 | |
| *erythromycin tab delayed release 500 mg* | 1 | |
| *erythromycin w/ delayed release particles cap 250 mg* | 1 | |
| PCE TAB 333MG EC | 3 | |
| PCE TAB 500MG EC | 3 | |
| ZITHROMAX POW 1GM PAK | 3 | |
| ZITHROMAX SUS 100/5ML | 3 | |
| ZITHROMAX SUS 200/5ML | 3 | |
| ZITHROMAX TAB 250MG | 3 | |
| ZITHROMAX TAB 500MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZITHROMAX TAB 600MG | 3 | |
| ZMAX SUS 2GM | 3 | |
| ***ANTIBACTERIALS, FLUOROQUINOLONES*** | | |
| AVELOX TAB 400MG | 3 | |
| BAXDELA TAB 450MG | 3 | |
| CIPRO (5%) SUS 250MG/5 | 3 | |
| CIPRO (10%) SUS 500MG/5 | 3 | |
| CIPRO TAB 250MG | 3 | |
| CIPRO TAB 500MG | 3 | |
| CIPRO XR TAB 500MG | 3 | |
| CIPRO XR TAB 1000MG | 3 | |
| *ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)* | 1 | |
| *ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)* | 1 | |
| *ciprofloxacin hcl tab 100 mg (base equiv)* | 1 | |
| *ciprofloxacin hcl tab 250 mg (base equiv)* | 1 | |
| *ciprofloxacin hcl tab 500 mg (base equiv)* | 1 | |
| *ciprofloxacin hcl tab 750 mg (base equiv)* | 1 | |
| *ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)* | 1 | |
| *ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)* | 1 | |
| FACTIVE TAB 320MG | 3 | |
| LEVAQUIN TAB 250MG | 3 | |
| LEVAQUIN TAB 500MG | 3 | |
| LEVAQUIN TAB 750MG | 3 | |
| *levofloxacin oral soln 25 mg/ml* | 1 | |
| *levofloxacin tab 250 mg* | 1 | |
| *levofloxacin tab 500 mg* | 1 | |
| *levofloxacin tab 750 mg* | 1 | |
| *moxifloxacin hcl tab 400 mg (base equiv)* | 1 | |
| ***ANTIBACTERIALS, PENICILLINS*** | | |
| *amoxicillin & k clavulanate chew tab 200-28.5 mg* | 1 | |
| *amoxicillin & k clavulanate chew tab 400-57 mg* | 1 | |
| *amoxicillin & k clavulanate for susp 200-28.5 mg/5ml* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *amoxicillin & k clavulanate for susp 250-62.5 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate for susp 400-57 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate for susp 600-42.9 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate tab 250-125 mg* | 1 | |
| *amoxicillin & k clavulanate tab 500-125 mg* | 1 | |
| *amoxicillin & k clavulanate tab 875-125 mg* | 1 | |
| *amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg* | 1 | |
| *amoxicillin (trihydrate) cap 250 mg* | 1 | |
| *amoxicillin (trihydrate) cap 500 mg* | 1 | |
| *amoxicillin (trihydrate) chew tab 125 mg* | 1 | |
| *amoxicillin (trihydrate) chew tab 250 mg* | 1 | |
| *amoxicillin (trihydrate) for susp 125 mg/5ml* | 1 | |
| *amoxicillin (trihydrate) for susp 200 mg/5ml* | 1 | |
| *amoxicillin (trihydrate) for susp 250 mg/5ml* | 1 | |
| *amoxicillin (trihydrate) for susp 400 mg/5ml* | 1 | |
| *amoxicillin (trihydrate) tab 500 mg* | 1 | |
| *amoxicillin (trihydrate) tab 875 mg* | 1 | |
| *amoxicillin (trihydrate) tab er 24hr 775 mg* | 1 | |
| *ampicillin cap 250 mg* | 1 | |
| *ampicillin cap 500 mg* | 1 | |
| *ampicillin for susp 125 mg/5ml* | 1 | |
| *ampicillin for susp 250 mg/5ml* | 1 | |
| AUGMENTIN SUS 125/5ML | 3 | |
| AUGMENTIN SUS 250/5ML | 3 | |
| AUGMENTIN SUS ES-600 | 3 | |
| AUGMENTIN TAB 500MG | 3 | |
| AUGMENTIN TAB 875MG | 3 | |
| AUGMENTIN XR TAB 12HR | 3 | |
| *dicloxacillin sodium cap 250 mg* | 1 | |
| *dicloxacillin sodium cap 500 mg* | 1 | |
| MOXATAG TAB 775MG | 3 | |
| *penicillin v potassium for soln 125 mg/5ml* | 1 | |
| *penicillin v potassium for soln 250 mg/5ml* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *penicillin v potassium tab 250 mg* | 1 | |
| *penicillin v potassium tab 500 mg* | 1 | |
| ***ANTIBACTERIALS, SULFONAMIDES*** | | |
| BACTRIM DS TAB 800-160 | 2 | |
| BACTRIM TAB 400-80MG | 2 | |
| SULFADIAZINE TAB 500MG | 3 | |
| *sulfamethoxazole-trimethoprim susp 200-40 mg/5ml* | 1 | |
| *sulfamethoxazole-trimethoprim tab 400-80 mg* | 1 | |
| *sulfamethoxazole-trimethoprim tab 800-160 mg* | 1 | |
| ***ANTIBACTERIALS, TETRACYCLINES*** | | |
| ADOXA CAP 150MG | 3 | |
| ADOXA PAK 1/ TAB 100MG | 3 | |
| ADOXA PAK 1/ TAB 150MG | 3 | |
| ADOXA TAB 50MG | 3 | |
| ADOXA TAB 75MG | 3 | |
| *demeclocycline hcl tab 150 mg* | 1 | |
| *demeclocycline hcl tab 300 mg* | 1 | |
| *doxycycline hyclate cap 50 mg* | 1 | |
| *doxycycline hyclate cap 100 mg* | 1 | |
| *doxycycline hyclate tab 20 mg* | 1 | |
| *doxycycline hyclate tab 100 mg* | 1 | |
| *doxycycline hyclate tab delayed release 50 mg* | 1 | |
| *doxycycline hyclate tab delayed release 75 mg* | 1 | |
| *doxycycline hyclate tab delayed release 100 mg* | 1 | |
| *doxycycline hyclate tab delayed release 150 mg* | 1 | |
| *doxycycline hyclate tab delayed release 200 mg* | 1 | |
| *doxycycline monohydrate cap 50 mg* | 1 | |
| *doxycycline monohydrate cap 75 mg* | 1 | |
| *doxycycline monohydrate cap 100 mg* | 1 | |
| *doxycycline monohydrate cap 150 mg* | 1 | |
| *doxycycline monohydrate for susp 25 mg/5ml* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *doxycycline monohydrate tab 50 mg* | 1 | |
| *doxycycline monohydrate tab 75 mg* | 1 | |
| *doxycycline monohydrate tab 100 mg* | 1 | |
| *doxycycline monohydrate tab 150 mg* | 1 | |
| *minocycline hcl cap 50 mg* | 1 | |
| *minocycline hcl cap 75 mg* | 1 | |
| *minocycline hcl cap 100 mg* | 1 | |
| *minocycline hcl tab 50 mg* | 1 | |
| *minocycline hcl tab 75 mg* | 1 | |
| *minocycline hcl tab 100 mg* | 1 | |
| *minocycline hcl tab er 24hr 45 mg* | 1 | |
| *minocycline hcl tab er 24hr 55 mg* | 1 | |
| *minocycline hcl tab er 24hr 65 mg* | 1 | |
| *minocycline hcl tab er 24hr 80 mg* | 1 | |
| *minocycline hcl tab er 24hr 90 mg* | 1 | |
| *minocycline hcl tab er 24hr 105 mg* | 1 | |
| *minocycline hcl tab er 24hr 115 mg* | 1 | |
| *minocycline hcl tab er 24hr 135 mg* | 1 | |
| NUZYRA TAB 150MG | 3 | |
| SOLODYN TAB 55MG | 3 | |
| SOLODYN TAB 65MG | 3 | |
| SOLODYN TAB 80MG | 3 | |
| SOLODYN TAB 105MG | 3 | |
| SOLODYN TAB 115MG | 3 | |
| *tetracycline hcl cap 250 mg* | 1 | |
| *tetracycline hcl cap 500 mg* | 1 | |
| VIBRAMYCIN CAP 100MG | 3 | |
| VIBRAMYCIN SUS 25MG/5ML | 2 | |
| VIBRAMYCIN SYP 50MG/5ML | 2 | |
| ***ANTIFUNGALS*** | | |
| BIO-STATIN CAP 500000 | 3 | |
| BIO-STATIN CAP 1000000 | 3 | |
| *clotrimazole troche 10 mg* | 1 | |
| CRESEMBA CAP 186 MG | 3 | |
| DIFLUCAN SUS 10MG/ML | 3 | |
| DIFLUCAN SUS 40MG/ML | 3 | |
| DIFLUCAN TAB 50MG | 3 | |
| DIFLUCAN TAB 100MG | 3 | |
| DIFLUCAN TAB 150MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DIFLUCAN TAB 200MG | 3 | |
| *fluconazole for susp 10 mg/ml* | 1 | |
| *fluconazole for susp 40 mg/ml* | 1 | |
| *fluconazole tab 50 mg* | 1 | |
| *fluconazole tab 100 mg* | 1 | |
| *fluconazole tab 150 mg* | 1 | |
| *fluconazole tab 200 mg* | 1 | |
| GRIS-PEG TAB 125MG | 2 | |
| GRIS-PEG TAB 250MG | 2 | |
| *griseofulvin microsize susp 125 mg/5ml* | 1 | |
| *griseofulvin microsize tab 500 mg* | 1 | |
| *griseofulvin ultramicrosize tab 125 mg* | 1 | |
| *griseofulvin ultramicrosize tab 250 mg* | 1 | |
| *itraconazole cap 100 mg* | 1 | |
| LAMISIL GRA 125MG | 3 | |
| LAMISIL GRA 187.5MG | 3 | |
| LAMISIL TAB 250MG | 3 | |
| NOXAFIL SUS 40MG/ML | 3 | |
| NOXAFIL TAB 100MG | 3 | |
| **nystatin oral powder** | 1 | |
| *nystatin susp 100000 unit/ml* | 1 | |
| *nystatin tab 500000 unit* | 1 | |
| ONMEL TAB 200MG | 3 | |
| ORAVIG TAB 50MG | 3 | |
| SPORANOX CAP 100MG | 3 | |
| SPORANOX SOL 10MG/ML | 3 | |
| *terbinafine hcl tab 250 mg* | 1 | |
| VFEND SUS 40MG/ML | 2 | |
| VFEND TAB 50MG | 2 | |
| VFEND TAB 200MG | 2 | |
| *voriconazole for susp 40 mg/ml* | 1 | |
| *voriconazole tab 50 mg* | 1 | |
| *voriconazole tab 200 mg* | 1 | |
| ***ANTIMALARIALS*** | | |
| ARALEN TAB 500MG | 2 | |
| *atovaquone-proguanil hcl tab 62.5-25 mg* | 1 | |
| *atovaquone-proguanil hcl tab 250-100 mg* | 1 | |
| *chloroquine phosphate tab 250 mg* | 1 | |
| *chloroquine phosphate tab 500 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| COARTEM TAB 20-120MG | 3 | |
| MALARONE TAB 62.5-25 | 2 | |
| MALARONE TAB 250-100 | 2 | |
| *mefloquine hcl tab 250 mg* | 1 | |
| PRIMAQUINE TAB 26.3MG | 3 | |
| ***ANTIRETROVIRALS, ANTIRETROVIRAL ADJUVANTS*** | | |
| TYBOST TAB 150MG | 3 | |
| ***ANTIRETROVIRALS, ANTIRETROVIRAL COMBINATIONS*** | | |
| *abacavir sulfate-lamivudine tab 600-300 mg* | 1 | |
| *abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg* | 1 | |
| ATRIPLA TAB | 2 | |
| BIKTARVY TAB | 2 | |
| CIMDUO TAB 300-300 | 2 | |
| COMBIVIR TAB 150-300 | 3 | |
| COMPLERA TAB | 2 | |
| DESCOVY TAB 200/25 | 2 | |
| EPZICOM TAB 600-300 | 3 | |
| EVOTAZ TAB 300-150 | 2 | |
| GENVOYA TAB | 2 | |
| JULUCA TAB 50-25MG | 3 | |
| *lamivudine-zidovudine tab 150-300 mg* | 1 | |
| ODEFSEY TAB | 2 | |
| PREZCOBIX TAB 800-150 | 2 | |
| STRIBILD TAB | 2 | |
| SYMFI LO TAB | 2 | |
| SYMFI TAB | 2 | |
| SYMTUZA TAB | 3 | PA |
| TEMIXYS TAB 300-300 | 2 | |
| TRIUMEQ TAB | 2 | |
| TRIZIVIR TAB | 3 | |
| TRUVADA TAB 100-150 | 2 | |
| TRUVADA TAB 133-200 | 2 | |
| TRUVADA TAB 167-250 | 2 | |
| TRUVADA TAB 200-300 | 2 | |
| ***ANTIRETROVIRALS, CHEMOKINE RECEPTOR ANTAGONISTS*** | | |
| SELZENTRY SOL 20MG/ML | 3 | |
| SELZENTRY TAB 25MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SELZENTRY TAB 75MG | 3 | |
| SELZENTRY TAB 150MG | 3 | |
| SELZENTRY TAB 300MG | 3 | |
| ***ANTIRETROVIRALS, FUSION INHIBITORS*** | | |
| FUZEON INJ 90MG | 2 | PA |
| ***ANTIRETROVIRALS, INTEGRASE INHIBITORS*** | | |
| ISENTRESS CHW 25MG | 2 | |
| ISENTRESS CHW 100MG | 2 | |
| ISENTRESS POW 100MG | 2 | |
| ISENTRESS TAB 400MG | 2 | |
| TIVICAY TAB 10MG | 2 | |
| TIVICAY TAB 25MG | 2 | |
| TIVICAY TAB 50MG | 2 | |
| VITEKTA TAB 85MG | 3 | |
| VITEKTA TAB 150MG | 3 | |
| ***ANTIRETROVIRALS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS*** | | |
| EDURANT TAB 25MG | 2 | |
| *efavirenz cap 50 mg* | 1 | |
| *efavirenz cap 200 mg* | 1 | |
| *efavirenz tab 600 mg* | 1 | |
| INTELENCE TAB 25MG | 2 | |
| INTELENCE TAB 100MG | 2 | |
| INTELENCE TAB 200MG | 2 | |
| *nevirapine susp 50 mg/5ml* | 1 | |
| *nevirapine tab 200 mg* | 1 | |
| *nevirapine tab er 24hr 100 mg* | 1 | |
| *nevirapine tab er 24hr 400 mg* | 1 | |
| RESCRIPTOR TAB 100 MG | 3 | |
| RESCRIPTOR TAB 200MG | 3 | |
| SUSTIVA CAP 50MG | 3 | |
| SUSTIVA CAP 200MG | 3 | |
| SUSTIVA TAB 600MG | 3 | |
| VIRAMUNE SUS 50MG/5ML | 3 | |
| VIRAMUNE TAB 200MG | 3 | |
| VIRAMUNE XR TAB 400MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***ANTIRETROVIRALS, NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS*** | | |
| *abacavir sulfate soln 20 mg/ml (base equiv)* | 1 | |
| *abacavir sulfate tab 300 mg (base equiv)* | 1 | |
| *didanosine delayed release capsule 125 mg* | 1 | |
| *didanosine delayed release capsule 200 mg* | 1 | |
| *didanosine delayed release capsule 250 mg* | 1 | |
| *didanosine delayed release capsule 400 mg* | 1 | |
| EMTRIVA CAP 200MG | 2 | |
| EMTRIVA SOL 10MG/ML | 2 | |
| EPIVIR SOL 10MG/ML | 3 | |
| EPIVIR TAB 150MG | 3 | |
| EPIVIR TAB 300MG | 3 | |
| *lamivudine oral soln 10 mg/ml* | 1 | |
| *lamivudine tab 150 mg* | 1 | |
| *lamivudine tab 300 mg* | 1 | |
| RETROVIR CAP 100MG | 2 | |
| RETROVIR SYP 50MG/5ML | 2 | |
| *stavudine cap 15 mg* | 1 | |
| *stavudine cap 20 mg* | 1 | |
| *stavudine cap 30 mg* | 1 | |
| *stavudine cap 40 mg* | 1 | |
| *stavudine for oral soln 1 mg/ml* | 1 | |
| VIDEX EC CAP 125MG | 2 | |
| VIDEX EC CAP 200MG | 2 | |
| VIDEX EC CAP 250MG | 2 | |
| VIDEX EC CAP 400MG | 2 | |
| VIDEX SOL 2GM | 3 | |
| VIDEX SOL 4GM | 3 | |
| ZERIT CAP 15MG | 2 | |
| ZERIT CAP 20MG | 2 | |
| ZERIT CAP 30MG | 2 | |
| ZERIT CAP 40MG | 2 | |
| ZERIT SOL 1MG/ML | 2 | |
| ZIAGEN SOL 20MG/ML | 3 | |
| ZIAGEN TAB 300MG | 3 | |
| *zidovudine cap 100 mg* | 1 | |
| *zidovudine syrup 10 mg/ml* | 1 | |
| *zidovudine tab 300 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***ANTIRETROVIRALS, NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS*** | | |
| *tenofovir disoproxil fumarate tab 300 mg* | 1 | |
| VIREAD POW 40MG/GM | 2 | |
| VIREAD TAB 150MG | 2 | |
| VIREAD TAB 200MG | 2 | |
| VIREAD TAB 250MG | 2 | |
| VIREAD TAB 300MG | 2 | |
| ***ANTIRETROVIRALS, PROTEASE INHIBITORS*** | | |
| APTIVUS CAP 250MG | 3 | |
| APTIVUS SOL | 3 | |
| *atazanavir sulfate cap 150 mg (base equiv)* | 1 | |
| *atazanavir sulfate cap 200 mg (base equiv)* | 1 | |
| *atazanavir sulfate cap 300 mg (base equiv)* | 1 | |
| CRIXIVAN CAP 200MG | 3 | |
| CRIXIVAN CAP 400MG | 3 | |
| *fosamprenavir calcium tab 700 mg (base equiv)* | 1 | |
| INVIRASE CAP 200MG | 3 | |
| INVIRASE TAB 500MG | 3 | |
| KALETRA SOL | 2 | |
| KALETRA TAB 100-25MG | 2 | |
| KALETRA TAB 200-50MG | 2 | |
| LEXIVA SUS 50MG/ML | 3 | |
| LEXIVA TAB 700MG | 3 | |
| *lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)* | 1 | |
| NORVIR CAP 100MG | 2 | |
| NORVIR SOL 80MG/ML | 2 | |
| NORVIR TAB 100MG | 2 | |
| PREZISTA SUS 100MG/ML | 2 | |
| PREZISTA TAB 75MG | 2 | |
| PREZISTA TAB 150MG | 2 | |
| PREZISTA TAB 600MG | 2 | |
| PREZISTA TAB 800MG | 2 | |
| REYATAZ CAP 150MG | 3 | |
| REYATAZ CAP 200MG | 3 | |
| REYATAZ CAP 300MG | 3 | |
| REYATAZ POW 50MG | 3 | |
| VIRACEPT TAB 250MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VIRACEPT TAB 625MG | 3 | |
| ***ANTITUBERCULAR AGENTS*** | | |
| *cycloserine cap 250 mg* | 1 | |
| *ethambutol hcl tab 100 mg* | 1 | |
| *ethambutol hcl tab 400 mg* | 1 | |
| *isoniazid syrup 50 mg/5ml* | 1 | |
| *isoniazid tab 100 mg* | 1 | |
| *isoniazid tab 300 mg* | 1 | |
| MYAMBUTOL TAB 100MG | 2 | |
| MYAMBUTOL TAB 400MG | 2 | |
| PASER GRA 4GM | 3 | |
| PRIFTIN TAB 150MG | 3 | |
| *pyrazinamide tab 500 mg* | 1 | |
| RIFADIN CAP 150MG | 2 | |
| RIFADIN CAP 300MG | 2 | |
| RIFAMATE CAP | 3 | |
| *rifampin cap 150 mg* | 1 | |
| *rifampin cap 300 mg* | 1 | |
| RIFATER TAB | 3 | |
| SIRTURO TAB 100MG | 3 | |
| TRECATOR TAB 250MG | 3 | |
| ***ANTIVIRALS, CYTOMEGALOVIRUS AGENTS*** | | |
| PREVYMIS TAB 240MG | 3 | |
| PREVYMIS TAB 480MG | 3 | |
| *valganciclovir hcl for soln 50 mg/ml (base equiv)* | 1 | |
| *valganciclovir hcl tab 450 mg (base equivalent)* | 1 | |
| ***ANTIVIRALS, HEPATITIS AGENTS, Hepatitis B*** | | |
| *adefovir dipivoxil tab 10 mg* | 1 | |
| BARACLUDE SOL | 2 | |
| *entecavir tab 0.5 mg* | 1 | |
| *entecavir tab 1 mg* | 1 | |
| EPIVIR HBV SOL 5MG/ML | 3 | |
| EPIVIR HBV TAB 100MG | 3 | |
| HEPSERA TAB 10MG | 3 | |
| *lamivudine tab 100 mg (hbv)* | 1 | |
| TYZEKA TAB 600MG | 3 | |
| VEMLIDY TAB 25MG | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***ANTIVIRALS, HEPATITIS AGENTS, Hepatitis C*** | | |
| EPCLUSA TAB 400-100 | 2 | PA; Genotypes 1, 2, 3, 4, 5, 6 |
| HARVONI TAB 45-200MG | 2 | PA |
| HARVONI TAB 90-400MG | 2 | PA; Genotypes 1, 4, 5 ,6 |
| MODERIBA PAK 800/DAY | 3 | PA |
| MODERIBA PAK 1200/DAY | 3 | PA |
| MODERIBA TAB 600/DAY | 3 | PA |
| MODERIBA TAB 1000/DAY | 3 | PA |
| REBETOL CAP 200MG | 3 | PA |
| REBETOL SOL 40MG/ML | 2 | PA |
| *ribavirin cap 200 mg* | 1 | PA |
| *ribavirin tab 200 mg* | 1 | PA |
| *ribavirin tab 400 mg* | 1 | PA |
| *ribavirin tab 600 mg* | 1 | PA |
| SOVALDI TAB 200MG | 3 | PA |
| SOVALDI TAB 400MG | 3 | PA; MNPA |
| VOSEVI TAB | 2 | PA; For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3) |
| ***ANTIVIRALS, HERPES AGENTS*** | | |
| *acyclovir cap 200 mg* | 1 | |
| *acyclovir susp 200 mg/5ml* | 1 | |
| *acyclovir tab 400 mg* | 1 | |
| *acyclovir tab 800 mg* | 1 | |
| *famciclovir tab 125 mg* | 1 | |
| *famciclovir tab 250 mg* | 1 | |
| *famciclovir tab 500 mg* | 1 | |
| FAMVIR TAB 125MG | 3 | |
| FAMVIR TAB 250MG | 3 | |
| FAMVIR TAB 500MG | 3 | |
| SITAVIG TAB 50MG | 3 | |
| *valacyclovir hcl tab 1 gm* | 1 | |
| *valacyclovir hcl tab 500 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZOVIRAX CAP 200MG | 3 | |
| ZOVIRAX SUS 200/5ML | 3 | |
| ZOVIRAX TAB 400MG | 3 | |
| ZOVIRAX TAB 800MG | 3 | |
| ***ANTIVIRALS, INFLUENZA AGENTS*** | | |
| *oseltamivir phosphate cap 30 mg (base equiv)* | 1 | QL (28 caps / 90 days) |
| *oseltamivir phosphate cap 45 mg (base equiv)* | 1 | QL (14 caps / 90 days) |
| *oseltamivir phosphate cap 75 mg (base equiv)* | 1 | QL (14 caps / 90 days) |
| *oseltamivir phosphate for susp 6 mg/ml (base equiv)* | 1 | QL (3 bottles / 90 days) |
| RELENZA MIS DISKHALE | 2 | QL (2 inhalers / 90 days) |
| TAMIFLU CAP 30MG | 3 | QL (28 caps / 90 days) |
| TAMIFLU CAP 45MG | 3 | QL (14 caps / 90 days) |
| TAMIFLU CAP 75MG | 3 | QL (14 caps / 90 days) |
| TAMIFLU SUS 6MG/ML | 3 | QL (3 bottles / 90 days) |
| ***MISCELLANEOUS*** | | |
| AEMCOLO TAB 194MG | 3 | |
| ALBENZA TAB 200MG | 3 | QL (336 tabs per year) |
| ALINIA SUS 100/5ML | 3 | |
| ALINIA TAB 500MG | 3 | |
| *atovaquone susp 750 mg/5ml* | 1 | |
| BENZNIDAZOLE TAB 12.5MG | 3 | |
| BENZNIDAZOLE TAB 100MG | 3 | |
| BILTRICIDE TAB 600MG | 3 | QL (24 tabs per year) |
| CLEOCIN CAP 75MG | 2 | |
| CLEOCIN CAP 150MG | 2 | |
| CLEOCIN CAP 300MG | 2 | |
| CLEOCIN PED SOL 75MG/5ML | 2 | |
| *clindamycin hcl cap 75 mg* | 1 | |
| *clindamycin hcl cap 150 mg* | 1 | |
| *clindamycin hcl cap 300 mg* | 1 | |
| *clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)* | 1 | |
| *dapsone tab 25 mg* | 1 | |
| *dapsone tab 100 mg* | 1 | |
| DARAPRIM TAB 25MG | 3 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EMVERM CHW 100MG | 2 | QL (12 tabs per year) |
| FLAGYL CAP 375MG | 3 | |
| FLAGYL ER TAB 750MG | 3 | |
| FLAGYL TAB 250MG | 3 | |
| FLAGYL TAB 500MG | 3 | |
| FURADANTIN SUS 25MG/5ML | 3 | |
| HIPREX TAB 1GM | 3 | |
| IMPAVIDO CAP 50MG | 3 | |
| *ivermectin tab 3 mg* | 1 | |
| *linezolid for susp 100 mg/5ml* | 1 | |
| *linezolid tab 600 mg* | 1 | |
| MACROBID CAP 100MG | 2 | |
| MEPRON SUS | 3 | |
| *methenamine hippurate tab 1 gm* | 1 | |
| *methenamine mandelate tab 0.5 gm* | 1 | |
| *methenamine mandelate tab 1 gm* | 1 | |
| *metronidazole cap 375 mg* | 1 | |
| *metronidazole tab 250 mg* | 1 | |
| *metronidazole tab 500 mg* | 1 | |
| MYCOBUTIN CAP 150MG | 3 | |
| *nitrofurantoin macrocrystalline cap 25 mg* | 1 | |
| *nitrofurantoin macrocrystalline cap 50 mg* | 1 | |
| *nitrofurantoin macrocrystalline cap 100 mg* | 1 | |
| *nitrofurantoin monohydrate macrocrystalline cap 100 mg* | 1 | |
| *nitrofurantoin susp 25 mg/5ml* | 1 | |
| *praziquantel tab 600 mg* | 1 | QL (24 tabs per year) |
| PRIMSOL SOL 50MG/5ML | 3 | |
| *rifabutin cap 150 mg* | 1 | |
| SIVEXTRO TAB 200MG | 3 | |
| STROMECTOL TAB 3MG | 3 | |
| TINDAMAX TAB 250MG | 2 | |
| TINDAMAX TAB 500MG | 2 | |
| *tinidazole tab 250 mg* | 1 | |
| *tinidazole tab 500 mg* | 1 | |
| *trimethoprim tab 100 mg* | 1 | |
| VANCOCIN CAP 250MG | 2 | |
| VANCOCIN HCL CAP 125MG | 2 | |
| *vancomycin hcl cap 125 mg (base equivalent)* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *vancomycin hcl cap 250 mg (base equivalent)* | 1 | |
| XIFAXAN TAB 200MG | 3 | |
| XIFAXAN TAB 550MG | 2 | |
| ZYVOX TAB 600MG | 3 | |
| **ANTINEOPLASTIC AGENTS** | | |
| ***ALKYLATING AGENTS*** | | |
| ALKERAN TAB 2MG | 0 | |
| CYCLOPHOSPH CAP 25MG | 0 | |
| CYCLOPHOSPH CAP 50MG | 0 | |
| EMCYT CAP 140MG | 0 | |
| GLEOSTINE CAP 5MG | 0 | |
| GLEOSTINE CAP 10MG | 0 | |
| GLEOSTINE CAP 40MG | 0 | |
| GLEOSTINE CAP 100MG | 0 | |
| HEXALEN CAP 50MG | 0 | |
| LEUKERAN TAB 2MG | 0 | |
| *melphalan tab 2 mg* | 0 | |
| MYLERAN TAB 2MG | 0 | |
| TEMODAR CAP 5MG | 0 | PA |
| TEMODAR CAP 20MG | 0 | PA |
| TEMODAR CAP 100MG | 0 | PA |
| TEMODAR CAP 140MG | 0 | PA |
| TEMODAR CAP 180MG | 0 | PA |
| TEMODAR CAP 250MG | 0 | PA |
| *temozolomide cap 5 mg* | 0 | PA |
| *temozolomide cap 20 mg* | 0 | PA |
| *temozolomide cap 100 mg* | 0 | PA |
| *temozolomide cap 140 mg* | 0 | PA |
| *temozolomide cap 180 mg* | 0 | PA |
| *temozolomide cap 250 mg* | 0 | PA |
| VALCHLOR GEL 0.016% | 3 | PA |
| ***ANTIMETABOLITES*** | | |
| *azacitidine for inj 100 mg* | 1 | PA |
| *capecitabine tab 150 mg* | 0 | PA |
| *capecitabine tab 500 mg* | 0 | PA |
| *mercaptopurine tab 50 mg* | 0 | |
| *methotrexate sodium tab 2.5 mg (base equiv)* | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PURIXAN SUS 20MG/ML | 0 | |
| TABLOID TAB 40MG | 0 | |
| TREXALL TAB 5MG | 0 | |
| TREXALL TAB 7.5MG | 0 | |
| TREXALL TAB 10MG | 0 | |
| TREXALL TAB 15MG | 0 | |
| VIDAZA INJ 100MG | 3 | PA |
| XATMEP SOL 2.5MG/ML | 0 | |
| XELODA TAB 150MG | 0 | PA |
| XELODA TAB 500MG | 0 | PA |
| ***HORMONAL ANTINEOPLASTICS, ANTIANDROGENS*** | | |
| *abiraterone acetate tab 250 mg* | 0 | PA |
| *bicalutamide tab 50 mg* | 0 | |
| CASODEX TAB 50MG | 0 | |
| ERLEADA TAB 60MG | 0 | PA |
| *flutamide cap 125 mg* | 0 | |
| *nilutamide tab 150 mg* | 1 | |
| NUBEQA TAB 300MG | 0 | PA |
| XTANDI CAP 40MG | 0 | PA |
| YONSA TAB 125MG | 0 | PA |
| ***HORMONAL ANTINEOPLASTICS, ANTIESTROGENS*** | | |
| FARESTON TAB 60MG | 0 | |
| SOLTAMOX SOL 10MG/5ML | 0 | |
| *tamoxifen citrate tab 10 mg (base equivalent)* | 0 | $0 copay for women > 35 years for the primary prevention of breast cancer |
| *tamoxifen citrate tab 20 mg (base equivalent)* | 0 | $0 copay for women > 35 years for the primary prevention of breast cancer |
| *toremifene citrate tab 60 mg (base equivalent)* | 0 | |
| ***HORMONAL ANTINEOPLASTICS, AROMATASE INHIBITORS*** | | |
| *anastrozole tab 1 mg* | 0 | |
| ARIMIDEX TAB 1MG | 0 | |
| AROMASIN TAB 25MG | 0 | |
| *exemestane tab 25 mg* | 0 | |
| FEMARA TAB 2.5MG | 0 | |
| *letrozole tab 2.5 mg* | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***HORMONAL ANTINEOPLASTICS, LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS*** | | |
| *leuprolide acetate inj kit 5 mg/ml* | 1 | PA |
| ***HORMONAL ANTINEOPLASTICS, PROGESTINS*** | | |
| *megestrol acetate tab 20 mg* | 0 | |
| *megestrol acetate tab 40 mg* | 0 | |
| ***IMMUNOMODULATORS*** | | |
| POMALYST CAP 1MG | 0 | PA |
| POMALYST CAP 2MG | 0 | PA |
| POMALYST CAP 3MG | 0 | PA |
| POMALYST CAP 4MG | 0 | PA |
| REVLIMID CAP 2.5MG | 0 | PA |
| REVLIMID CAP 5MG | 0 | PA |
| REVLIMID CAP 10MG | 0 | PA |
| REVLIMID CAP 15MG | 0 | PA |
| REVLIMID CAP 20MG | 0 | PA |
| REVLIMID CAP 25MG | 0 | PA |
| THALOMID CAP 50MG | 0 | PA |
| THALOMID CAP 100MG | 0 | PA |
| THALOMID CAP 150MG | 0 | PA |
| THALOMID CAP 200MG | 0 | PA |
| ***KINASE INHIBITORS*** | | |
| AFINITOR DIS TAB 2MG | 0 | PA |
| AFINITOR DIS TAB 3MG | 0 | PA |
| AFINITOR DIS TAB 5MG | 0 | PA |
| AFINITOR TAB 2.5MG | 0 | PA |
| AFINITOR TAB 5MG | 0 | PA |
| AFINITOR TAB 7.5MG | 0 | PA |
| AFINITOR TAB 10MG | 0 | PA |
| ALECENSA CAP 150MG | 0 | PA |
| ALUNBRIG PAK | 0 | PA |
| ALUNBRIG TAB 30MG | 0 | PA |
| ALUNBRIG TAB 90MG | 0 | PA |
| ALUNBRIG TAB 180MG | 0 | PA |
| BOSULIF TAB 100MG | 0 | PA |
| BOSULIF TAB 400MG | 0 | PA |
| BOSULIF TAB 500MG | 0 | PA |
| BRAFTOVI CAP 50MG | 0 | |
| BRAFTOVI CAP 75MG | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CABOMETYX TAB 20MG | 0 | PA |
| CABOMETYX TAB 40MG | 0 | PA |
| CABOMETYX TAB 60MG | 0 | PA |
| CALQUENCE CAP 100MG | 0 | PA |
| CAPRELSA TAB 100MG | 0 | PA |
| CAPRELSA TAB 300MG | 0 | PA |
| COMETRIQ KIT 60MG | 0 | PA |
| COMETRIQ KIT 100MG | 0 | PA |
| COMETRIQ KIT 140MG | 0 | PA |
| COTELLIC TAB 20MG | 0 | PA |
| GILOTRIF TAB 20MG | 0 | PA |
| GILOTRIF TAB 30MG | 0 | PA |
| GILOTRIF TAB 40MG | 0 | PA |
| IBRANCE CAP 75MG | 0 | PA |
| IBRANCE CAP 100MG | 0 | PA |
| IBRANCE CAP 125MG | 0 | PA |
| IBRANCE TAB 75MG | 0 | PA |
| IBRANCE TAB 100MG | 0 | PA |
| IBRANCE TAB 125MG | 0 | PA |
| ICLUSIG TAB 15MG | 0 | PA |
| ICLUSIG TAB 45MG | 0 | PA |
| *imatinib mesylate tab 100 mg (base equivalent)* | 0 | PA |
| *imatinib mesylate tab 400 mg (base equivalent)* | 0 | PA |
| IMBRUVICA CAP 70MG | 0 | PA |
| IMBRUVICA CAP 140MG | 0 | PA |
| IMBRUVICA TAB 280MG | 0 | PA |
| IMBRUVICA TAB 420MG | 0 | PA |
| IMBRUVICA TAB 560MG | 0 | PA |
| INLYTA TAB 1MG | 0 | PA |
| INLYTA TAB 5MG | 0 | PA |
| IRESSA TAB 250MG | 0 | PA |
| JAKAFI TAB 5MG | 0 | PA |
| JAKAFI TAB 10MG | 0 | PA |
| JAKAFI TAB 15MG | 0 | PA |
| JAKAFI TAB 20MG | 0 | PA |
| JAKAFI TAB 25MG | 0 | PA |
| KISQALI 200 PAK FEMARA | 0 | PA |
| KISQALI 400 PAK FEMARA | 0 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| KISQALI 600 PAK FEMARA | 0 | PA |
| KISQALI TAB 200DOSE | 0 | PA |
| KISQALI TAB 400DOSE | 0 | PA |
| KISQALI TAB 600DOSE | 0 | PA |
| LENVIMA CAP 4MG | 0 | PA |
| LENVIMA CAP 10 MG | 0 | PA |
| LENVIMA CAP 12MG | 0 | PA |
| LENVIMA CAP 14 MG | 0 | PA |
| LENVIMA CAP 20 MG | 0 | PA |
| LENVIMA CAP 24 MG | 0 | PA |
| LORBRENA TAB 25MG | 0 | PA |
| LORBRENA TAB 100MG | 0 | PA |
| MEKINIST TAB 0.5MG | 0 | PA |
| MEKINIST TAB 2MG | 0 | PA |
| MEKTOVI TAB 15MG | 0 | |
| NERLYNX TAB 40MG | 0 | PA |
| NEXAVAR TAB 200MG | 0 | PA |
| RYDAPT CAP 25MG | 0 | PA |
| SPRYCEL TAB 20MG | 0 | PA |
| SPRYCEL TAB 50MG | 0 | PA |
| SPRYCEL TAB 70MG | 0 | PA |
| SPRYCEL TAB 80MG | 0 | PA |
| SPRYCEL TAB 100MG | 0 | PA |
| SPRYCEL TAB 140MG | 0 | PA |
| STIVARGA TAB 40MG | 0 | PA |
| SUTENT CAP 12.5MG | 0 | PA |
| SUTENT CAP 25MG | 0 | PA |
| SUTENT CAP 37.5MG | 0 | PA |
| SUTENT CAP 50MG | 0 | PA |
| TAFINLAR CAP 50MG | 0 | PA |
| TAFINLAR CAP 75MG | 0 | PA |
| TAGRISSO TAB 40MG | 0 | PA |
| TAGRISSO TAB 80MG | 0 | PA |
| TARCEVA TAB 25MG | 0 | PA |
| TARCEVA TAB 100MG | 0 | PA |
| TARCEVA TAB 150MG | 0 | PA |
| TYKERB TAB 250MG | 0 | PA |
| VERZENIO TAB 50MG | 0 | PA |
| VERZENIO TAB 100MG | 0 | PA |
| VERZENIO TAB 150MG | 0 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VERZENIO TAB 200MG | 0 | PA |
| VITRAKVI CAP 25MG | 0 | PA |
| VITRAKVI CAP 100MG | 0 | PA |
| VITRAKVI SOL 20MG/ML | 0 | PA |
| VOTRIENT TAB 200MG | 0 | PA |
| XALKORI CAP 200MG | 0 | PA |
| XALKORI CAP 250MG | 0 | PA |
| ZELBORAF TAB 240MG | 0 | PA |
| ZYDELIG TAB 100MG | 0 | PA |
| ZYDELIG TAB 150MG | 0 | PA |
| ZYKADIA CAP 150MG | 0 | PA |
| ZYKADIA TAB 150MG | 0 | PA |
| ***MISCELLANEOUS*** | | |
| *bexarotene cap 75 mg* | 0 | PA |
| DROXIA CAP 200MG | 0 | |
| DROXIA CAP 300MG | 0 | |
| DROXIA CAP 400MG | 0 | |
| ERIVEDGE CAP 150MG | 0 | PA |
| HYDREA CAP 500MG | 0 | |
| *hydroxyurea cap 500 mg* | 0 | |
| IDHIFA TAB 50MG | 0 | PA |
| IDHIFA TAB 100MG | 0 | PA |
| *leucovorin calcium tab 5 mg* | 0 | |
| *leucovorin calcium tab 10 mg* | 0 | |
| *leucovorin calcium tab 15 mg* | 0 | |
| *leucovorin calcium tab 25 mg* | 0 | |
| LYNPARZA CAP 50MG | 0 | PA |
| LYNPARZA TAB 100MG | 0 | PA |
| LYNPARZA TAB 150MG | 0 | PA |
| LYSODREN TAB 500MG | 0 | |
| MATULANE CAP 50MG | 0 | |
| MESNEX TAB 400MG | 0 | |
| NINLARO CAP 2.3MG | 0 | PA |
| NINLARO CAP 3MG | 0 | PA |
| NINLARO CAP 4MG | 0 | PA |
| ODOMZO CAP 200MG | 0 | PA |
| RUBRACA TAB 200MG | 0 | PA |
| RUBRACA TAB 250MG | 0 | PA |
| RUBRACA TAB 300MG | 0 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SIKLOS TAB 100MG | 3 | |
| SIKLOS TAB 1000MG | 3 | |
| TARGRETIN CAP 75MG | 0 | PA |
| TARGRETIN GEL 1% | 3 | PA |
| TIBSOVO TAB 250MG | 0 | |
| *tretinoin cap 10 mg* | 0 | |
| VENCLEXTA TAB 10MG | 0 | PA |
| VENCLEXTA TAB 50MG | 0 | PA |
| VENCLEXTA TAB 100MG | 0 | PA |
| VENCLEXTA TAB START PK | 0 | PA |
| VISTOGARD PAK 10GM | 2 | |
| ZEJULA CAP 100MG | 0 | PA |
| ZOLINZA CAP 100MG | 0 | PA |
| ***MITOTIC INHIBITORS*** | | |
| *etoposide cap 50 mg* | 0 | |
| ***TOPOISOMERASE INHIBITORS*** | | |
| HYCAMTIN CAP 0.25MG | 0 | PA |
| HYCAMTIN CAP 1MG | 0 | PA |
| **CARDIOVASCULAR** | | |
| ***ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS*** | | |
| *amlodipine besylate-benazepril hcl cap 2.5-10 mg* | 1 | |
| *amlodipine besylate-benazepril hcl cap 5-10 mg* | 1 | |
| *amlodipine besylate-benazepril hcl cap 5-20 mg* | 1 | |
| *amlodipine besylate-benazepril hcl cap 5-40 mg* | 1 | |
| *amlodipine besylate-benazepril hcl cap 10-20 mg* | 1 | |
| *amlodipine besylate-benazepril hcl cap 10-40 mg* | 1 | |
| LOTREL CAP 2.5-10MG | 2 | |
| LOTREL CAP 5-10MG | 2 | |
| LOTREL CAP 5-20MG | 2 | |
| LOTREL CAP 10-20MG | 2 | |
| LOTREL CAP 10-40MG | 2 | |
| TARKA TAB 1-240 CR | 2 | |
| TARKA TAB 2-180 CR | 2 | |
| TARKA TAB 2-240 CR | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TARKA TAB 4-240 CR | 2 | |
| *trandolapril-verapamil hcl tab er 1-240 mg* | 1 | |
| *trandolapril-verapamil hcl tab er 2-180 mg* | 1 | |
| *trandolapril-verapamil hcl tab er 2-240 mg* | 1 | |
| *trandolapril-verapamil hcl tab er 4-240 mg* | 1 | |
| ***ACE INHIBITOR/DIURETIC COMBINATIONS*** | | |
| ACCURETIC TAB 10-12.5 | 3 | |
| ACCURETIC TAB 20-12.5 | 3 | |
| ACCURETIC TAB 20-25MG | 3 | |
| *benazepril & hydrochlorothiazide tab 5-6.25 mg* | 1 | |
| *benazepril & hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *benazepril & hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *benazepril & hydrochlorothiazide tab 20-25 mg* | 1 | |
| *captopril & hydrochlorothiazide tab 25-15 mg* | 1 | |
| *captopril & hydrochlorothiazide tab 25-25 mg* | 1 | |
| *captopril & hydrochlorothiazide tab 50-15 mg* | 1 | |
| *captopril & hydrochlorothiazide tab 50-25 mg* | 1 | |
| *enalapril maleate & hydrochlorothiazide tab 5-12.5 mg* | 1 | |
| *enalapril maleate & hydrochlorothiazide tab 10-25 mg* | 1 | |
| *fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *lisinopril & hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *lisinopril & hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *lisinopril & hydrochlorothiazide tab 20-25 mg* | 1 | |
| LOTENSIN HCT TAB 10-12.5 | 3 | |
| LOTENSIN HCT TAB 20-12.5 | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LOTENSIN HCT TAB 20-25MG | 3 | |
| *moexipril-hydrochlorothiazide tab 7.5-12.5 mg* | 1 | |
| *moexipril-hydrochlorothiazide tab 15-12.5 mg* | 1 | |
| *moexipril-hydrochlorothiazide tab 15-25 mg* | 1 | |
| *quinapril-hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *quinapril-hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *quinapril-hydrochlorothiazide tab 20-25 mg* | 1 | |
| VASERETIC TAB 10-25MG | 3 | |
| ZESTORETIC TAB 10-12.5 | 3 | |
| ZESTORETIC TAB 20-12.5 | 3 | |
| ZESTORETIC TAB 20-25MG | 3 | |
| ***ACE INHIBITORS*** | | |
| ACCUPRIL TAB 5MG | 3 | |
| ACCUPRIL TAB 10MG | 3 | |
| ACCUPRIL TAB 20MG | 3 | |
| ACCUPRIL TAB 40MG | 3 | |
| ACEON TAB 4MG | 3 | |
| ACEON TAB 8MG | 3 | |
| ALTACE CAP 1.25MG | 3 | |
| ALTACE CAP 2.5MG | 3 | |
| ALTACE CAP 5MG | 3 | |
| ALTACE CAP 10MG | 3 | |
| *benazepril hcl tab 5 mg* | 1 | |
| *benazepril hcl tab 10 mg* | 1 | |
| *benazepril hcl tab 20 mg* | 1 | |
| *benazepril hcl tab 40 mg* | 1 | |
| *captopril tab 12.5 mg* | 1 | |
| *captopril tab 25 mg* | 1 | |
| *captopril tab 50 mg* | 1 | |
| *captopril tab 100 mg* | 1 | |
| *enalapril maleate tab 2.5 mg* | 1 | |
| *enalapril maleate tab 5 mg* | 1 | |
| *enalapril maleate tab 10 mg* | 1 | |
| *enalapril maleate tab 20 mg* | 1 | |
| EPANED SOL 1MG/ML | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fosinopril sodium tab 10 mg* | 1 | |
| *fosinopril sodium tab 20 mg* | 1 | |
| *fosinopril sodium tab 40 mg* | 1 | |
| *lisinopril tab 2.5 mg* | 1 | |
| *lisinopril tab 5 mg* | 1 | |
| *lisinopril tab 10 mg* | 1 | |
| *lisinopril tab 20 mg* | 1 | |
| *lisinopril tab 30 mg* | 1 | |
| *lisinopril tab 40 mg* | 1 | |
| LOTENSIN TAB 10MG | 3 | |
| LOTENSIN TAB 20MG | 3 | |
| LOTENSIN TAB 40MG | 3 | |
| MAVIK TAB 1MG | 3 | |
| MAVIK TAB 2MG | 3 | |
| MAVIK TAB 4MG | 3 | |
| *moexipril hcl tab 7.5 mg* | 1 | |
| *moexipril hcl tab 15 mg* | 1 | |
| *perindopril erbumine tab 2 mg* | 1 | |
| *perindopril erbumine tab 4 mg* | 1 | |
| *perindopril erbumine tab 8 mg* | 1 | |
| PRINIVIL TAB 5MG | 3 | |
| PRINIVIL TAB 10MG | 3 | |
| PRINIVIL TAB 20MG | 3 | |
| QBRELIS SOL 1MG/ML | 3 | |
| *quinapril hcl tab 5 mg* | 1 | |
| *quinapril hcl tab 10 mg* | 1 | |
| *quinapril hcl tab 20 mg* | 1 | |
| *quinapril hcl tab 40 mg* | 1 | |
| *ramipril cap 1.25 mg* | 1 | |
| *ramipril cap 2.5 mg* | 1 | |
| *ramipril cap 5 mg* | 1 | |
| *ramipril cap 10 mg* | 1 | |
| *trandolapril tab 1 mg* | 1 | |
| *trandolapril tab 2 mg* | 1 | |
| *trandolapril tab 4 mg* | 1 | |
| VASOTEC TAB 2.5MG | 3 | |
| VASOTEC TAB 5MG | 3 | |
| VASOTEC TAB 10MG | 3 | |
| VASOTEC TAB 20MG | 3 | |
| ZESTRIL TAB 2.5MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZESTRIL TAB 30MG | 3 | |
| ZESTRIL TAB 40MG | 3 | |
| ***ADRENOLYTICS, CENTRAL*** | | |
| CATAPRES TAB 0.1MG | 2 | |
| CATAPRES TAB 0.2MG | 2 | |
| CATAPRES TAB 0.3MG | 2 | |
| CATAPRES-TTS DIS 0.1/24HR | 2 | |
| CATAPRES-TTS DIS 0.2/24HR | 2 | |
| CATAPRES-TTS DIS 0.3/24HR | 2 | |
| *clonidine hcl tab 0.1 mg* | 1 | |
| *clonidine hcl tab 0.2 mg* | 1 | |
| *clonidine hcl tab 0.3 mg* | 1 | |
| *clonidine td patch weekly 0.1 mg/24hr* | 1 | |
| *clonidine td patch weekly 0.2 mg/24hr* | 1 | |
| *clonidine td patch weekly 0.3 mg/24hr* | 1 | |
| *guanfacine hcl tab 1 mg* | 1 | |
| *guanfacine hcl tab 2 mg* | 1 | |
| *methyldopa tab 250 mg* | 1 | |
| *methyldopa tab 500 mg* | 1 | |
| TENEX TAB 1MG | 2 | |
| TENEX TAB 2MG | 2 | |
| ***ADRENOLYTICS, CENTRAL/DIURETIC COMBINATIONS*** | | |
| *clonidine & chlorthalidone tab 0.1-15 mg* | 1 | |
| *clonidine & chlorthalidone tab 0.2-15 mg* | 1 | |
| *clonidine & chlorthalidone tab 0.3-15 mg* | 1 | |
| *methyldopa & hydrochlorothiazide tab 250-15 mg* | 1 | |
| *methyldopa & hydrochlorothiazide tab 250-25 mg* | 1 | |
| ***ALDOSTERONE RECEPTOR ANTAGONISTS*** | | |
| ALDACTONE TAB 25MG | 2 | |
| ALDACTONE TAB 50MG | 2 | |
| ALDACTONE TAB 100MG | 2 | |
| *eplerenone tab 25 mg* | 1 | |
| *eplerenone tab 50 mg* | 1 | |
| INSPRA TAB 25MG | 2 | |
| INSPRA TAB 50MG | 2 | |
| *spironolactone tab 25 mg* | 1 | |
| *spironolactone tab 50 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *spironolactone tab 100 mg* | 1 | |
| ***ALPHA BLOCKERS*** | | |
| CARDURA TAB 1MG | 3 | |
| CARDURA TAB 2MG | 3 | |
| CARDURA TAB 4MG | 3 | |
| CARDURA TAB 8MG | 3 | |
| *doxazosin mesylate tab 1 mg* | 1 | |
| *doxazosin mesylate tab 2 mg* | 1 | |
| *doxazosin mesylate tab 4 mg* | 1 | |
| *doxazosin mesylate tab 8 mg* | 1 | |
| MINIPRESS CAP 1MG | 3 | |
| MINIPRESS CAP 2MG | 3 | |
| MINIPRESS CAP 5MG | 3 | |
| *prazosin hcl cap 1 mg* | 1 | |
| *prazosin hcl cap 2 mg* | 1 | |
| *prazosin hcl cap 5 mg* | 1 | |
| *terazosin hcl cap 1 mg (base equivalent)* | 1 | |
| *terazosin hcl cap 2 mg (base equivalent)* | 1 | |
| *terazosin hcl cap 5 mg (base equivalent)* | 1 | |
| *terazosin hcl cap 10 mg (base equivalent)* | 1 | |
| ***ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS*** | | |
| *amlodipine besylate-olmesartan medoxomil tab 5-20 mg* | 1 | |
| *amlodipine besylate-olmesartan medoxomil tab 5-40 mg* | 1 | |
| *amlodipine besylate-olmesartan medoxomil tab 10-20 mg* | 1 | |
| *amlodipine besylate-olmesartan medoxomil tab 10-40 mg* | 1 | |
| *amlodipine besylate-valsartan tab 5-160 mg* | 1 | |
| *amlodipine besylate-valsartan tab 5-320 mg* | 1 | |
| *amlodipine besylate-valsartan tab 10-160 mg* | 1 | |
| *amlodipine besylate-valsartan tab 10-320 mg* | 1 | |
| AZOR TAB 5-20MG | 3 | |
| AZOR TAB 5-40MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| AZOR TAB 10-20MG | 3 | |
| AZOR TAB 10-40MG | 3 | |
| *telmisartan-amlodipine tab 40-5 mg* | 1 | |
| *telmisartan-amlodipine tab 40-10 mg* | 1 | |
| *telmisartan-amlodipine tab 80-5 mg* | 1 | |
| *telmisartan-amlodipine tab 80-10 mg* | 1 | |
| TWYNSTA TAB 40-5MG | 3 | |
| TWYNSTA TAB 40-10MG | 3 | |
| TWYNSTA TAB 80-5MG | 3 | |
| TWYNSTA TAB 80-10MG | 3 | |
| ***ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS*** | | |
| *amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg* | 1 | |
| *amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg* | 1 | |
| *amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg* | 1 | |
| *amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg* | 1 | |
| *amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg* | 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg* | 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg* | 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg* | 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg* | 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg* | 1 | |
| TRIBENZOR20- TAB 5-12.5MG | 3 | |
| TRIBENZOR40- TAB 5-12.5MG | 3 | |
| TRIBENZOR40- TAB 5-25MG | 3 | |
| TRIBENZOR40- TAB 10-12.5 | 3 | |
| TRIBENZOR40- TAB 10-25MG | 3 | |
| ***ANGIOTENSIN II RECEPTOR ANTAGONIST/DIURETIC COMBINATIONS*** | | |
| AVALIDE TAB 150-12.5 | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| AVALIDE TAB 300-12.5 | 3 | |
| *candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg* | 1 | |
| *candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg* | 1 | |
| *candesartan cilexetil-hydrochlorothiazide tab 32-25 mg* | 1 | |
| HYZAAR TAB 50-12.5 | 3 | |
| HYZAAR TAB 100-12.5 | 3 | |
| HYZAAR TAB 100-25 | 3 | |
| *irbesartan-hydrochlorothiazide tab 150-12.5 mg* | 1 | |
| *irbesartan-hydrochlorothiazide tab 300-12.5 mg* | 1 | |
| *losartan potassium & hydrochlorothiazide tab 50-12.5 mg* | 1 | |
| *losartan potassium & hydrochlorothiazide tab 100-12.5 mg* | 1 | |
| *losartan potassium & hydrochlorothiazide tab 100-25 mg* | 1 | |
| MICARDIS HCT TAB 40/12.5 | 3 | |
| MICARDIS HCT TAB 80-25MG | 3 | |
| MICARDIS HCT TAB 80/12.5 | 3 | |
| *olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg* | 1 | |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg* | 1 | |
| *telmisartan-hydrochlorothiazide tab 40-12.5 mg* | 1 | |
| *telmisartan-hydrochlorothiazide tab 80-12.5 mg* | 1 | |
| *telmisartan-hydrochlorothiazide tab 80-25 mg* | 1 | |
| *valsartan-hydrochlorothiazide tab 80-12.5 mg* | 1 | |
| *valsartan-hydrochlorothiazide tab 160-12.5 mg* | 1 | |
| *valsartan-hydrochlorothiazide tab 160-25 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *valsartan-hydrochlorothiazide tab 320-12.5 mg* | 1 | |
| *valsartan-hydrochlorothiazide tab 320-25 mg* | 1 | |
| ***ANGIOTENSIN II RECEPTOR ANTAGONISTS*** | | |
| AVAPRO TAB 75MG | 3 | |
| AVAPRO TAB 150MG | 3 | |
| AVAPRO TAB 300MG | 3 | |
| *candesartan cilexetil tab 4 mg* | 1 | |
| *candesartan cilexetil tab 8 mg* | 1 | |
| *candesartan cilexetil tab 16 mg* | 1 | |
| *candesartan cilexetil tab 32 mg* | 1 | |
| COZAAR TAB 25MG | 3 | |
| COZAAR TAB 50MG | 3 | |
| COZAAR TAB 100MG | 3 | |
| *eprosartan mesylate tab 600 mg* | 1 | |
| *irbesartan tab 75 mg* | 1 | |
| *irbesartan tab 150 mg* | 1 | |
| *irbesartan tab 300 mg* | 1 | |
| *losartan potassium tab 25 mg* | 1 | |
| *losartan potassium tab 50 mg* | 1 | |
| *losartan potassium tab 100 mg* | 1 | |
| MICARDIS TAB 20MG | 3 | |
| MICARDIS TAB 40MG | 3 | |
| MICARDIS TAB 80MG | 3 | |
| *olmesartan medoxomil tab 5 mg* | 1 | |
| *olmesartan medoxomil tab 20 mg* | 1 | |
| *olmesartan medoxomil tab 40 mg* | 1 | |
| *telmisartan tab 20 mg* | 1 | |
| *telmisartan tab 40 mg* | 1 | |
| *telmisartan tab 80 mg* | 1 | |
| *valsartan tab 40 mg* | 1 | |
| *valsartan tab 80 mg* | 1 | |
| *valsartan tab 160 mg* | 1 | |
| *valsartan tab 320 mg* | 1 | |
| ***ANTIARRHYTHMICS*** | | |
| *amiodarone hcl tab 100 mg* | 1 | |
| *amiodarone hcl tab 200 mg* | 1 | |
| *amiodarone hcl tab 400 mg* | 1 | |
| CORDARONE TAB 200MG | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *disopyramide phosphate cap 100 mg* | 1 | |
| *disopyramide phosphate cap 150 mg* | 1 | |
| *dofetilide cap 125 mcg (0.125 mg)* | 1 | |
| *dofetilide cap 250 mcg (0.25 mg)* | 1 | |
| *dofetilide cap 500 mcg (0.5 mg)* | 1 | |
| *flecainide acetate tab 50 mg* | 1 | |
| *flecainide acetate tab 100 mg* | 1 | |
| *flecainide acetate tab 150 mg* | 1 | |
| MULTAQ TAB 400MG | 2 | |
| NORPACE CAP 100MG | 2 | |
| NORPACE CAP 100MG CR | 2 | |
| NORPACE CAP 150MG | 2 | |
| NORPACE CAP 150MG CR | 2 | |
| *propafenone hcl cap er 12hr 225 mg* | 1 | |
| *propafenone hcl cap er 12hr 325 mg* | 1 | |
| *propafenone hcl cap er 12hr 425 mg* | 1 | |
| *propafenone hcl tab 150 mg* | 1 | |
| *propafenone hcl tab 225 mg* | 1 | |
| *propafenone hcl tab 300 mg* | 1 | |
| RYTHMOL SR CAP 225MG | 2 | |
| RYTHMOL SR CAP 325MG | 2 | |
| RYTHMOL SR CAP 425MG | 2 | |
| RYTHMOL TAB 150MG | 2 | |
| RYTHMOL TAB 225MG | 2 | |
| *sotalol hcl (afib/afl) tab 80 mg* | 1 | |
| *sotalol hcl (afib/afl) tab 120 mg* | 1 | |
| *sotalol hcl (afib/afl) tab 160 mg* | 1 | |
| *sotalol hcl tab 80 mg* | 1 | |
| *sotalol hcl tab 120 mg* | 1 | |
| *sotalol hcl tab 160 mg* | 1 | |
| *sotalol hcl tab 240 mg* | 1 | |
| SOTYLIZE SOL 5MG/ML | 3 | |
| TIKOSYN CAP 125MCG | 2 | PA |
| TIKOSYN CAP 250MCG | 2 | PA |
| TIKOSYN CAP 500MCG | 2 | PA |
| ***ANTILIPEMICS, BILE ACID RESINS*** | | |
| *cholestyramine light powder 4 gm/dose* | 1 | |
| *cholestyramine light powder packets 4 gm* | 1 | |
| *cholestyramine powder 4 gm/dose* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cholestyramine powder packets 4 gm* | 1 | |
| *colesevelam hcl packet for susp 3.75 gm* | 1 | |
| *colesevelam hcl tab 625 mg* | 1 | |
| COLESTID GRA 5GM | 3 | |
| COLESTID POW 5GM | 3 | |
| COLESTID TAB 1GM | 3 | |
| *colestipol hcl granule packets 5 gm* | 1 | |
| *colestipol hcl granules 5 gm* | 1 | |
| *colestipol hcl tab 1 gm* | 1 | |
| QUESTRAN POW 4GM | 3 | |
| QUESTRAN POW 4GM LITE | 3 | |
| WELCHOL PAK 3.75GM | 3 | |
| WELCHOL TAB 625MG | 3 | |
| ***ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITORS*** | | |
| *ezetimibe tab 10 mg* | 1 | |
| ***ANTILIPEMICS, FIBRATES*** | | |
| ANTARA CAP 30MG | 3 | |
| ANTARA CAP 90MG | 3 | |
| *choline fenofibrate cap dr 45 mg (fenofibric acid equiv)* | 1 | |
| *choline fenofibrate cap dr 135 mg (fenofibric acid equiv)* | 1 | |
| *fenofibrate cap 50 mg* | 1 | |
| *fenofibrate cap 150 mg* | 1 | |
| *fenofibrate micronized cap 43 mg* | 1 | |
| *fenofibrate micronized cap 67 mg* | 1 | |
| *fenofibrate micronized cap 130 mg* | 1 | |
| *fenofibrate micronized cap 134 mg* | 1 | |
| *fenofibrate micronized cap 200 mg* | 1 | |
| *fenofibrate tab 40 mg* | 1 | |
| *fenofibrate tab 48 mg* | 1 | |
| *fenofibrate tab 54 mg* | 1 | |
| *fenofibrate tab 145 mg* | 1 | |
| *fenofibrate tab 160 mg* | 1 | |
| *fenofibric acid tab 35 mg* | 1 | |
| *fenofibric acid tab 105 mg* | 1 | |
| FENOGLIDE TAB 40MG | 3 | |
| FENOGLIDE TAB 120MG | 3 | |
| FIBRICOR TAB 35MG | 3 | |
| FIBRICOR TAB 105MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *gemfibrozil tab 600 mg* | 1 | |
| LIPOFEN CAP 50MG | 3 | |
| LIPOFEN CAP 150MG | 3 | |
| LOFIBRA CAP 67MG | 3 | |
| LOFIBRA CAP 134MG | 3 | |
| LOFIBRA CAP 200MG | 3 | |
| LOFIBRA TAB 54MG | 3 | |
| LOFIBRA TAB 160MG | 3 | |
| LOPID TAB 600MG | 3 | |
| TRIGLIDE TAB 160MG | 3 | |
| TRILIPIX CAP 45MG | 3 | |
| TRILIPIX CAP 135MG | 3 | |
| ***ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS*** | | |
| *atorvastatin calcium tab 10 mg (base equivalent)* | 0 | $0 copay for members age 40 through 75 |
| *atorvastatin calcium tab 20 mg (base equivalent)* | 0 | $0 copay for members age 40 through 75 |
| *atorvastatin calcium tab 40 mg (base equivalent)* | 1 | |
| *atorvastatin calcium tab 80 mg (base equivalent)* | 1 | |
| *ezetimibe-simvastatin tab 10-10 mg* | 1 | |
| *ezetimibe-simvastatin tab 10-20 mg* | 1 | |
| *ezetimibe-simvastatin tab 10-40 mg* | 1 | |
| *ezetimibe-simvastatin tab 10-80 mg* | 1 | |
| *fluvastatin sodium cap 20 mg (base equivalent)* | 0 | $0 copay for members age 40 through 75 |
| *fluvastatin sodium cap 40 mg (base equivalent)* | 0 | $0 copay for members age 40 through 75 |
| *fluvastatin sodium tab er 24 hr 80 mg (base equivalent)* | 0 | $0 copay for members age 40 through 75 |
| *lovastatin tab 10 mg* | 0 | $0 copay for members age 40 through 75 |
| *lovastatin tab 20 mg* | 0 | $0 copay for members age 40 through 75 |
| *lovastatin tab 40 mg* | 0 | $0 copay for members age 40 through 75 |
| MEVACOR TAB 40MG | 3 | |
| PRAVACHOL TAB 20MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PRAVACHOL TAB 40MG | 3 | |
| PRAVACHOL TAB 80MG | 3 | |
| *pravastatin sodium tab 10 mg* | 0 | $0 copay for members age 40 through 75 |
| *pravastatin sodium tab 20 mg* | 0 | $0 copay for members age 40 through 75 |
| *pravastatin sodium tab 40 mg* | 0 | $0 copay for members age 40 through 75 |
| *pravastatin sodium tab 80 mg* | 0 | $0 copay for members age 40 through 75 |
| *rosuvastatin calcium tab 5 mg* | 0 | $0 copay for members age 40 through 75 |
| *rosuvastatin calcium tab 10 mg* | 0 | $0 copay for members age 40 through 75 |
| *rosuvastatin calcium tab 20 mg* | 1 | |
| *rosuvastatin calcium tab 40 mg* | 1 | |
| *simvastatin tab 5 mg* | 0 | $0 copay for members age 40 through 75 |
| *simvastatin tab 10 mg* | 0 | $0 copay for members age 40 through 75 |
| *simvastatin tab 20 mg* | 0 | $0 copay for members age 40 through 75 |
| *simvastatin tab 40 mg* | 0 | $0 copay for members age 40 through 75 |
| *simvastatin tab 80 mg* | 1 | |
| VYTORIN TAB 10-10MG | 3 | |
| VYTORIN TAB 10-20MG | 3 | |
| VYTORIN TAB 10-40MG | 3 | |
| VYTORIN TAB 10-80MG | 3 | |
| ZOCOR TAB 5MG | 3 | |
| ZOCOR TAB 10MG | 3 | |
| ZOCOR TAB 20MG | 3 | |
| ZOCOR TAB 40MG | 3 | |
| ZOCOR TAB 80MG | 3 | |

***ANTILIPEMICS, MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS***

| | | |
|---|---|---|
| JUXTAPID CAP 5MG | 3 | PA |
| JUXTAPID CAP 10MG | 3 | PA |
| JUXTAPID CAP 20MG | 3 | PA |
| JUXTAPID CAP 30MG | 3 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| JUXTAPID CAP 40MG | 3 | PA |
| JUXTAPID CAP 60MG | 3 | PA |
| ***ANTILIPEMICS, MISCELLANEOUS*** | | |
| KYNAMRO INJ 200MG/ML | 3 | PA |
| ***ANTILIPEMICS, NIACINS*** | | |
| *niacin (antihyperlipidemic) tab 500 mg* | 1 | |
| *niacin tab er 500 mg (antihyperlipidemic)* | 1 | |
| *niacin tab er 750 mg (antihyperlipidemic)* | 1 | |
| *niacin tab er 1000 mg (antihyperlipidemic)* | 1 | |
| NIASPAN TAB 500MG ER | 3 | |
| NIASPAN TAB 750MG ER | 3 | |
| NIASPAN TAB 1000 ER | 3 | |
| ***ANTILIPEMICS, OMEGA-3 FATTY ACIDS*** | | |
| LOVAZA CAP 1GM | 3 | |
| *omega-3-acid ethyl esters cap 1 gm* | 1 | |
| VASCEPA CAP 0.5GM | 2 | |
| VASCEPA CAP 1GM | 2 | |
| ***ANTILIPEMICS, PCSK9 INHIBITORS*** | | |
| REPATHA INJ 140MG/ML | 2 | PA |
| REPATHA SURE INJ 140MG/ML | 2 | PA |
| ***BETA-BLOCKER/DIURETIC COMBINATIONS*** | | |
| *atenolol & chlorthalidone tab 50-25 mg* | 1 | |
| *atenolol & chlorthalidone tab 100-25 mg* | 1 | |
| *bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg* | 1 | |
| *bisoprolol & hydrochlorothiazide tab 5-6.25 mg* | 1 | |
| *bisoprolol & hydrochlorothiazide tab 10-6.25 mg* | 1 | |
| CORZIDE TAB 40-5MG | 3 | |
| CORZIDE TAB 80-5MG | 3 | |
| LOPRESS HCT TAB 50-25MG | 2 | |
| LOPRESS HCT TAB 100-25MG | 2 | |
| *metoprolol & hydrochlorothiazide tab 50-25 mg* | 1 | |
| *metoprolol & hydrochlorothiazide tab 100-25 mg* | 1 | |
| *metoprolol & hydrochlorothiazide tab 100-50 mg* | 1 | |
| *nadolol & bendroflumethiazide tab 40-5 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *nadolol & bendroflumethiazide tab 80-5 mg* | 1 | |
| *propranolol & hydrochlorothiazide tab 40-25 mg* | 1 | |
| *propranolol & hydrochlorothiazide tab 80-25 mg* | 1 | |
| TENORETIC TAB 50 | 3 | |
| TENORETIC TAB 100 | 3 | |
| ZIAC TAB 2.5/6.25 | 2 | |
| ZIAC TAB 5-6.25MG | 2 | |
| ZIAC TAB 10/6.25 | 2 | |
| ***BETA-BLOCKERS*** | | |
| *acebutolol hcl cap 200 mg* | 1 | |
| *acebutolol hcl cap 400 mg* | 1 | |
| *atenolol tab 25 mg* | 1 | |
| *atenolol tab 50 mg* | 1 | |
| *atenolol tab 100 mg* | 1 | |
| *betaxolol hcl tab 10 mg* | 1 | |
| *betaxolol hcl tab 20 mg* | 1 | |
| *bisoprolol fumarate tab 5 mg* | 1 | |
| *bisoprolol fumarate tab 10 mg* | 1 | |
| BYSTOLIC TAB 2.5MG | 2 | |
| BYSTOLIC TAB 5MG | 2 | |
| BYSTOLIC TAB 10MG | 2 | |
| BYSTOLIC TAB 20MG | 2 | |
| *carvedilol phosphate cap er 24hr 10 mg* | 1 | |
| *carvedilol phosphate cap er 24hr 20 mg* | 1 | |
| *carvedilol phosphate cap er 24hr 40 mg* | 1 | |
| *carvedilol phosphate cap er 24hr 80 mg* | 1 | |
| *carvedilol tab 3.125 mg* | 1 | |
| *carvedilol tab 6.25 mg* | 1 | |
| *carvedilol tab 12.5 mg* | 1 | |
| *carvedilol tab 25 mg* | 1 | |
| COREG CR CAP 10MG | 3 | |
| COREG CR CAP 20MG | 3 | |
| COREG CR CAP 40MG | 3 | |
| COREG CR CAP 80MG | 3 | |
| COREG TAB 3.125MG | 3 | |
| COREG TAB 6.25MG | 3 | |
| COREG TAB 12.5MG | 3 | |
| COREG TAB 25MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CORGARD TAB 20MG | 3 | |
| CORGARD TAB 40MG | 3 | |
| CORGARD TAB 80MG | 3 | |
| HEMANGEOL SOL 4.28/ML | 3 | |
| INDERAL LA CAP 60MG | 3 | |
| INDERAL LA CAP 80MG | 3 | |
| INDERAL LA CAP 120MG | 3 | |
| INDERAL LA CAP 160MG | 3 | |
| KERLONE TAB 10MG | 3 | |
| KERLONE TAB 20MG | 3 | |
| *labetalol hcl tab 100 mg* | 1 | |
| *labetalol hcl tab 200 mg* | 1 | |
| *labetalol hcl tab 300 mg* | 1 | |
| LEVATOL TAB 20MG | 3 | |
| LOPRESSOR TAB 50MG | 3 | |
| LOPRESSOR TAB 100MG | 3 | |
| *metoprolol succinate tab er 24hr 25 mg (tartrate equiv)* | 1 | |
| *metoprolol succinate tab er 24hr 50 mg (tartrate equiv)* | 1 | |
| *metoprolol succinate tab er 24hr 100 mg (tartrate equiv)* | 1 | |
| *metoprolol succinate tab er 24hr 200 mg (tartrate equiv)* | 1 | |
| *metoprolol tartrate tab 25 mg* | 1 | |
| *metoprolol tartrate tab 37.5 mg* | 1 | |
| *metoprolol tartrate tab 50 mg* | 1 | |
| *metoprolol tartrate tab 75 mg* | 1 | |
| *metoprolol tartrate tab 100 mg* | 1 | |
| *nadolol tab 20 mg* | 1 | |
| *nadolol tab 40 mg* | 1 | |
| *nadolol tab 80 mg* | 1 | |
| *pindolol tab 5 mg* | 1 | |
| *pindolol tab 10 mg* | 1 | |
| *propranolol hcl cap er 24hr 60 mg* | 1 | |
| *propranolol hcl cap er 24hr 80 mg* | 1 | |
| *propranolol hcl cap er 24hr 120 mg* | 1 | |
| *propranolol hcl cap er 24hr 160 mg* | 1 | |
| *propranolol hcl oral soln 20 mg/5ml* | 1 | |
| *propranolol hcl oral soln 40 mg/5ml* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *propranolol hcl tab 10 mg* | 1 | |
| *propranolol hcl tab 20 mg* | 1 | |
| *propranolol hcl tab 40 mg* | 1 | |
| *propranolol hcl tab 60 mg* | 1 | |
| *propranolol hcl tab 80 mg* | 1 | |
| SECTRAL CAP 200MG | 3 | |
| SECTRAL CAP 400MG | 3 | |
| TENORMIN TAB 25MG | 3 | |
| TENORMIN TAB 50MG | 3 | |
| TENORMIN TAB 100MG | 3 | |
| *timolol maleate tab 5 mg* | 1 | |
| *timolol maleate tab 10 mg* | 1 | |
| *timolol maleate tab 20 mg* | 1 | |
| ZEBETA TAB 5MG | 3 | |
| ZEBETA TAB 10MG | 3 | |
| ***CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS*** | | |
| *amlodipine besylate-atorvastatin calcium tab 2.5-10 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 2.5-20 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 2.5-40 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-10 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-20 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-40 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-80 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-10 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-20 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-40 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-80 mg* | 1 | |
| CADUET TAB 2.5-10MG | 3 | |
| CADUET TAB 2.5-20MG | 3 | |
| CADUET TAB 2.5-40MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CADUET TAB 5-10MG | 3 | |
| CADUET TAB 5-20MG | 3 | |
| CADUET TAB 5-40MG | 3 | |
| CADUET TAB 5-80MG | 3 | |
| CADUET TAB 10-10MG | 3 | |
| CADUET TAB 10-20MG | 3 | |
| CADUET TAB 10-40MG | 3 | |
| CADUET TAB 10-80MG | 3 | |
| ***CALCIUM CHANNEL BLOCKERS, DIHYDROPYRIDINES*** | | |
| ADALAT CC TAB 30MG ER | 3 | |
| ADALAT CC TAB 60MG ER | 3 | |
| ADALAT CC TAB 90MG ER | 3 | |
| *amlodipine besylate tab 2.5 mg (base equivalent)* | 1 | |
| *amlodipine besylate tab 5 mg (base equivalent)* | 1 | |
| *amlodipine besylate tab 10 mg (base equivalent)* | 1 | |
| *felodipine tab er 24hr 2.5 mg* | 1 | |
| *felodipine tab er 24hr 5 mg* | 1 | |
| *felodipine tab er 24hr 10 mg* | 1 | |
| *isradipine cap 2.5 mg* | 1 | |
| *isradipine cap 5 mg* | 1 | |
| *nicardipine hcl cap 20 mg* | 1 | |
| *nicardipine hcl cap 30 mg* | 1 | |
| *nifedipine tab er 24hr 30 mg* | 1 | |
| *nifedipine tab er 24hr 60 mg* | 1 | |
| *nifedipine tab er 24hr 90 mg* | 1 | |
| *nifedipine tab er 24hr osmotic release 30 mg* | 1 | |
| *nifedipine tab er 24hr osmotic release 60 mg* | 1 | |
| *nifedipine tab er 24hr osmotic release 90 mg* | 1 | |
| *nimodipine cap 30 mg* | 1 | |
| *nisoldipine tab er 24hr 8.5 mg* | 1 | |
| *nisoldipine tab er 24hr 17 mg* | 1 | |
| *nisoldipine tab er 24hr 20 mg* | 1 | |
| *nisoldipine tab er 24hr 25.5 mg* | 1 | |
| *nisoldipine tab er 24hr 30 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *nisoldipine tab er 24hr 34 mg* | 1 | |
| *nisoldipine tab er 24hr 40 mg* | 1 | |
| NYMALIZE SOL 60/20ML | 3 | |
| PROCARDIA XL TAB 30MG CR | 3 | |
| PROCARDIA XL TAB 60MG CR | 3 | |
| PROCARDIA XL TAB 90MG CR | 3 | |
| SULAR TAB 8.5MG | 3 | |
| SULAR TAB 17MG | 3 | |
| SULAR TAB 34MG | 3 | |
| ***CALCIUM CHANNEL BLOCKERS, NON-DIHYDROPYRIDINES*** | | |
| CALAN SR TAB 120MG | 3 | |
| CALAN SR TAB 180MG | 3 | |
| CALAN SR TAB 240MG | 3 | |
| CALAN TAB 80MG | 3 | |
| CALAN TAB 120MG | 3 | |
| *diltiazem hcl cap er 12hr 60 mg* | 1 | |
| *diltiazem hcl cap er 12hr 90 mg* | 1 | |
| *diltiazem hcl cap er 12hr 120 mg* | 1 | |
| *diltiazem hcl cap er 24hr 120 mg* | 1 | |
| *diltiazem hcl cap er 24hr 180 mg* | 1 | |
| *diltiazem hcl cap er 24hr 240 mg* | 1 | |
| *diltiazem hcl coated beads cap er 24hr 120 mg* | 1 | |
| *diltiazem hcl coated beads cap er 24hr 180 mg* | 1 | |
| *diltiazem hcl coated beads cap er 24hr 240 mg* | 1 | |
| *diltiazem hcl coated beads cap er 24hr 300 mg* | 1 | |
| *diltiazem hcl coated beads cap er 24hr 360 mg* | 1 | |
| *diltiazem hcl extended release beads cap er 24hr 120 mg* | 1 | |
| *diltiazem hcl extended release beads cap er 24hr 180 mg* | 1 | |
| *diltiazem hcl extended release beads cap er 24hr 240 mg* | 1 | |
| *diltiazem hcl extended release beads cap er 24hr 300 mg* | 1 | |
| *diltiazem hcl extended release beads cap er 24hr 360 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *diltiazem hcl extended release beads cap er 24hr 420 mg* | 1 | |
| *diltiazem hcl tab 30 mg* | 1 | |
| *diltiazem hcl tab 60 mg* | 1 | |
| *diltiazem hcl tab 90 mg* | 1 | |
| *diltiazem hcl tab 120 mg* | 1 | |
| TIAZAC CAP 120MG/24 | 3 | |
| TIAZAC CAP 180MG/24 | 3 | |
| TIAZAC CAP 240MG/24 | 3 | |
| TIAZAC CAP 300MG/24 | 3 | |
| TIAZAC CAP 360MG/24 | 3 | |
| TIAZAC CAP 420MG/24 | 3 | |
| *verapamil hcl cap er 24hr 100 mg* | 1 | |
| *verapamil hcl cap er 24hr 120 mg* | 1 | |
| *verapamil hcl cap er 24hr 180 mg* | 1 | |
| *verapamil hcl cap er 24hr 200 mg* | 1 | |
| *verapamil hcl cap er 24hr 240 mg* | 1 | |
| *verapamil hcl cap er 24hr 300 mg* | 1 | |
| *verapamil hcl cap er 24hr 360 mg* | 1 | |
| *verapamil hcl tab 40 mg* | 1 | |
| *verapamil hcl tab 80 mg* | 1 | |
| *verapamil hcl tab 120 mg* | 1 | |
| *verapamil hcl tab er 120 mg* | 1 | |
| *verapamil hcl tab er 180 mg* | 1 | |
| *verapamil hcl tab er 240 mg* | 1 | |
| VERELAN CAP 120MG SR | 3 | |
| VERELAN CAP 180MG SR | 3 | |
| VERELAN CAP 240MG SR | 3 | |
| VERELAN CAP 360MG SR | 3 | |
| VERELAN PM CAP 100MG ER | 3 | |
| VERELAN PM CAP 200MG ER | 3 | |
| VERELAN PM CAP 300MG ER | 3 | |
| ***DIGITALIS GLYCOSIDES*** | | |
| *digoxin oral soln 0.05 mg/ml* | 1 | |
| *digoxin tab 125 mcg (0.125 mg)* | 1 | |
| *digoxin tab 250 mcg (0.25 mg)* | 1 | |
| LANOXIN TAB 0.0625MG | 2 | |
| LANOXIN TAB 0.1875MG | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***DIRECT RENIN INHIBITORS/DIURETIC COMBINATIONS*** | | |
| *aliskiren fumarate tab 150 mg (base equivalent)* | 1 | |
| *aliskiren fumarate tab 300 mg (base equivalent)* | 1 | |
| TEKTURNA HCT TAB 150-12.5 | 2 | |
| TEKTURNA HCT TAB 150-25MG | 2 | |
| TEKTURNA HCT TAB 300-12.5 | 2 | |
| TEKTURNA HCT TAB 300-25MG | 2 | |
| TEKTURNA TAB 150MG | 3 | |
| TEKTURNA TAB 300MG | 3 | |
| ***DIURETICS, CARBONIC ANHYDRASE INHIBITORS*** | | |
| *acetazolamide cap er 12hr 500 mg* | 1 | |
| *acetazolamide tab 125 mg* | 1 | |
| *acetazolamide tab 250 mg* | 1 | |
| DIAMOX SEQUE CAP 500MG CR | 2 | |
| KEVEYIS TAB 50MG | 3 | PA |
| *methazolamide tab 25 mg* | 1 | |
| *methazolamide tab 50 mg* | 1 | |
| NEPTAZANE TAB 25MG | 3 | |
| NEPTAZANE TAB 50MG | 3 | |
| ***DIURETICS, DIURETIC COMBINATIONS*** | | |
| ALDACTAZIDE TAB 25/25 | 3 | |
| ALDACTAZIDE TAB 50/50 | 3 | |
| *amiloride & hydrochlorothiazide tab 5-50 mg* | 1 | |
| DYAZIDE CAP 37.5-25 | 3 | |
| MAXZIDE TAB 75-50 | 3 | |
| MAXZIDE-25 TAB | 3 | |
| *spironolactone & hydrochlorothiazide tab 25-25 mg* | 1 | |
| *triamterene & hydrochlorothiazide cap 37.5-25 mg* | 1 | |
| *triamterene & hydrochlorothiazide cap 50-25 mg* | 1 | |
| *triamterene & hydrochlorothiazide tab 37.5-25 mg* | 1 | |
| *triamterene & hydrochlorothiazide tab 75-50 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***DIURETICS, LOOP DIURETICS*** | | |
| *bumetanide tab 0.5 mg* | 1 | |
| *bumetanide tab 1 mg* | 1 | |
| *bumetanide tab 2 mg* | 1 | |
| DEMADEX TAB 5MG | 3 | |
| DEMADEX TAB 10MG | 3 | |
| DEMADEX TAB 20MG | 3 | |
| EDECRIN TAB 25MG | 3 | |
| *ethacrynic acid tab 25 mg* | 1 | |
| *furosemide oral soln 10 mg/ml* | 1 | |
| FUROSEMIDE SOL 8MG/ML | 1 | |
| *furosemide tab 20 mg* | 1 | |
| *furosemide tab 40 mg* | 1 | |
| *furosemide tab 80 mg* | 1 | |
| LASIX TAB 20MG | 3 | |
| LASIX TAB 40MG | 3 | |
| LASIX TAB 80MG | 3 | |
| *torsemide tab 5 mg* | 1 | |
| *torsemide tab 10 mg* | 1 | |
| *torsemide tab 20 mg* | 1 | |
| *torsemide tab 100 mg* | 1 | |
| ***DIURETICS, POTASSIUM-SPARING DIURETICS*** | | |
| *amiloride hcl tab 5 mg* | 1 | |
| *triamterene cap 50 mg* | 1 | |
| *triamterene cap 100 mg* | 1 | |
| ***DIURETICS, THIAZIDES AND THIAZIDE-LIKE DIURETICS*** | | |
| *chlorothiazide tab 250 mg* | 1 | |
| *chlorothiazide tab 500 mg* | 1 | |
| *chlorthalidone tab 25 mg* | 1 | |
| *chlorthalidone tab 50 mg* | 1 | |
| DIURIL SUS 250/5ML | 3 | |
| *hydrochlorothiazide cap 12.5 mg* | 1 | |
| *hydrochlorothiazide tab 12.5 mg* | 1 | |
| *hydrochlorothiazide tab 25 mg* | 1 | |
| *hydrochlorothiazide tab 50 mg* | 1 | |
| *indapamide tab 1.25 mg* | 1 | |
| *indapamide tab 2.5 mg* | 1 | |
| *methyclothiazide tab 5 mg* | 1 | |
| *metolazone tab 2.5 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *metolazone tab 5 mg* | 1 | |
| *metolazone tab 10 mg* | 1 | |
| MICROZIDE CAP 12.5MG | 3 | |
| ***HEART FAILURE*** | | |
| BIDIL TAB | 2 | |
| CORLANOR SOL 5MG/5ML | 3 | |
| CORLANOR TAB 5MG | 2 | |
| CORLANOR TAB 7.5MG | 2 | |
| ENTRESTO TAB 24-26MG | 2 | |
| ENTRESTO TAB 49-51MG | 2 | |
| ENTRESTO TAB 97-103MG | 2 | |
| ***MISCELLANEOUS*** | | |
| DEMSER CAP 250MG | 3 | |
| DIBENZYLINE CAP 10MG | 3 | |
| *hydralazine hcl tab 10 mg* | 1 | |
| *hydralazine hcl tab 25 mg* | 1 | |
| *hydralazine hcl tab 50 mg* | 1 | |
| *hydralazine hcl tab 100 mg* | 1 | |
| *minoxidil tab 2.5 mg* | 1 | |
| *minoxidil tab 10 mg* | 1 | |
| NORTHERA CAP 100MG | 3 | PA |
| NORTHERA CAP 200MG | 3 | PA |
| NORTHERA CAP 300MG | 3 | PA |
| *phenoxybenzamine hcl cap 10 mg* | 1 | |
| RANEXA TAB 500MG | 3 | |
| RANEXA TAB 1000MG | 3 | |
| *ranolazine tab er 12hr 500 mg* | 1 | |
| *ranolazine tab er 12hr 1000 mg* | 1 | |
| *reserpine tab 0.1 mg* | 1 | |
| *reserpine tab 0.25 mg* | 1 | |
| ***NITRATES, ORAL*** | | |
| DILATRATE SR CAP 40MG | 3 | |
| ISORDIL TAB 5MG | 2 | |
| ISORDIL TAB 40MG | 2 | |
| *isosorbide dinitrate tab 5 mg* | 1 | |
| *isosorbide dinitrate tab 10 mg* | 1 | |
| *isosorbide dinitrate tab 20 mg* | 1 | |
| *isosorbide dinitrate tab 30 mg* | 1 | |
| *isosorbide dinitrate tab er 40 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *isosorbide mononitrate tab 10 mg* | 1 | |
| *isosorbide mononitrate tab 20 mg* | 1 | |
| *isosorbide mononitrate tab er 24hr 30 mg* | 1 | |
| *isosorbide mononitrate tab er 24hr 60 mg* | 1 | |
| *isosorbide mononitrate tab er 24hr 120 mg* | 1 | |
| ***NITRATES, SUBLINGUAL/TRANSLINGUAL*** | | |
| *nitroglycerin lingual aerosol 400 mcg/spray* | 1 | |
| *nitroglycerin sl tab 0.3 mg* | 1 | |
| *nitroglycerin sl tab 0.4 mg* | 1 | |
| *nitroglycerin sl tab 0.6 mg* | 1 | |
| *nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)* | 1 | |
| NITROLINGUAL SPR PUMPSPRA | 3 | |
| NITROMIST AER 400MCG | 3 | |
| NITROSTAT SUB 0.3MG | 3 | |
| NITROSTAT SUB 0.4MG | 3 | |
| NITROSTAT SUB 0.6MG | 3 | |
| ***NITRATES, TRANSDERMAL*** | | |
| NITRO-BID OIN 2% | 3 | |
| NITRO-DUR DIS 0.1MG/HR | 2 | |
| NITRO-DUR DIS 0.2MG/HR | 2 | |
| NITRO-DUR DIS 0.3MG/HR | 2 | |
| NITRO-DUR DIS 0.4MG/HR | 2 | |
| NITRO-DUR DIS 0.6MG/HR | 2 | |
| NITRO-DUR DIS 0.8MG/HR | 2 | |
| *nitroglycerin td patch 24hr 0.1 mg/hr* | 1 | |
| *nitroglycerin td patch 24hr 0.2 mg/hr* | 1 | |
| *nitroglycerin td patch 24hr 0.4 mg/hr* | 1 | |
| *nitroglycerin td patch 24hr 0.6 mg/hr* | 1 | |
| ***PULMONARY ARTERIAL HYPERTENSION, ENDOTHELIN RECEPTOR ANTAGONISTS*** | | |
| *ambrisentan tab 5 mg* | 1 | PA |
| *ambrisentan tab 10 mg* | 1 | PA |
| *bosentan tab 62.5 mg* | 1 | PA |
| *bosentan tab 125 mg* | 1 | PA |
| LETAIRIS TAB 5MG | 3 | PA |
| LETAIRIS TAB 10MG | 3 | PA |
| OPSUMIT TAB 10MG | 2 | PA |
| TRACLEER TAB 32MG | 3 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRACLEER TAB 62.5MG | 3 | PA |
| TRACLEER TAB 125MG | 3 | PA |
| ***PULMONARY ARTERIAL HYPERTENSION, PHOSPHODIESTERASE INHIBITORS*** | | |
| ADCIRCA TAB 20MG | 3 | PA |
| REVATIO SUS 10MG/ML | 3 | PA |
| REVATIO TAB 20MG | 3 | PA |
| *sildenafil citrate tab 20 mg* | 1 | PA |
| ***PULMONARY ARTERIAL HYPERTENSION, PROSTACYCLIN RECEPTOR AGONISTS*** | | |
| UPTRAVI TAB 200/800 | 2 | PA |
| UPTRAVI TAB 200MCG | 2 | PA |
| UPTRAVI TAB 400MCG | 2 | PA |
| UPTRAVI TAB 600MCG | 2 | PA |
| UPTRAVI TAB 800MCG | 2 | PA |
| UPTRAVI TAB 1000MCG | 2 | PA |
| UPTRAVI TAB 1200MCG | 2 | PA |
| UPTRAVI TAB 1400MCG | 2 | PA |
| UPTRAVI TAB 1600MCG | 2 | PA |
| ***PULMONARY ARTERIAL HYPERTENSION, PROSTAGLANDIN VASODILATORS*** | | |
| ORENITRAM TAB 0.25MG | 2 | PA |
| ORENITRAM TAB 0.125MG | 2 | PA |
| ORENITRAM TAB 1MG | 2 | PA |
| ORENITRAM TAB 2.5MG | 2 | PA |
| ORENITRAM TAB 5MG | 2 | PA |
| TYVASO START SOL 0.6MG/ML | 3 | PA |
| VENTAVIS SOL 10MCG/ML | 3 | PA |
| VENTAVIS SOL 20MCG/ML | 3 | PA |
| ***PULMONARY ARTERIAL HYPERTENSION, SOLUBLE GUANYLATE CYCLASE STIMULATORS*** | | |
| ADEMPAS TAB 0.5MG | 2 | PA |
| ADEMPAS TAB 1.5MG | 2 | PA |
| ADEMPAS TAB 1MG | 2 | PA |
| ADEMPAS TAB 2.5MG | 2 | PA |
| ADEMPAS TAB 2MG | 2 | PA |
| ***VASOPRESSORS*** | | |
| *midodrine hcl tab 2.5 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *midodrine hcl tab 5 mg* | 1 | |
| *midodrine hcl tab 10 mg* | 1 | |
| **CENTRAL NERVOUS SYSTEM** | | |
| ***ANTIANXIETY, BENZODIAZEPINES*** | | |
| ALPRAZOLAM CON 1 MG/ML | 3 | |
| *alprazolam orally disintegrating tab 0.5 mg* | 1 | |
| *alprazolam orally disintegrating tab 0.25 mg* | 1 | |
| *alprazolam orally disintegrating tab 1 mg* | 1 | |
| *alprazolam orally disintegrating tab 2 mg* | 1 | |
| *alprazolam tab 0.5 mg* | 1 | |
| *alprazolam tab 0.25 mg* | 1 | |
| *alprazolam tab 1 mg* | 1 | |
| *alprazolam tab 2 mg* | 1 | |
| *alprazolam tab er 24hr 0.5 mg* | 1 | |
| *alprazolam tab er 24hr 1 mg* | 1 | |
| *alprazolam tab er 24hr 2 mg* | 1 | |
| *alprazolam tab er 24hr 3 mg* | 1 | |
| ATIVAN TAB 0.5MG | 2 | |
| ATIVAN TAB 1MG | 2 | |
| ATIVAN TAB 2MG | 2 | |
| *chlordiazepoxide hcl cap 5 mg* | 1 | |
| *chlordiazepoxide hcl cap 10 mg* | 1 | |
| *chlordiazepoxide hcl cap 25 mg* | 1 | |
| *clonazepam orally disintegrating tab 0.5 mg* | 1 | |
| *clonazepam orally disintegrating tab 0.25 mg* | 1 | |
| *clonazepam orally disintegrating tab 0.125 mg* | 1 | |
| *clonazepam orally disintegrating tab 1 mg* | 1 | |
| *clonazepam orally disintegrating tab 2 mg* | 1 | |
| *clonazepam tab 0.5 mg* | 1 | |
| *clonazepam tab 1 mg* | 1 | |
| *clonazepam tab 2 mg* | 1 | |
| *clorazepate dipotassium tab 3.75 mg* | 1 | |
| *clorazepate dipotassium tab 7.5 mg* | 1 | |
| *clorazepate dipotassium tab 15 mg* | 1 | |
| *diazepam conc 5 mg/ml* | 1 | |
| *diazepam oral soln 1 mg/ml* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *diazepam tab 2 mg* | 1 | |
| *diazepam tab 5 mg* | 1 | |
| *diazepam tab 10 mg* | 1 | |
| KLONOPIN TAB 0.5MG | 3 | |
| KLONOPIN TAB 1MG | 3 | |
| KLONOPIN TAB 2MG | 3 | |
| *lorazepam conc 2 mg/ml* | 1 | |
| *lorazepam tab 0.5 mg* | 1 | |
| *lorazepam tab 1 mg* | 1 | |
| *lorazepam tab 2 mg* | 1 | |
| NIRAVAM TAB 0.25MG | 3 | |
| *oxazepam cap 10 mg* | 1 | |
| *oxazepam cap 15 mg* | 1 | |
| *oxazepam cap 30 mg* | 1 | |
| TRANXENE T TAB 3.75MG | 3 | |
| TRANXENE T TAB 7.5MG | 3 | |
| TRANXENE T TAB 15MG | 3 | |
| VALIUM TAB 2MG | 2 | |
| VALIUM TAB 5MG | 2 | |
| VALIUM TAB 10MG | 2 | |
| ***ANTIANXIETY, MISCELLANEOUS*** | | |
| ANAFRANIL CAP 25MG | 2 | |
| ANAFRANIL CAP 50MG | 2 | |
| ANAFRANIL CAP 75MG | 2 | |
| *buspirone hcl tab 5 mg* | 1 | |
| *buspirone hcl tab 7.5 mg* | 1 | |
| *buspirone hcl tab 10 mg* | 1 | |
| *buspirone hcl tab 15 mg* | 1 | |
| *buspirone hcl tab 30 mg* | 1 | |
| *clomipramine hcl cap 25 mg* | 1 | |
| *clomipramine hcl cap 50 mg* | 1 | |
| *clomipramine hcl cap 75 mg* | 1 | |
| *fluvoxamine maleate cap er 24hr 100 mg* | 1 | |
| *fluvoxamine maleate cap er 24hr 150 mg* | 1 | |
| *fluvoxamine maleate tab 25 mg* | 1 | |
| *fluvoxamine maleate tab 50 mg* | 1 | |
| *fluvoxamine maleate tab 100 mg* | 1 | |
| *meprobamate tab 200 mg* | 1 | |
| *meprobamate tab 400 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***ANTICONVULSANTS*** | | |
| APTIOM TAB 200MG | 3 | |
| APTIOM TAB 400MG | 3 | |
| APTIOM TAB 600MG | 3 | |
| APTIOM TAB 800MG | 3 | |
| BANZEL SUS 40MG/ML | 3 | |
| BANZEL TAB 200MG | 3 | |
| BANZEL TAB 400MG | 3 | |
| BRIVIACT TAB 10MG | 3 | |
| BRIVIACT TAB 25MG | 3 | |
| BRIVIACT TAB 50MG | 3 | |
| BRIVIACT TAB 75MG | 3 | |
| BRIVIACT TAB 100MG | 3 | |
| *carbamazepine cap er 12hr 100 mg* | 1 | |
| *carbamazepine cap er 12hr 200 mg* | 1 | |
| *carbamazepine cap er 12hr 300 mg* | 1 | |
| *carbamazepine chew tab 100 mg* | 1 | |
| *carbamazepine susp 100 mg/5ml* | 1 | |
| *carbamazepine tab 200 mg* | 1 | |
| *carbamazepine tab er 12hr 200 mg* | 1 | |
| *carbamazepine tab er 12hr 400 mg* | 1 | |
| CARBATROL CAP 100MG | 3 | |
| CARBATROL CAP 200MG | 3 | |
| CARBATROL CAP 300MG | 3 | |
| CELONTIN CAP 300MG | 3 | |
| *clobazam suspension 2.5 mg/ml* | 1 | |
| *clobazam tab 10 mg* | 1 | |
| *clobazam tab 20 mg* | 1 | |
| DEPAKENE CAP 250MG | 3 | |
| DEPAKENE SOL 250/5ML | 3 | |
| DEPAKOTE ER TAB 250MG | 3 | |
| DEPAKOTE ER TAB 500MG | 3 | |
| DEPAKOTE SPR CAP 125MG | 3 | |
| DEPAKOTE TAB 125MG DR | 3 | |
| DEPAKOTE TAB 250MG DR | 3 | |
| DEPAKOTE TAB 500MG DR | 3 | |
| DIACOMIT CAP 250MG | 3 | PA |
| DIACOMIT CAP 500MG | 3 | PA |
| DIACOMIT PAK 250MG | 3 | PA |
| DIACOMIT PAK 500MG | 3 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DIASTAT ACDL GEL 5-10MG | 3 | |
| DIASTAT ACDL GEL 12.5-20 | 3 | |
| DIASTAT PED GEL 2.5M GEL | 3 | |
| *diazepam rectal gel delivery system 2.5 mg* | 1 | |
| *diazepam rectal gel delivery system 10 mg* | 1 | |
| *diazepam rectal gel delivery system 20 mg* | 1 | |
| DILANTIN CAP 30MG | 3 | |
| DILANTIN CAP 100MG | 3 | |
| DILANTIN CHW 50MG | 3 | |
| DILANTIN-125 SUS 125/5ML | 3 | |
| *divalproex sodium cap delayed release sprinkle 125 mg* | 1 | |
| *divalproex sodium tab delayed release 125 mg* | 1 | |
| *divalproex sodium tab delayed release 250 mg* | 1 | |
| *divalproex sodium tab delayed release 500 mg* | 1 | |
| *divalproex sodium tab er 24 hr 250 mg* | 1 | |
| *divalproex sodium tab er 24 hr 500 mg* | 1 | |
| EPIDIOLEX SOL 100MG/ML | 3 | PA |
| *ethosuximide cap 250 mg* | 1 | |
| *ethosuximide soln 250 mg/5ml* | 1 | |
| *felbamate susp 600 mg/5ml* | 1 | |
| *felbamate tab 400 mg* | 1 | |
| *felbamate tab 600 mg* | 1 | |
| FELBATOL SUS 600/5ML | 3 | |
| FELBATOL TAB 400MG | 3 | |
| FELBATOL TAB 600MG | 3 | |
| FYCOMPA SUS 0.5MG/ML | 2 | |
| FYCOMPA TAB 2MG | 2 | |
| FYCOMPA TAB 4MG | 2 | |
| FYCOMPA TAB 6MG | 2 | |
| FYCOMPA TAB 8MG | 2 | |
| FYCOMPA TAB 10MG | 2 | |
| FYCOMPA TAB 12MG | 2 | |
| *gabapentin cap 100 mg* | 1 | |
| *gabapentin cap 300 mg* | 1 | |
| *gabapentin cap 400 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *gabapentin oral soln 250 mg/5ml* | 1 | |
| *gabapentin tab 600 mg* | 1 | |
| *gabapentin tab 800 mg* | 1 | |
| GABITRIL TAB 2MG | 3 | |
| GABITRIL TAB 4MG | 3 | |
| GABITRIL TAB 12MG | 3 | |
| GABITRIL TAB 16MG | 3 | |
| KEPPRA SOL 100MG/ML | 3 | |
| KEPPRA TAB 250MG | 3 | |
| KEPPRA TAB 500MG | 3 | |
| KEPPRA TAB 750MG | 3 | |
| KEPPRA TAB 1000MG | 3 | |
| KEPPRA XR TAB 500MG | 3 | |
| KEPPRA XR TAB 750MG | 3 | |
| LAMICTAL CHW 2MG | 3 | |
| *lamotrigine orally disintegrating tab 25 mg* | 1 | |
| *lamotrigine orally disintegrating tab 50 mg* | 1 | |
| *lamotrigine orally disintegrating tab 100 mg* | 1 | |
| *lamotrigine orally disintegrating tab 200 mg* | 1 | |
| *lamotrigine tab 25 mg* | 1 | |
| *lamotrigine tab 25 mg (42) & 100 mg (7) starter kit* | 1 | |
| *lamotrigine tab 35 x 25 mg starter kit* | 1 | |
| *lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit* | 1 | |
| *lamotrigine tab 100 mg* | 1 | |
| *lamotrigine tab 150 mg* | 1 | |
| *lamotrigine tab 200 mg* | 1 | |
| *lamotrigine tab chewable dispersible 5 mg* | 1 | |
| *lamotrigine tab chewable dispersible 25 mg* | 1 | |
| *lamotrigine tab er 24hr 25 mg* | 1 | |
| *lamotrigine tab er 24hr 50 mg* | 1 | |
| *lamotrigine tab er 24hr 100 mg* | 1 | |
| *lamotrigine tab er 24hr 200 mg* | 1 | |
| *lamotrigine tab er 24hr 250 mg* | 1 | |
| *lamotrigine tab er 24hr 300 mg* | 1 | |
| *levetiracetam oral soln 100 mg/ml* | 1 | |
| *levetiracetam tab 250 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *levetiracetam tab 500 mg* | 1 | |
| *levetiracetam tab 750 mg* | 1 | |
| *levetiracetam tab 1000 mg* | 1 | |
| *levetiracetam tab er 24hr 500 mg* | 1 | |
| *levetiracetam tab er 24hr 750 mg* | 1 | |
| MYSOLINE TAB 50MG | 3 | |
| MYSOLINE TAB 250MG | 3 | |
| NEURONTIN CAP 100MG | 3 | |
| NEURONTIN CAP 300MG | 3 | |
| NEURONTIN CAP 400MG | 3 | |
| NEURONTIN SOL 250/5ML | 3 | |
| NEURONTIN TAB 600MG | 3 | |
| NEURONTIN TAB 800MG | 3 | |
| *oxcarbazepine susp 300 mg/5ml (60 mg/ml)* | 1 | |
| *oxcarbazepine tab 150 mg* | 1 | |
| *oxcarbazepine tab 300 mg* | 1 | |
| *oxcarbazepine tab 600 mg* | 1 | |
| OXTELLAR XR TAB 150MG | 2 | |
| OXTELLAR XR TAB 300MG | 2 | |
| OXTELLAR XR TAB 600MG | 2 | |
| PEGANONE TAB 250MG | 3 | |
| *phenobarbital elixir 20 mg/5ml* | 1 | |
| *phenobarbital tab 15 mg* | 1 | |
| *phenobarbital tab 16.2 mg* | 1 | |
| *phenobarbital tab 30 mg* | 1 | |
| *phenobarbital tab 32.4 mg* | 1 | |
| *phenobarbital tab 60 mg* | 1 | |
| *phenobarbital tab 64.8 mg* | 1 | |
| *phenobarbital tab 97.2 mg* | 1 | |
| *phenobarbital tab 100 mg* | 1 | |
| PHENYTEK CAP 200MG | 3 | |
| PHENYTEK CAP 300MG | 3 | |
| *phenytoin chew tab 50 mg* | 1 | |
| *phenytoin sodium extended cap 100 mg* | 1 | |
| *phenytoin susp 125 mg/5ml* | 1 | |
| *primidone tab 50 mg* | 1 | |
| *primidone tab 250 mg* | 1 | |
| QUDEXY XR CAP 25/24HR | 3 | |
| QUDEXY XR CAP 50/24HR | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| QUDEXY XR CAP 100/24HR | 3 | |
| QUDEXY XR CAP 150/24HR | 3 | |
| QUDEXY XR CAP 200/24HR | 3 | |
| STAVZOR CAP 125MG | 3 | |
| STAVZOR CAP 250MG | 3 | |
| STAVZOR CAP 500MG | 3 | |
| TEGRETOL SUS 100/5ML | 3 | |
| TEGRETOL TAB 200MG | 3 | |
| TEGRETOL-XR TAB 100MG | 3 | |
| TEGRETOL-XR TAB 200MG | 3 | |
| TEGRETOL-XR TAB 400MG | 3 | |
| *tiagabine hcl tab 2 mg* | 1 | |
| *tiagabine hcl tab 4 mg* | 1 | |
| *tiagabine hcl tab 12 mg* | 1 | |
| *tiagabine hcl tab 16 mg* | 1 | |
| TOPAMAX SPR CAP 15MG | 3 | |
| TOPAMAX SPR CAP 25MG | 3 | |
| TOPAMAX TAB 25MG | 3 | |
| TOPAMAX TAB 50MG | 3 | |
| TOPAMAX TAB 100MG | 3 | |
| TOPAMAX TAB 200MG | 3 | |
| *topiramate cap er 24hr sprinkle 25 mg* | 1 | |
| *topiramate cap er 24hr sprinkle 50 mg* | 1 | |
| *topiramate cap er 24hr sprinkle 100 mg* | 1 | |
| *topiramate cap er 24hr sprinkle 150 mg* | 1 | |
| *topiramate cap er 24hr sprinkle 200 mg* | 1 | |
| *topiramate sprinkle cap 15 mg* | 1 | |
| *topiramate sprinkle cap 25 mg* | 1 | |
| *topiramate tab 25 mg* | 1 | |
| *topiramate tab 50 mg* | 1 | |
| *topiramate tab 100 mg* | 1 | |
| *topiramate tab 200 mg* | 1 | |
| TRILEPTAL SUS 300MG/5M | 3 | |
| TRILEPTAL TAB 150MG | 3 | |
| TRILEPTAL TAB 300MG | 3 | |
| TRILEPTAL TAB 600MG | 3 | |
| TROKENDI XR CAP 25MG | 2 | |
| TROKENDI XR CAP 50MG | 2 | |
| TROKENDI XR CAP 100MG | 2 | |
| TROKENDI XR CAP 200MG | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *valproate sodium oral soln 250 mg/5ml (base equiv)* | 1 | |
| *valproic acid cap 250 mg* | 1 | |
| *vigabatrin powd pack 500 mg* | 1 | PA |
| *vigabatrin tab 500 mg* | 1 | PA |
| VIMPAT SOL 10MG/ML | 2 | |
| VIMPAT TAB 50MG | 2 | |
| VIMPAT TAB 100MG | 2 | |
| VIMPAT TAB 150MG | 2 | |
| VIMPAT TAB 200MG | 2 | |
| ZARONTIN CAP 250MG | 3 | |
| ZARONTIN SOL 250/5ML | 3 | |
| *zonisamide cap 25 mg* | 1 | |
| *zonisamide cap 50 mg* | 1 | |
| *zonisamide cap 100 mg* | 1 | |
| ***ANTIDEMENTIA*** | | |
| ARICEPT TAB 5MG | 3 | |
| ARICEPT TAB 10MG | 3 | |
| ARICEPT TAB 23MG | 3 | |
| *donepezil hydrochloride orally disintegrating tab 5 mg* | 1 | |
| *donepezil hydrochloride orally disintegrating tab 10 mg* | 1 | |
| *donepezil hydrochloride tab 5 mg* | 1 | |
| *donepezil hydrochloride tab 10 mg* | 1 | |
| *donepezil hydrochloride tab 23 mg* | 1 | |
| EXELON CAP 1.5MG | 3 | |
| EXELON CAP 3MG | 3 | |
| EXELON CAP 4.5MG | 3 | |
| EXELON CAP 6MG | 3 | |
| EXELON DIS 4.6MG/24 | 3 | |
| EXELON DIS 9.5MG/24 | 3 | |
| EXELON DIS 13.3/24 | 3 | |
| *galantamine hydrobromide cap er 24hr 8 mg* | 1 | |
| *galantamine hydrobromide cap er 24hr 16 mg* | 1 | |
| *galantamine hydrobromide cap er 24hr 24 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *galantamine hydrobromide oral soln 4 mg/ml* | 1 | |
| *galantamine hydrobromide tab 4 mg* | 1 | |
| *galantamine hydrobromide tab 8 mg* | 1 | |
| *galantamine hydrobromide tab 12 mg* | 1 | |
| *memantine hcl cap er 24hr 7 mg* | 1 | |
| *memantine hcl cap er 24hr 14 mg* | 1 | |
| *memantine hcl cap er 24hr 21 mg* | 1 | |
| *memantine hcl cap er 24hr 28 mg* | 1 | |
| *memantine hcl oral solution 2 mg/ml* | 1 | |
| *memantine hcl tab 5 mg* | 1 | |
| *memantine hcl tab 10 mg* | 1 | |
| *memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack* | 1 | |
| NAMENDA SOL 10MG/5ML | 3 | |
| NAMENDA TAB 5-10MG | 3 | |
| NAMENDA TAB 5MG | 3 | |
| NAMENDA TAB 10MG | 3 | |
| NAMENDA XR CAP 7MG | 3 | |
| NAMENDA XR CAP 14MG | 3 | |
| NAMENDA XR CAP 21MG | 3 | |
| NAMENDA XR CAP 28MG | 3 | |
| NAMENDA XR CAP TITRATIO | 3 | |
| NAMZARIC CAP | 2 | |
| NAMZARIC CAP 7-10MG | 2 | |
| NAMZARIC CAP 14-10MG | 2 | |
| NAMZARIC CAP 21-10MG | 2 | |
| NAMZARIC CAP 28-10MG | 2 | |
| RAZADYNE ER CAP 8MG | 3 | |
| RAZADYNE ER CAP 16MG | 3 | |
| RAZADYNE ER CAP 24MG | 3 | |
| RAZADYNE TAB 4MG | 3 | |
| RAZADYNE TAB 8MG | 3 | |
| RAZADYNE TAB 12MG | 3 | |
| *rivastigmine tartrate cap 1.5 mg (base equivalent)* | 1 | |
| *rivastigmine tartrate cap 3 mg (base equivalent)* | 1 | |
| *rivastigmine tartrate cap 4.5 mg (base equivalent)* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *rivastigmine tartrate cap 6 mg (base equivalent)* | 1 | |
| *rivastigmine td patch 24hr 4.6 mg/24hr* | 1 | |
| *rivastigmine td patch 24hr 9.5 mg/24hr* | 1 | |
| *rivastigmine td patch 24hr 13.3 mg/24hr* | 1 | |
| ***ANTIDEPRESSANTS, MISCELLANEOUS*** | | |
| APLENZIN TAB 174MG | 3 | |
| APLENZIN TAB 348MG | 3 | |
| APLENZIN TAB 522MG | 3 | |
| *bupropion hcl tab 75 mg* | 1 | |
| *bupropion hcl tab 100 mg* | 1 | |
| *bupropion hcl tab er 12hr 100 mg* | 1 | |
| *bupropion hcl tab er 12hr 150 mg* | 1 | |
| *bupropion hcl tab er 12hr 200 mg* | 1 | |
| *bupropion hcl tab er 24hr 150 mg* | 1 | |
| *bupropion hcl tab er 24hr 300 mg* | 1 | |
| *chlordiazepoxide-amitriptyline tab 5-12.5 mg* | 1 | |
| *chlordiazepoxide-amitriptyline tab 10-25 mg* | 1 | |
| FORFIVO XL TAB 450MG | 3 | |
| *maprotiline hcl tab 25 mg* | 1 | |
| *maprotiline hcl tab 50 mg* | 1 | |
| *maprotiline hcl tab 75 mg* | 1 | |
| *mirtazapine orally disintegrating tab 15 mg* | 1 | |
| *mirtazapine orally disintegrating tab 30 mg* | 1 | |
| *mirtazapine orally disintegrating tab 45 mg* | 1 | |
| *mirtazapine tab 7.5 mg* | 1 | |
| *mirtazapine tab 15 mg* | 1 | |
| *mirtazapine tab 30 mg* | 1 | |
| *mirtazapine tab 45 mg* | 1 | |
| REMERON SLTB TAB 15MG | 3 | |
| REMERON SLTB TAB 30MG | 3 | |
| REMERON SLTB TAB 45MG | 3 | |
| REMERON TAB 15MG | 3 | |
| REMERON TAB 30MG | 3 | |
| REMERON TAB 45MG | 3 | |
| *trazodone hcl tab 50 mg* | 1 | |
| *trazodone hcl tab 100 mg* | 1 | |
| *trazodone hcl tab 150 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *trazodone hcl tab 300 mg* | 1 | |
| WELLBUTRIN TAB 75MG | 3 | |
| WELLBUTRIN TAB 100MG | 3 | |
| WELLBUTRIN TAB 100MG SR | 3 | |
| WELLBUTRIN TAB 150MG SR | 3 | |
| WELLBUTRIN TAB 200MG SR | 3 | |
| WELLBUTRIN TAB XL 150MG | 3 | |
| WELLBUTRIN TAB XL 300MG | 3 | |
| ***ANTIDEPRESSANTS, MONOAMINE OXIDASE INHIBITORS (MAOIs)*** | | |
| EMSAM DIS 6MG/24HR | 3 | |
| EMSAM DIS 9MG/24HR | 3 | |
| EMSAM DIS 12MG/24H | 3 | |
| MARPLAN TAB 10MG | 3 | |
| NARDIL TAB 15MG | 2 | |
| PARNATE TAB 10MG | 2 | |
| *phenelzine sulfate tab 15 mg* | 1 | |
| *tranylcypromine sulfate tab 10 mg* | 1 | |
| ***ANTIDEPRESSANTS, SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)*** | | |
| CELEXA TAB 10MG | 3 | |
| CELEXA TAB 20MG | 3 | |
| CELEXA TAB 40MG | 3 | |
| *citalopram hydrobromide oral soln 10 mg/5ml* | 1 | |
| *citalopram hydrobromide tab 10 mg (base equiv)* | 1 | |
| *citalopram hydrobromide tab 20 mg (base equiv)* | 1 | |
| *citalopram hydrobromide tab 40 mg (base equiv)* | 1 | |
| *escitalopram oxalate soln 5 mg/5ml (base equiv)* | 1 | |
| *escitalopram oxalate tab 5 mg (base equiv)* | 1 | |
| *escitalopram oxalate tab 10 mg (base equiv)* | 1 | |
| *escitalopram oxalate tab 20 mg (base equiv)* | 1 | |
| *fluoxetine hcl (pmdd) cap 10 mg* | 1 | |
| *fluoxetine hcl (pmdd) cap 20 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fluoxetine hcl (pmdd) tab 10 mg* | 1 | |
| *fluoxetine hcl (pmdd) tab 20 mg* | 1 | |
| *fluoxetine hcl cap 10 mg* | 1 | |
| *fluoxetine hcl cap 20 mg* | 1 | |
| *fluoxetine hcl cap 40 mg* | 1 | |
| *fluoxetine hcl cap delayed release 90 mg* | 1 | |
| *fluoxetine hcl solution 20 mg/5ml* | 1 | |
| *fluoxetine hcl tab 10 mg* | 1 | |
| *fluoxetine hcl tab 20 mg* | 1 | |
| *fluoxetine hcl tab 60 mg* | 1 | |
| FLUOXETINE TAB 60MG | 3 | |
| LEXAPRO SOL 5MG/5ML | 3 | |
| *paroxetine hcl tab 10 mg* | 1 | |
| *paroxetine hcl tab 20 mg* | 1 | |
| *paroxetine hcl tab 30 mg* | 1 | |
| *paroxetine hcl tab 40 mg* | 1 | |
| *paroxetine hcl tab er 24hr 12.5 mg* | 1 | |
| *paroxetine hcl tab er 24hr 25 mg* | 1 | |
| *paroxetine hcl tab er 24hr 37.5 mg* | 1 | |
| PAXIL CR TAB 12.5MG | 3 | |
| PAXIL CR TAB 25MG | 3 | |
| PAXIL CR TAB 37.5MG | 3 | |
| PAXIL SUS 10MG/5ML | 3 | |
| PAXIL TAB 10MG | 3 | |
| PAXIL TAB 20MG | 3 | |
| PAXIL TAB 30MG | 3 | |
| PAXIL TAB 40MG | 3 | |
| PEXEVA TAB 10MG | 3 | |
| PEXEVA TAB 20MG | 3 | |
| PEXEVA TAB 30MG | 3 | |
| PEXEVA TAB 40MG | 3 | |
| PROZAC WEEKL CAP 90MG | 3 | |
| SARAFEM TAB 10MG | 3 | |
| SARAFEM TAB 20MG | 3 | |
| *sertraline hcl oral concentrate for solution 20 mg/ml* | 1 | |
| *sertraline hcl tab 25 mg* | 1 | |
| *sertraline hcl tab 50 mg* | 1 | |
| *sertraline hcl tab 100 mg* | 1 | |
| TRINTELLIX TAB 5MG | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRINTELLIX TAB 10MG | 2 | |
| TRINTELLIX TAB 20MG | 2 | |
| VIIBRYD KIT STARTER | 2 | |
| VIIBRYD TAB 10MG | 2 | |
| VIIBRYD TAB 20MG | 2 | |
| VIIBRYD TAB 40MG | 2 | |
| ZOLOFT CON 20MG/ML | 3 | |
| ZOLOFT TAB 25MG | 3 | |
| ZOLOFT TAB 50MG | 3 | |
| ZOLOFT TAB 100MG | 3 | |

***ANTIDEPRESSANTS, SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)***

| | | |
|---|---|---|
| DESVENLAFAX TAB 50MG ER | 3 | |
| DESVENLAFAX TAB 100MG ER | 3 | |
| *desvenlafaxine succinate tab er 24hr 25 mg (base equiv)* | 1 | |
| *desvenlafaxine succinate tab er 24hr 50 mg (base equiv)* | 1 | |
| *desvenlafaxine succinate tab er 24hr 100 mg (base equiv)* | 1 | |
| *desvenlafaxine tab er 24hr 50 mg* | 1 | |
| *desvenlafaxine tab er 24hr 100 mg* | 1 | |
| *duloxetine hcl enteric coated pellets cap 20 mg (base eq)* | 1 | |
| *duloxetine hcl enteric coated pellets cap 30 mg (base eq)* | 1 | |
| *duloxetine hcl enteric coated pellets cap 40 mg (base eq)* | 1 | |
| DULOXETINE HCL ENTERIC COATED PELLETS CAP 40 MG (BASE EQ) | 1 | |
| *duloxetine hcl enteric coated pellets cap 60 mg (base eq)* | 1 | |
| FETZIMA CAP 20MG | 3 | |
| FETZIMA CAP 40MG | 3 | |
| FETZIMA CAP 80MG | 3 | |
| FETZIMA CAP 120MG | 3 | |
| FETZIMA CAP TITRATIO | 3 | |
| KHEDEZLA TAB 50MG ER | 3 | |
| KHEDEZLA TAB 100MG ER | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)* | 1 | |
| *venlafaxine hcl cap er 24hr 75 mg (base equivalent)* | 1 | |
| *venlafaxine hcl cap er 24hr 150 mg (base equivalent)* | 1 | |
| *venlafaxine hcl tab 25 mg (base equivalent)* | 1 | |
| *venlafaxine hcl tab 37.5 mg (base equivalent)* | 1 | |
| *venlafaxine hcl tab 50 mg (base equivalent)* | 1 | |
| *venlafaxine hcl tab 75 mg (base equivalent)* | 1 | |
| *venlafaxine hcl tab 100 mg (base equivalent)* | 1 | |
| *venlafaxine hcl tab er 24hr 225 mg (base equivalent)* | 1 | |
| VENLAFAXINE TAB 225MG ER | 3 | |
| ***ANTIDEPRESSANTS, TRICYCLIC ANTIDEPRESSANTS (TCAs)*** | | |
| *amitriptyline hcl tab 10 mg* | 1 | |
| *amitriptyline hcl tab 25 mg* | 1 | |
| *amitriptyline hcl tab 50 mg* | 1 | |
| *amitriptyline hcl tab 75 mg* | 1 | |
| *amitriptyline hcl tab 100 mg* | 1 | |
| *amitriptyline hcl tab 150 mg* | 1 | |
| *amoxapine tab 25 mg* | 1 | |
| *amoxapine tab 50 mg* | 1 | |
| *amoxapine tab 100 mg* | 1 | |
| *amoxapine tab 150 mg* | 1 | |
| *desipramine hcl tab 10 mg* | 1 | |
| *desipramine hcl tab 25 mg* | 1 | |
| *desipramine hcl tab 50 mg* | 1 | |
| *desipramine hcl tab 75 mg* | 1 | |
| *desipramine hcl tab 100 mg* | 1 | |
| *desipramine hcl tab 150 mg* | 1 | |
| *doxepin hcl cap 10 mg* | 1 | |
| *doxepin hcl cap 25 mg* | 1 | |
| *doxepin hcl cap 50 mg* | 1 | |
| *doxepin hcl cap 75 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *doxepin hcl cap 100 mg* | 1 | |
| *doxepin hcl cap 150 mg* | 1 | |
| *doxepin hcl conc 10 mg/ml* | 1 | |
| *imipramine hcl tab 10 mg* | 1 | |
| *imipramine hcl tab 25 mg* | 1 | |
| *imipramine hcl tab 50 mg* | 1 | |
| *imipramine pamoate cap 75 mg* | 1 | |
| *imipramine pamoate cap 100 mg* | 1 | |
| *imipramine pamoate cap 125 mg* | 1 | |
| *imipramine pamoate cap 150 mg* | 1 | |
| NORPRAMIN TAB 10MG | 2 | |
| NORPRAMIN TAB 25MG | 2 | |
| NORPRAMIN TAB 50MG | 2 | |
| NORPRAMIN TAB 75MG | 2 | |
| NORPRAMIN TAB 100MG | 2 | |
| NORPRAMIN TAB 150MG | 2 | |
| *nortriptyline hcl cap 10 mg* | 1 | |
| *nortriptyline hcl cap 25 mg* | 1 | |
| *nortriptyline hcl cap 50 mg* | 1 | |
| *nortriptyline hcl cap 75 mg* | 1 | |
| *nortriptyline hcl soln 10 mg/5ml* | 1 | |
| PAMELOR CAP 10MG | 2 | |
| PAMELOR CAP 25MG | 2 | |
| PAMELOR CAP 50MG | 2 | |
| PAMELOR CAP 75MG | 2 | |
| *protriptyline hcl tab 5 mg* | 1 | |
| *protriptyline hcl tab 10 mg* | 1 | |
| SURMONTIL CAP 25MG | 3 | |
| SURMONTIL CAP 50MG | 3 | |
| SURMONTIL CAP 100MG | 3 | |
| TOFRANIL TAB 10MG | 2 | |
| TOFRANIL TAB 25MG | 2 | |
| TOFRANIL TAB 50MG | 2 | |
| TOFRANIL-PM CAP 75MG | 3 | |
| TOFRANIL-PM CAP 100MG | 3 | |
| TOFRANIL-PM CAP 125MG | 3 | |
| TOFRANIL-PM CAP 150MG | 3 | |
| *trimipramine maleate cap 25 mg* | 1 | |
| *trimipramine maleate cap 50 mg* | 1 | |
| *trimipramine maleate cap 100 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***ANTIPARKINSONIAN AGENTS*** | | |
| *amantadine hcl cap 100 mg* | 1 | |
| *amantadine hcl syrup 50 mg/5ml* | 1 | |
| *amantadine hcl tab 100 mg* | 1 | |
| APOKYN INJ 10MG/ML | 3 | PA |
| AZILECT TAB 0.5MG | 3 | |
| AZILECT TAB 1MG | 3 | |
| *benztropine mesylate tab 0.5 mg* | 1 | |
| *benztropine mesylate tab 1 mg* | 1 | |
| *benztropine mesylate tab 2 mg* | 1 | |
| *bromocriptine mesylate cap 5 mg (base equivalent)* | 1 | |
| *bromocriptine mesylate tab 2.5 mg (base equivalent)* | 1 | |
| *carbidopa & levodopa orally disintegrating tab 10-100 mg* | 1 | |
| *carbidopa & levodopa orally disintegrating tab 25-100 mg* | 1 | |
| *carbidopa & levodopa orally disintegrating tab 25-250 mg* | 1 | |
| *carbidopa & levodopa tab 10-100 mg* | 1 | |
| *carbidopa & levodopa tab 25-100 mg* | 1 | |
| *carbidopa & levodopa tab 25-250 mg* | 1 | |
| *carbidopa & levodopa tab er 25-100 mg* | 1 | |
| *carbidopa & levodopa tab er 50-200 mg* | 1 | |
| *carbidopa tab 25 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 12.5-50-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 18.75-75-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 25-100-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 31.25-125-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 37.5-150-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 50-200-200 mg* | 1 | |
| COMTAN TAB 200MG | 3 | |
| ELDEPRYL CAP 5MG | 3 | |
| *entacapone tab 200 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LODOSYN TAB 25MG | 3 | |
| MIRAPEX ER TAB 0.75MG | 3 | |
| MIRAPEX ER TAB 0.375MG | 3 | |
| MIRAPEX ER TAB 1.5MG | 3 | |
| MIRAPEX ER TAB 2.25MG | 3 | |
| MIRAPEX ER TAB 3.75MG | 3 | |
| MIRAPEX ER TAB 3MG | 3 | |
| MIRAPEX ER TAB 4.5MG | 3 | |
| MIRAPEX TAB 0.5MG | 3 | |
| MIRAPEX TAB 0.25MG | 3 | |
| MIRAPEX TAB 0.75MG | 3 | |
| MIRAPEX TAB 0.125MG | 3 | |
| MIRAPEX TAB 1.5MG | 3 | |
| MIRAPEX TAB 1MG | 3 | |
| NEUPRO DIS 1MG/24HR | 2 | |
| NEUPRO DIS 2MG/24HR | 2 | |
| NEUPRO DIS 3MG/24HR | 2 | |
| NEUPRO DIS 4MG/24HR | 2 | |
| NEUPRO DIS 6MG/24HR | 2 | |
| NEUPRO DIS 8MG/24HR | 2 | |
| PARLODEL CAP 5MG | 3 | |
| PARLODEL TAB 2.5MG | 3 | |
| *pramipexole dihydrochloride tab 0.5 mg* | 1 | |
| *pramipexole dihydrochloride tab 0.25 mg* | 1 | |
| *pramipexole dihydrochloride tab 0.75 mg* | 1 | |
| *pramipexole dihydrochloride tab 0.125 mg* | 1 | |
| *pramipexole dihydrochloride tab 1 mg* | 1 | |
| *pramipexole dihydrochloride tab 1.5 mg* | 1 | |
| *pramipexole dihydrochloride tab er 24hr 0.75 mg* | 1 | |
| *pramipexole dihydrochloride tab er 24hr 0.375 mg* | 1 | |
| *pramipexole dihydrochloride tab er 24hr 1.5 mg* | 1 | |
| *pramipexole dihydrochloride tab er 24hr 2.25 mg* | 1 | |
| *pramipexole dihydrochloride tab er 24hr 3 mg* | 1 | |
| *pramipexole dihydrochloride tab er 24hr 3.75 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *pramipexole dihydrochloride tab er 24hr 4.5 mg* | 1 | |
| *rasagiline mesylate tab 0.5 mg (base equiv)* | 1 | |
| *rasagiline mesylate tab 1 mg (base equiv)* | 1 | |
| REQUIP TAB 0.5MG | 3 | |
| REQUIP TAB 0.25MG | 3 | |
| REQUIP TAB 1MG | 3 | |
| REQUIP TAB 2MG | 3 | |
| REQUIP TAB 3MG | 3 | |
| REQUIP TAB 4MG | 3 | |
| REQUIP TAB 5MG | 3 | |
| REQUIP XL TAB 2MG | 3 | |
| REQUIP XL TAB 4MG | 3 | |
| REQUIP XL TAB 6MG | 3 | |
| REQUIP XL TAB 8MG | 3 | |
| REQUIP XL TAB 12MG | 3 | |
| *ropinirole hydrochloride tab 0.5 mg* | 1 | |
| *ropinirole hydrochloride tab 0.25 mg* | 1 | |
| *ropinirole hydrochloride tab 1 mg* | 1 | |
| *ropinirole hydrochloride tab 2 mg* | 1 | |
| *ropinirole hydrochloride tab 3 mg* | 1 | |
| *ropinirole hydrochloride tab 4 mg* | 1 | |
| *ropinirole hydrochloride tab 5 mg* | 1 | |
| *ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)* | 1 | |
| *ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)* | 1 | |
| *ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)* | 1 | |
| *ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)* | 1 | |
| *ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)* | 1 | |
| RYTARY CAP 95MG | 3 | |
| RYTARY CAP 145MG | 3 | |
| RYTARY CAP 195MG | 3 | |
| RYTARY CAP 245MG | 3 | |
| *selegiline hcl cap 5 mg* | 1 | |
| *selegiline hcl tab 5 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SINEMET CR TAB 25-100MG | 3 | |
| SINEMET CR TAB 50-200MG | 3 | |
| SINEMET TAB 10-100MG | 3 | |
| SINEMET TAB 25-100MG | 3 | |
| SINEMET TAB 25-250MG | 3 | |
| STALEVO 50 TAB | 3 | |
| STALEVO 75 TAB | 3 | |
| STALEVO 100 TAB | 3 | |
| STALEVO 125 TAB | 3 | |
| STALEVO 150 TAB | 3 | |
| STALEVO 200 TAB | 3 | |
| *trihexyphenidyl hcl oral soln 0.4 mg/ml* | 1 | |
| *trihexyphenidyl hcl tab 2 mg* | 1 | |
| *trihexyphenidyl hcl tab 5 mg* | 1 | |
| ZELAPAR TAB 1.25MG | 3 | |
| ***ANTIPSYCHOTICS, ATYPICALS*** | | |
| ABILIFY MAIN INJ 300MG | 3 | |
| ABILIFY MAIN INJ 400MG | 3 | |
| *aripiprazole oral solution 1 mg/ml* | 1 | |
| *aripiprazole orally disintegrating tab 10 mg* | 1 | |
| *aripiprazole orally disintegrating tab 15 mg* | 1 | |
| *aripiprazole tab 2 mg* | 1 | |
| *aripiprazole tab 5 mg* | 1 | |
| *aripiprazole tab 10 mg* | 1 | |
| ARIPIPRAZOLE TAB 10MG ODT | 1 | |
| *aripiprazole tab 15 mg* | 1 | |
| ARIPIPRAZOLE TAB 15MG ODT | 1 | |
| *aripiprazole tab 20 mg* | 1 | |
| *aripiprazole tab 30 mg* | 1 | |
| ARISTADA INJ 441MG/1. | 2 | |
| ARISTADA INJ 662MG/2 | 2 | |
| ARISTADA INJ 882MG/3 | 2 | |
| ARISTADA INJ 1064MG | 2 | |
| ARISTADA INJ INITIO | 2 | |
| *clozapine orally disintegrating tab 12.5 mg* | 1 | |
| *clozapine orally disintegrating tab 25 mg* | 1 | |
| *clozapine orally disintegrating tab 100 mg* | 1 | |
| *clozapine orally disintegrating tab 150 mg* | 1 | |
| *clozapine orally disintegrating tab 200 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clozapine tab 25 mg* | 1 | |
| *clozapine tab 50 mg* | 1 | |
| *clozapine tab 100 mg* | 1 | |
| *clozapine tab 200 mg* | 1 | |
| CLOZARIL TAB 25MG | 3 | |
| CLOZARIL TAB 100MG | 3 | |
| FAZACLO TAB 12.5 ODT | 3 | |
| FAZACLO TAB 25MG ODT | 3 | |
| FAZACLO TAB 100 ODT | 3 | |
| FAZACLO TAB 150 ODT | 3 | |
| FAZACLO TAB 200 ODT | 3 | |
| GEODON CAP 20MG | 3 | |
| GEODON CAP 40MG | 3 | |
| GEODON CAP 60MG | 3 | |
| GEODON CAP 80MG | 3 | |
| GEODON INJ 20MG | 3 | |
| INVEGA SUST INJ 39/0.25 | 3 | |
| INVEGA SUST INJ 78/0.5ML | 3 | |
| INVEGA SUST INJ 117/0.75 | 3 | |
| INVEGA SUST INJ 156MG/ML | 3 | |
| INVEGA SUST INJ 234/1.5 | 3 | |
| INVEGA TAB 1.5MG | 3 | |
| INVEGA TAB 3MG | 3 | |
| INVEGA TAB 6MG | 3 | |
| INVEGA TAB 9MG | 3 | |
| INVEGA TRINZ INJ 273MG | 3 | |
| INVEGA TRINZ INJ 410MG | 3 | |
| INVEGA TRINZ INJ 546MG | 3 | |
| INVEGA TRINZ INJ 819MG | 3 | |
| LATUDA TAB 20MG | 2 | |
| LATUDA TAB 40MG | 2 | |
| LATUDA TAB 60MG | 2 | |
| LATUDA TAB 80MG | 2 | |
| LATUDA TAB 120MG | 2 | |
| NUPLAZID CAP 34MG | 3 | PA |
| NUPLAZID TAB 10MG | 3 | PA |
| *olanzapine for im inj 10 mg* | 3 | |
| *olanzapine orally disintegrating tab 5 mg* | 1 | |
| *olanzapine orally disintegrating tab 10 mg* | 1 | |
| *olanzapine orally disintegrating tab 15 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *olanzapine orally disintegrating tab 20 mg* | 1 | |
| *olanzapine tab 2.5 mg* | 1 | |
| *olanzapine tab 5 mg* | 1 | |
| *olanzapine tab 7.5 mg* | 1 | |
| *olanzapine tab 10 mg* | 1 | |
| *olanzapine tab 15 mg* | 1 | |
| *olanzapine tab 20 mg* | 1 | |
| *paliperidone tab er 24hr 1.5 mg* | 1 | |
| *paliperidone tab er 24hr 3 mg* | 1 | |
| *paliperidone tab er 24hr 6 mg* | 1 | |
| *paliperidone tab er 24hr 9 mg* | 1 | |
| PERSERIS INJ 90MG | 3 | |
| PERSERIS INJ 120MG | 3 | |
| *quetiapine fumarate tab 25 mg* | 1 | |
| *quetiapine fumarate tab 50 mg* | 1 | |
| *quetiapine fumarate tab 100 mg* | 1 | |
| *quetiapine fumarate tab 200 mg* | 1 | |
| *quetiapine fumarate tab 300 mg* | 1 | |
| *quetiapine fumarate tab 400 mg* | 1 | |
| *quetiapine fumarate tab er 24hr 50 mg* | 1 | |
| *quetiapine fumarate tab er 24hr 150 mg* | 1 | |
| *quetiapine fumarate tab er 24hr 200 mg* | 1 | |
| *quetiapine fumarate tab er 24hr 300 mg* | 1 | |
| *quetiapine fumarate tab er 24hr 400 mg* | 1 | |
| REXULTI TAB 0.5MG | 3 | |
| REXULTI TAB 0.25MG | 3 | |
| REXULTI TAB 1MG | 3 | |
| REXULTI TAB 2MG | 3 | |
| REXULTI TAB 3MG | 3 | |
| REXULTI TAB 4MG | 3 | |
| RISPERDAL INJ 12.5MG | 3 | |
| RISPERDAL INJ 25MG | 3 | |
| RISPERDAL INJ 37.5MG | 3 | |
| RISPERDAL INJ 50MG | 3 | |
| RISPERDAL M TAB 0.5MG | 3 | |
| RISPERDAL M TAB 1MG | 3 | |
| RISPERDAL M TAB 2MG | 3 | |
| RISPERDAL M TAB 3MG | 3 | |
| RISPERDAL M TAB 4MG | 3 | |
| RISPERDAL SOL 1MG/ML | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| RISPERDAL TAB 0.5MG | 3 | |
| RISPERDAL TAB 0.25MG | 3 | |
| RISPERDAL TAB 1MG | 3 | |
| RISPERDAL TAB 2MG | 3 | |
| RISPERDAL TAB 3MG | 3 | |
| RISPERDAL TAB 4MG | 3 | |
| *risperidone orally disintegrating tab 0.5 mg* | 1 | |
| *risperidone orally disintegrating tab 0.25 mg* | 1 | |
| *risperidone orally disintegrating tab 1 mg* | 1 | |
| *risperidone orally disintegrating tab 2 mg* | 1 | |
| *risperidone orally disintegrating tab 3 mg* | 1 | |
| *risperidone orally disintegrating tab 4 mg* | 1 | |
| *risperidone soln 1 mg/ml* | 1 | |
| *risperidone tab 0.5 mg* | 1 | |
| *risperidone tab 0.25 mg* | 1 | |
| *risperidone tab 1 mg* | 1 | |
| *risperidone tab 2 mg* | 1 | |
| *risperidone tab 3 mg* | 1 | |
| *risperidone tab 4 mg* | 1 | |
| SAPHRIS SUB 2.5MG | 3 | |
| SAPHRIS SUB 5MG | 3 | |
| SAPHRIS SUB 10MG | 3 | |
| SEROQUEL TAB 25MG | 3 | |
| SEROQUEL TAB 50MG | 3 | |
| SEROQUEL TAB 100MG | 3 | |
| SEROQUEL TAB 200MG | 3 | |
| SEROQUEL TAB 300MG | 3 | |
| SEROQUEL TAB 400MG | 3 | |
| VERSACLOZ SUS 50MG/ML | 3 | |
| VRAYLAR CAP 1.5-3MG | 2 | |
| VRAYLAR CAP 1.5MG | 2 | |
| VRAYLAR CAP 3MG | 2 | |
| VRAYLAR CAP 4.5MG | 2 | |
| VRAYLAR CAP 6MG | 2 | |
| *ziprasidone hcl cap 20 mg* | 1 | |
| *ziprasidone hcl cap 40 mg* | 1 | |
| *ziprasidone hcl cap 60 mg* | 1 | |
| *ziprasidone hcl cap 80 mg* | 1 | |
| ZYPREXA RELP INJ 210MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZYPREXA RELP INJ 300MG | 3 | |
| ZYPREXA RELP INJ 405MG | 3 | |
| ZYPREXA TAB 2.5MG | 3 | |
| ZYPREXA TAB 5MG | 3 | |
| ZYPREXA TAB 7.5MG | 3 | |
| ZYPREXA TAB 10MG | 3 | |
| ZYPREXA TAB 15MG | 3 | |
| ZYPREXA TAB 20MG | 3 | |
| ZYPREXA ZYDI TAB 5MG | 3 | |
| ZYPREXA ZYDI TAB 10MG | 3 | |
| ZYPREXA ZYDI TAB 15MG | 3 | |
| ZYPREXA ZYDI TAB 20MG | 3 | |
| ***ANTIPSYCHOTICS, MISCELLANEOUS*** | | |
| ADASUVE INH 10MG | 3 | |
| CHLORPROMAZ INJ 25MG/ML | 3 | |
| CHLORPROMAZ INJ 50MG/2ML | 3 | |
| *chlorpromazine hcl tab 10 mg* | 1 | |
| *chlorpromazine hcl tab 25 mg* | 1 | |
| *chlorpromazine hcl tab 50 mg* | 1 | |
| *chlorpromazine hcl tab 100 mg* | 1 | |
| *chlorpromazine hcl tab 200 mg* | 1 | |
| *fluphenazine decanoate inj 25 mg/ml* | 1 | |
| *fluphenazine hcl elixir 2.5 mg/5ml* | 1 | |
| *fluphenazine hcl inj 2.5 mg/ml* | 1 | |
| *fluphenazine hcl oral conc 5 mg/ml* | 1 | |
| *fluphenazine hcl tab 1 mg* | 1 | |
| *fluphenazine hcl tab 2.5 mg* | 1 | |
| *fluphenazine hcl tab 5 mg* | 1 | |
| *fluphenazine hcl tab 10 mg* | 1 | |
| HALDOL INJ 5MG/ML | 1 | |
| *haloperidol decanoate im soln 50 mg/ml* | 1 | |
| *haloperidol decanoate im soln 100 mg/ml* | 1 | |
| *haloperidol lactate oral conc 2 mg/ml* | 1 | |
| *haloperidol tab 0.5 mg* | 1 | |
| *haloperidol tab 1 mg* | 1 | |
| *haloperidol tab 2 mg* | 1 | |
| *haloperidol tab 5 mg* | 1 | |
| *haloperidol tab 10 mg* | 1 | |
| *haloperidol tab 20 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *loxapine succinate cap 5 mg* | 1 | |
| *loxapine succinate cap 10 mg* | 1 | |
| *loxapine succinate cap 25 mg* | 1 | |
| *loxapine succinate cap 50 mg* | 1 | |
| *molindone hcl tab 5 mg* | 1 | |
| *molindone hcl tab 10 mg* | 1 | |
| *molindone hcl tab 25 mg* | 1 | |
| ORAP TAB 1MG | 3 | |
| ORAP TAB 2MG | 3 | |
| *perphenazine tab 2 mg* | 1 | |
| *perphenazine tab 4 mg* | 1 | |
| *perphenazine tab 8 mg* | 1 | |
| *perphenazine tab 16 mg* | 1 | |
| *perphenazine-amitriptyline tab 2-10 mg* | 1 | |
| *perphenazine-amitriptyline tab 2-25 mg* | 1 | |
| *perphenazine-amitriptyline tab 4-10 mg* | 1 | |
| *perphenazine-amitriptyline tab 4-25 mg* | 1 | |
| *perphenazine-amitriptyline tab 4-50 mg* | 1 | |
| *pimozide tab 1 mg* | 1 | |
| *pimozide tab 2 mg* | 1 | |
| *thioridazine hcl tab 10 mg* | 1 | |
| *thioridazine hcl tab 25 mg* | 1 | |
| *thioridazine hcl tab 50 mg* | 1 | |
| *thioridazine hcl tab 100 mg* | 1 | |
| *thiothixene cap 1 mg* | 1 | |
| *thiothixene cap 2 mg* | 1 | |
| *thiothixene cap 5 mg* | 1 | |
| *thiothixene cap 10 mg* | 1 | |
| *trifluoperazine hcl tab 1 mg (base equivalent)* | 1 | |
| *trifluoperazine hcl tab 2 mg (base equivalent)* | 1 | |
| *trifluoperazine hcl tab 5 mg (base equivalent)* | 1 | |
| *trifluoperazine hcl tab 10 mg (base equivalent)* | 1 | |
| ***ATTENTION DEFICIT HYPERACTIVITY DISORDER*** | | |
| ADDERALL TAB 5MG | 3 | QL (90 tabs / 25 days) |
| ADDERALL TAB 7.5MG | 3 | QL (90 tabs / 25 days) |
| ADDERALL TAB 10MG | 3 | QL (90 tabs / 25 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ADDERALL TAB 12.5MG | 3 | QL (90 tabs / 25 days) |
| ADDERALL TAB 15MG | 3 | QL (60 tabs / 25 days) |
| ADDERALL TAB 20MG | 3 | QL (60 tabs / 25 days) |
| ADDERALL TAB 30MG | 3 | QL (30 tabs / 25 days) |
| *adderall xr cap 5mg* | 1 | QL (90 caps / 25 days) |
| *adderall xr cap 10mg* | 1 | QL (90 caps / 25 days) |
| *adderall xr cap 15mg* | 1 | QL (30 caps / 25 days) |
| *adderall xr cap 20mg* | 1 | QL (30 caps / 25 days) |
| *adderall xr cap 25mg* | 1 | QL (30 caps / 25 days) |
| *adderall xr cap 30mg* | 1 | QL (30 caps / 25 days) |
| ADZENYS ER SUS 1.25MG | 3 | QL (450 mL / 25 days) |
| ADZENYS XR TAB 3.1MG | 3 | QL (60 ea / 25 days) |
| ADZENYS XR TAB 6.3MG | 3 | QL (60 ea / 25 days) |
| ADZENYS XR TAB 9.4MG | 3 | QL (60 ea / 25 days) |
| ADZENYS XR TAB 12.5MG | 3 | QL (30 ea / 25 days) |
| ADZENYS XR TAB 15.7 MG | 3 | QL (30 ea / 25 days) |
| ADZENYS XR TAB 18.8MG | 3 | QL (30 ea / 25 days) |
| *amphetamine-dextroamphetamine tab 5 mg* | 1 | QL (90 tabs / 25 days) |
| *amphetamine-dextroamphetamine tab 7.5 mg* | 1 | QL (90 tabs / 25 days) |
| *amphetamine-dextroamphetamine tab 10 mg* | 1 | QL (90 tabs / 25 days) |
| *amphetamine-dextroamphetamine tab 12.5 mg* | 1 | QL (90 tabs / 25 days) |
| *amphetamine-dextroamphetamine tab 15 mg* | 1 | QL (60 tabs / 25 days) |
| *amphetamine-dextroamphetamine tab 20 mg* | 1 | QL (60 tabs / 25 days) |
| *amphetamine-dextroamphetamine tab 30 mg* | 1 | QL (30 tabs / 25 days) |
| APTENSIO XR CAP 10MG | 3 | QL (60 caps / 25 days) |
| APTENSIO XR CAP 15MG | 3 | QL (60 caps / 25 days) |
| APTENSIO XR CAP 20MG | 3 | QL (60 caps / 25 days) |
| APTENSIO XR CAP 30MG | 3 | QL (60 caps / 25 days) |
| APTENSIO XR CAP 40MG | 3 | QL (30 caps / 25 days) |
| APTENSIO XR CAP 50MG | 3 | QL (30 caps / 25 days) |
| APTENSIO XR CAP 60MG | 3 | QL (30 caps / 25 days) |
| *atomoxetine hcl cap 10 mg (base equiv)* | 1 | QL (120 caps / 25 days) |
| *atomoxetine hcl cap 18 mg (base equiv)* | 1 | QL (120 caps / 25 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *atomoxetine hcl cap 25 mg (base equiv)* | 1 | QL (120 caps / 25 days) |
| *atomoxetine hcl cap 40 mg (base equiv)* | 1 | QL (60 caps / 25 days) |
| *atomoxetine hcl cap 60 mg (base equiv)* | 1 | QL (30 caps / 25 days) |
| *atomoxetine hcl cap 80 mg (base equiv)* | 1 | QL (30 caps / 25 days) |
| *atomoxetine hcl cap 100 mg (base equiv)* | 1 | QL (30 caps / 25 days) |
| CONCERTA TAB 18MG | 1 | QL (60 tabs / 25 days) |
| CONCERTA TAB 27MG | 1 | QL (60 tabs / 25 days) |
| CONCERTA TAB 36MG | 1 | QL (60 tabs / 25 days) |
| CONCERTA TAB 54MG | 1 | QL (30 tabs / 25 days) |
| DAYTRANA DIS 10MG/9HR | 3 | QL (30 patches / 25 days) |
| DAYTRANA DIS 15MG/9HR | 3 | QL (30 patches / 25 days) |
| DAYTRANA DIS 20MG/9HR | 3 | QL (30 patches / 25 days) |
| DAYTRANA DIS 30MG/9HR | 3 | QL (30 patches / 25 days) |
| DESOXYN TAB 5MG | 3 | QL (150 tabs / 25 days) |
| DEXEDRINE CAP 5MG CR | 3 | QL (120 caps / 25 days) |
| DEXEDRINE CAP 10MG CR | 3 | QL (120 caps / 25 days) |
| DEXEDRINE CAP 15MG CR | 3 | QL (60 caps / 25 days) |
| *dexmethylphenidate hcl cap er 24 hr 5 mg* | 1 | QL (60 caps / 25 days) |
| *dexmethylphenidate hcl cap er 24 hr 10 mg* | 1 | QL (60 caps / 25 days) |
| *dexmethylphenidate hcl cap er 24 hr 15 mg* | 1 | QL (60 caps / 25 days) |
| *dexmethylphenidate hcl cap er 24 hr 20 mg* | 1 | QL (60 caps / 25 days) |
| *dexmethylphenidate hcl cap er 24 hr 25 mg* | 1 | QL (30 caps / 25 days) |
| *dexmethylphenidate hcl cap er 24 hr 30 mg* | 1 | QL (30 caps / 25 days) |
| *dexmethylphenidate hcl cap er 24 hr 35 mg* | 1 | QL (30 caps / 25 days) |
| *dexmethylphenidate hcl cap er 24 hr 40 mg* | 1 | QL (30 caps / 25 days) |
| *dexmethylphenidate hcl tab 2.5 mg* | 1 | QL (120 tabs / 25 days) |
| *dexmethylphenidate hcl tab 5 mg* | 1 | QL (120 tabs / 25 days) |
| *dexmethylphenidate hcl tab 10 mg* | 1 | QL (60 tabs / 25 days) |
| *dextroamphetamine sulfate cap er 24hr 5 mg* | 1 | QL (120 caps / 25 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *dextroamphetamine sulfate cap er 24hr 10 mg* | 1 | QL (120 caps / 25 days) |
| *dextroamphetamine sulfate cap er 24hr 15 mg* | 1 | QL (60 caps / 25 days) |
| *dextroamphetamine sulfate oral solution 5 mg/5ml* | 1 | QL (1200 mL / 25 days) |
| DEXTROAMPHETAMINE SULFATE ORAL SOLUTION 5 MG/5ML | 3 | QL (1200 mL / 25 days) |
| *dextroamphetamine sulfate tab 2.5 mg* | 1 | QL (120 tabs / 25 days) |
| *dextroamphetamine sulfate tab 5 mg* | 1 | QL (120 tabs / 25 days) |
| *dextroamphetamine sulfate tab 7.5 mg* | 1 | QL (120 tabs / 25 days) |
| *dextroamphetamine sulfate tab 10 mg* | 1 | QL (120 tabs / 25 days) |
| *dextroamphetamine sulfate tab 15 mg* | 1 | QL (60 tabs / 25 days) |
| *dextroamphetamine sulfate tab 20 mg* | 1 | QL (60 tabs / 25 days) |
| *dextroamphetamine sulfate tab 30 mg* | 1 | QL (30 tabs / 25 days) |
| DYANAVEL XR SUS 2.5MG/ML | 3 | QL (240 mL / 25 days) |
| FOCALIN TAB 2.5MG | 3 | QL (120 tabs / 25 days) |
| FOCALIN TAB 5MG | 3 | QL (120 tabs / 25 days) |
| FOCALIN TAB 10MG | 3 | QL (60 tabs / 25 days) |
| FOCALIN XR CAP 5MG | 3 | QL (60 caps / 25 days) |
| FOCALIN XR CAP 10MG | 3 | QL (60 caps / 25 days) |
| FOCALIN XR CAP 15MG | 3 | QL (60 caps / 25 days) |
| FOCALIN XR CAP 20MG | 3 | QL (60 caps / 25 days) |
| FOCALIN XR CAP 25MG | 3 | QL (30 caps / 25 days) |
| FOCALIN XR CAP 30MG | 3 | QL (30 caps / 25 days) |
| FOCALIN XR CAP 35MG | 3 | QL (30 caps / 25 days) |
| FOCALIN XR CAP 40MG | 3 | QL (30 caps / 25 days) |
| *guanfacine hcl tab er 24hr 1 mg (base equiv)* | 1 | |
| *guanfacine hcl tab er 24hr 2 mg (base equiv)* | 1 | |
| *guanfacine hcl tab er 24hr 3 mg (base equiv)* | 1 | |
| *guanfacine hcl tab er 24hr 4 mg (base equiv)* | 1 | |
| METADATE CD CAP 10MG | 3 | QL (60 caps / 25 days) |
| METADATE CD CAP 20MG | 3 | QL (60 caps / 25 days) |
| METADATE CD CAP 30MG | 3 | QL (60 caps / 25 days) |
| METADATE CD CAP 40MG | 3 | QL (30 caps / 25 days) |
| METADATE CD CAP 50MG | 3 | QL (30 caps / 25 days) |
| METADATE CD CAP 60MG | 3 | QL (30 caps / 25 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| METHYLIN CHW 2.5MG | 2 | QL (180 tabs / 25 days) |
| METHYLIN CHW 5MG | 2 | QL (180 tabs / 25 days) |
| METHYLIN CHW 10MG | 2 | QL (180 tabs / 25 days) |
| METHYLIN SOL 5MG/5ML | 3 | QL (1800 mL / 25 days) |
| METHYLIN SOL 10MG/5ML | 3 | QL (900 mL / 25 days) |
| *methylphenid tab 72mg er* | 3 | QL (30 tabs / 25 days) |
| *methylphenidate hcl cap er 10 mg (cd)* | 1 | QL (60 caps / 25 days) |
| *methylphenidate hcl cap er 20 mg (cd)* | 1 | QL (60 caps / 25 days) |
| *methylphenidate hcl cap er 24hr 10 mg (la)* | 1 | QL (60 caps / 25 days) |
| *methylphenidate hcl cap er 24hr 20 mg (la)* | 1 | QL (60 caps / 25 days) |
| *methylphenidate hcl cap er 24hr 30 mg (la)* | 1 | QL (60 caps / 25 days) |
| *methylphenidate hcl cap er 24hr 40 mg (la)* | 1 | QL (30 caps / 25 days) |
| *methylphenidate hcl cap er 30 mg (cd)* | 1 | QL (60 caps / 25 days) |
| *methylphenidate hcl cap er 40 mg (cd)* | 1 | QL (30 caps / 25 days) |
| *methylphenidate hcl cap er 50 mg (cd)* | 1 | QL (30 caps / 25 days) |
| *methylphenidate hcl cap er 60 mg (cd)* | 1 | QL (30 caps / 25 days) |
| *methylphenidate hcl chew tab 2.5 mg* | 1 | QL (180 tabs / 25 days) |
| *methylphenidate hcl chew tab 5 mg* | 1 | QL (180 tabs / 25 days) |
| *methylphenidate hcl chew tab 10 mg* | 1 | QL (180 tabs / 25 days) |
| *methylphenidate hcl soln 5 mg/5ml* | 1 | QL (1800 mL / 25 days) |
| *methylphenidate hcl soln 10 mg/5ml* | 1 | QL (900 mL / 25 days) |
| *methylphenidate hcl tab 5 mg* | 1 | QL (180 tabs / 25 days) |
| *methylphenidate hcl tab 10 mg* | 1 | QL (180 tabs / 25 days) |
| *methylphenidate hcl tab 20 mg* | 1 | QL (900 tabs / 25 days) |
| *methylphenidate hcl tab er 10 mg* | 1 | QL (90 tabs / 25 days) |
| *methylphenidate hcl tab er 20 mg* | 1 | QL (90 tabs / 25 days) |
| MYDAYIS CAP 12.5MG | 2 | QL (60 caps / 25 days) |
| MYDAYIS CAP 25MG | 2 | QL (60 caps / 25 days) |
| MYDAYIS CAP 37.5MG | 2 | QL (30 caps / 25 days) |
| MYDAYIS CAP 50MG | 2 | QL (30 caps / 25 days) |
| QUILLICHEW CHW 20MG ER | 3 | QL (60 tabs / 25 days) |
| QUILLICHEW CHW 30MG ER | 3 | QL (60 tabs / 25 days) |
| QUILLICHEW CHW 40MG ER | 3 | QL (30 tabs / 25 days) |
| QUILLIVANT SUS 25MG/5ML | 3 | QL (360 mL / 25 days) |
| RITALIN LA CAP 10MG | 3 | QL (60 caps / 25 days) |
| RITALIN LA CAP 20MG | 3 | QL (60 caps / 25 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| RITALIN LA CAP 30MG | 3 | QL (60 caps / 25 days) |
| RITALIN LA CAP 40MG | 3 | QL (30 caps / 25 days) |
| RITALIN LA CAP 60MG | 3 | QL (30 caps / 25 days) |
| RITALIN TAB 5MG | 3 | QL (180 tabs / 25 days) |
| RITALIN TAB 10MG | 3 | QL (180 tabs / 25 days) |
| RITALIN TAB 20MG | 3 | QL (900 tabs / 25 days) |
| STRATTERA CAP 10MG | 3 | QL (120 caps / 25 days) |
| STRATTERA CAP 18MG | 3 | QL (120 caps / 25 days) |
| STRATTERA CAP 25MG | 3 | QL (120 caps / 25 days) |
| STRATTERA CAP 40MG | 3 | QL (60 caps / 25 days) |
| STRATTERA CAP 60MG | 3 | QL (30 caps / 25 days) |
| STRATTERA CAP 80MG | 3 | QL (30 caps / 25 days) |
| STRATTERA CAP 100MG | 3 | QL (30 caps / 25 days) |
| VYVANSE CAP 10MG | 2 | QL (60 caps / 25 days) |
| VYVANSE CAP 20MG | 2 | QL (60 caps / 25 days) |
| VYVANSE CAP 30MG | 2 | QL (60 caps / 25 days) |
| VYVANSE CAP 40MG | 2 | QL (30 caps / 25 days) |
| VYVANSE CAP 50MG | 2 | QL (30 caps / 25 days) |
| VYVANSE CAP 60MG | 2 | QL (30 caps / 25 days) |
| VYVANSE CAP 70MG | 2 | QL (30 caps / 25 days) |
| VYVANSE CHW 10MG | 2 | QL (60 tabs / 25 days) |
| VYVANSE CHW 20MG | 2 | QL (60 tabs / 25 days) |
| VYVANSE CHW 30MG | 2 | QL (60 tabs / 25 days) |
| VYVANSE CHW 40MG | 2 | QL (30 tabs / 25 days) |
| VYVANSE CHW 50MG | 2 | QL (30 tabs / 25 days) |
| VYVANSE CHW 60MG | 2 | QL (30 tabs / 25 days) |
| ***FIBROMYALGIA*** | | |
| LYRICA CAP 25MG | 3 | QL (120 caps per month) |
| LYRICA CAP 50MG | 3 | QL (120 caps per month) |
| LYRICA CAP 75MG | 3 | QL (120 caps per month) |
| LYRICA CAP 100MG | 3 | QL (120 caps per month) |
| LYRICA CAP 150MG | 3 | QL (120 caps per month) |
| LYRICA CAP 200MG | 3 | QL (90 caps per month) |
| LYRICA CAP 225MG | 3 | QL (90 caps per month) |
| LYRICA CAP 300MG | 3 | QL (90 caps per month) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LYRICA SOL 20MG/ML | 3 | QL (900 mL per month) |
| *pregabalin cap 25 mg* | 1 | QL (120 caps per month) |
| *pregabalin cap 50 mg* | 1 | QL (120 caps per month) |
| *pregabalin cap 75 mg* | 1 | QL (120 caps per month) |
| *pregabalin cap 100 mg* | 1 | QL (120 caps per month) |
| *pregabalin cap 150 mg* | 1 | QL (120 caps per month) |
| *pregabalin cap 200 mg* | 1 | QL (90 caps per month) |
| *pregabalin cap 225 mg* | 1 | QL (90 caps per month) |
| *pregabalin cap 300 mg* | 1 | QL (90 caps per month) |
| *pregabalin soln 20 mg/ml* | 1 | |
| SAVELLA MIS TITR PAK | 3 | |
| SAVELLA TAB 12.5MG | 3 | |
| SAVELLA TAB 25MG | 3 | |
| SAVELLA TAB 50MG | 3 | |
| SAVELLA TAB 100MG | 3 | |
| ***HUNTINGTON'S DISEASE AGENTS*** | | |
| AUSTEDO TAB 6MG | 2 | PA |
| AUSTEDO TAB 9MG | 2 | PA |
| AUSTEDO TAB 12MG | 2 | PA |
| *tetrabenazine tab 12.5 mg* | 1 | PA |
| *tetrabenazine tab 25 mg* | 1 | PA |
| ***HYPNOTICS, BENZODIAZEPINES*** | | |
| *estazolam tab 1 mg* | 1 | |
| *estazolam tab 2 mg* | 1 | |
| HALCION TAB 0.25MG | 3 | |
| *midazolam hcl syrup 2 mg/ml (base equivalent)* | 1 | |
| RESTORIL CAP 7.5MG | 3 | |
| RESTORIL CAP 15MG | 3 | |
| RESTORIL CAP 22.5MG | 3 | |
| RESTORIL CAP 30MG | 3 | |
| *temazepam cap 7.5 mg* | 1 | |
| *temazepam cap 15 mg* | 1 | |
| *temazepam cap 22.5 mg* | 1 | |
| *temazepam cap 30 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *triazolam tab 0.25 mg* | 1 | |
| *triazolam tab 0.125 mg* | 1 | |
| ***HYPNOTICS, NON-BENZODIAZEPINES*** | | |
| AMBIEN CR TAB 6.25MG | 3 | |
| AMBIEN CR TAB 12.5MG | 3 | |
| AMBIEN TAB 5MG | 3 | |
| AMBIEN TAB 10MG | 3 | |
| BELSOMRA TAB 5MG | 2 | |
| BELSOMRA TAB 10MG | 2 | |
| BELSOMRA TAB 15MG | 2 | |
| BELSOMRA TAB 20MG | 2 | |
| BUTISOL SOD TAB 30MG | 3 | |
| BUTISOL SOD TAB 50MG | 3 | |
| EDLUAR SUB 5MG | 3 | |
| EDLUAR SUB 10MG | 3 | |
| *eszopiclone tab 1 mg* | 1 | |
| *eszopiclone tab 2 mg* | 1 | |
| *eszopiclone tab 3 mg* | 1 | |
| HETLIOZ CAP 20MG | 3 | PA |
| *ramelteon tab 8 mg* | 1 | |
| SONATA CAP 5MG | 3 | |
| SONATA CAP 10MG | 3 | |
| *zaleplon cap 5 mg* | 1 | |
| *zaleplon cap 10 mg* | 1 | |
| *zolpidem tartrate sl tab 1.75 mg* | 1 | |
| *zolpidem tartrate sl tab 3.5 mg* | 1 | |
| *zolpidem tartrate tab 5 mg* | 1 | |
| *zolpidem tartrate tab 10 mg* | 1 | |
| *zolpidem tartrate tab er 6.25 mg* | 1 | |
| *zolpidem tartrate tab er 12.5 mg* | 1 | |
| ***HYPNOTICS, TRICYCLICS*** | | |
| SILENOR TAB 3MG | 2 | |
| SILENOR TAB 6MG | 2 | |
| ***MIGRAINE, ERGOTAMINE DERIVATIVES*** | | |
| D.H.E. 45 INJ 1MG/ML | 2 | |
| *dihydroergotamine mesylate inj 1 mg/ml* | 1 | |
| ERGOMAR SUB 2MG | 3 | |
| *ergotamine w/ caffeine tab 1-100 mg* | 1 | |
| MIGRANAL SPR 4MG/ML | 3 | QL (8 per month) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***MIGRAINE, MISCELLANEOUS*** | | |
| NURTEC CHW 75MG ODT | 2 | |
| UBRELVY TAB 50MG | 3 | |
| UBRELVY TAB 100MG | 3 | |
| ***MIGRAINE, MONOCLONAL ANTIBODIES*** | | |
| AIMOVIG INJ 70MG/ML | 2 | |
| AIMOVIG INJ 140MG/ML | 2 | |
| AJOVY INJ 225/1.5 | 2 | |
| AJOVY INJ 225/1.5 | 2 | ST |
| EMGALITY INJ 120MG/ML | 2 | ST |
| ***MIGRAINE, SELECTIVE SEROTONIN AGONIST/NSAID COMBINATIONS*** | | |
| *sumatriptan-naproxen sodium tab 85-500 mg* | 1 | QL (9 tabs per month) |
| TREXIMET TAB 10-60MG | 2 | QL (9 tablets per month) |
| TREXIMET TAB 85-500MG | 2 | QL (9 tabs per month) |
| ***MIGRAINE, SELECTIVE SEROTONIN AGONISTS*** | | |
| *almotriptan malate tab 6.25 mg* | 1 | QL (12 tabs per month) |
| *almotriptan malate tab 12.5 mg* | 1 | QL (12 tabs per month) |
| ALSUMA INJ 6MG/0.5 | 3 | QL (12 inj per month) |
| AMERGE TAB 1MG | 3 | QL (12 tabs per month) |
| AMERGE TAB 2.5MG | 3 | QL (12 tabs per month) |
| AXERT TAB 6.25MG | 3 | QL (12 tabs per month) |
| AXERT TAB 12.5MG | 3 | QL (12 tabs per month) |
| *eletriptan hydrobromide tab 20 mg (base equivalent)* | 1 | QL (12 tabs per month) |
| *eletriptan hydrobromide tab 40 mg (base equivalent)* | 1 | QL (12 tabs per month) |
| FROVA TAB 2.5MG | 3 | QL (18 tabs per month) |
| *frovatriptan succinate tab 2.5 mg (base equivalent)* | 1 | QL (18 tabs per month) |
| IMITREX INJ 4MG/0.5 | 3 | QL (12 inj per month) |
| IMITREX INJ 6MG/0.5 | 3 | QL (12 inj per month) |
| IMITREX SPR 5MG/ACT | 3 | QL (24 per month) |
| IMITREX SPR 20MG/ACT | 3 | QL (12 per month) |
| IMITREX TAB 25MG | 3 | QL (12 tabs per month) |
| IMITREX TAB 50MG | 3 | QL (12 tabs per month) |
| IMITREX TAB 100MG | 3 | QL (12 tabs per month) |
| MAXALT TAB 5MG | 3 | QL (18 tabs per month) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MAXALT TAB 10MG | 3 | QL (18 tabs per month) |
| MAXALT-MLT TAB 5MG | 3 | QL (18 ea per month) |
| MAXALT-MLT TAB 10MG | 3 | QL (18 ea per month) |
| *naratriptan hcl tab 1 mg (base equiv)* | 1 | QL (12 tabs per month) |
| *naratriptan hcl tab 2.5 mg (base equiv)* | 1 | QL (12 tabs per month) |
| ONZETRA XSAI MIS 11MG | 2 | QL (1 kit per month) |
| RELPAX TAB 20MG | 3 | QL (12 tabs per month) |
| RELPAX TAB 40MG | 3 | QL (12 tabs per month) |
| REYVOW TAB 50MG | 3 | |
| REYVOW TAB 100MG | 3 | |
| *rizatriptan benzoate oral disintegrating tab 5 mg (base eq)* | 1 | QL (18 ea per month) |
| *rizatriptan benzoate oral disintegrating tab 10 mg (base eq)* | 1 | QL (18 ea per month) |
| *rizatriptan benzoate tab 5 mg (base equivalent)* | 1 | QL (18 tabs per month) |
| *rizatriptan benzoate tab 10 mg (base equivalent)* | 1 | QL (18 tabs per month) |
| *sumatriptan nasal spray 5 mg/act* | 1 | QL (24 per month) |
| *sumatriptan nasal spray 20 mg/act* | 1 | QL (12 per month) |
| *sumatriptan succinate inj 6 mg/0.5ml* | 1 | QL (12 inj per month) |
| *sumatriptan succinate solution auto-injector 4 mg/0.5ml* | 1 | QL (12 inj per month) |
| *sumatriptan succinate solution auto-injector 6 mg/0.5ml* | 1 | QL (12 inj per month) |
| *sumatriptan succinate solution cartridge 4 mg/0.5ml* | 1 | QL (12 inj per month) |
| *sumatriptan succinate solution cartridge 6 mg/0.5ml* | 1 | QL (12 inj per month) |
| *sumatriptan succinate solution prefilled syringe 6 mg/0.5ml* | 1 | QL (12 inj per month) |
| *sumatriptan succinate tab 25 mg* | 1 | QL (12 tabs per month) |
| *sumatriptan succinate tab 50 mg* | 1 | QL (12 tabs per month) |
| *sumatriptan succinate tab 100 mg* | 1 | QL (12 tabs per month) |
| ZEMBRACE SYM INJ 3/0.5ML | 2 | QL (24 inj per month) |
| *zolmitriptan orally disintegrating tab 2.5 mg* | 1 | QL (12 ea per month) |
| *zolmitriptan orally disintegrating tab 5 mg* | 1 | QL (12 ea per month) |
| *zolmitriptan tab 2.5 mg* | 1 | QL (12 tabs per month) |
| *zolmitriptan tab 5 mg* | 1 | QL (12 tabs per month) |
| ZOMIG SPR 2.5MG | 2 | QL (12 units per month) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZOMIG SPR 5MG | 2 | QL (12 units per month) |
| ZOMIG TAB 2.5MG | 3 | QL (12 tabs per month) |
| ZOMIG TAB 5MG | 3 | QL (12 tabs per month) |
| ZOMIG ZMT TAB 2.5 MG | 3 | QL (12 ea per month) |
| ZOMIG ZMT TAB 5MG ODT | 3 | QL (12 ea per month) |
| ***MISCELLANEOUS*** | | |
| FIRDAPSE TAB 10MG | 3 | PA |
| GUANIDINE TAB 125MG | 3 | |
| RILUTEK TAB 50MG | 3 | |
| *riluzole tab 50 mg* | 1 | |
| ***MOOD STABILIZERS*** | | |
| EQUETRO CAP 100MG | 3 | |
| EQUETRO CAP 200MG | 3 | |
| EQUETRO CAP 300MG | 3 | |
| *lithium carbonate cap 150 mg* | 1 | |
| *lithium carbonate cap 300 mg* | 1 | |
| *lithium carbonate cap 600 mg* | 1 | |
| *lithium carbonate tab 300 mg* | 1 | |
| *lithium carbonate tab er 300 mg* | 1 | |
| *lithium carbonate tab er 450 mg* | 1 | |
| LITHIUM SOL 8MEQ/5ML | 3 | |
| LITHOBID TAB 300MG CR | 2 | |
| ***MULTIPLE SCLEROSIS*** | | |
| AMPYRA TAB 10MG | 3 | PA |
| AUBAGIO TAB 7MG | 2 | PA |
| AUBAGIO TAB 14MG | 2 | PA |
| BETASERON INJ 0.3MG | 2 | PA |
| COPAXONE INJ 20MG/ML | 2 | PA |
| COPAXONE INJ 40MG/ML | 2 | PA |
| GILENYA CAP 0.5MG | 2 | PA |
| *glatiramer acetate soln prefilled syringe 20 mg/ml* | 1 | PA |
| *glatiramer acetate soln prefilled syringe 40 mg/ml* | 1 | PA |
| MAYZENT TAB 0.25MG | 2 | PA |
| MAYZENT TAB 2MG | 2 | PA |
| REBIF INJ 22/0.5 | 2 | PA |
| REBIF INJ 44/0.5 | 2 | PA |
| REBIF REBIDO INJ 22/0.5 | 2 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| REBIF REBIDO INJ 44/0.5 | 2 | PA |
| REBIF REBIDO INJ TITRATN | 2 | PA |
| REBIF TITRTN INJ PACK | 2 | PA |
| TECFIDERA CAP 120MG | 2 | PA |
| TECFIDERA CAP 240MG | 2 | PA |
| TECFIDERA MIS STARTER | 2 | PA |
| VUMERITY CAP 231MG | 2 | PA |
| ***MULTIPLE SCLEROSIS AGENTS*** | | |
| MAVENCLAD PAK 10MG (4) | 3 | PA |
| MAVENCLAD PAK 10MG (5) | 3 | PA |
| MAVENCLAD PAK 10MG (6) | 3 | PA |
| MAVENCLAD PAK 10MG (7) | 3 | PA |
| MAVENCLAD PAK 10MG (8) | 3 | PA |
| MAVENCLAD PAK 10MG (9) | 3 | PA |
| MAVENCLAD PAK 10MG(4) | 3 | PA |
| MAVENCLAD PAK 10MG(5) | 3 | PA |
| MAVENCLAD PAK 10MG(6) | 3 | PA |
| MAVENCLAD PAK 10MG(7) | 3 | PA |
| MAVENCLAD PAK 10MG(8) | 3 | PA |
| MAVENCLAD PAK 10MG(9) | 3 | PA |
| MAVENCLAD PAK 10MG(10) | 3 | PA |
| ***MUSCULOSKELETAL THERAPY AGENTS*** | | |
| BACLOFEN TAB 5MG | 3 | |
| *baclofen tab 10 mg* | 1 | |
| *baclofen tab 20 mg* | 1 | |
| *carisoprodol tab 250 mg* | 1 | |
| *carisoprodol tab 350 mg* | 1 | |
| *carisoprodol w/ aspirin & codeine tab 200-325-16 mg* | 1 | |
| *carisoprodol w/ aspirin tab 200-325 mg* | 1 | |
| *chlorzoxazone tab 375 mg* | 1 | |
| *chlorzoxazone tab 500 mg* | 1 | |
| *chlorzoxazone tab 750 mg* | 1 | |
| *cyclobenzaprine hcl cap er 24hr 15 mg* | 1 | |
| *cyclobenzaprine hcl cap er 24hr 30 mg* | 1 | |
| *cyclobenzaprine hcl tab 5 mg* | 1 | |
| *cyclobenzaprine hcl tab 10 mg* | 1 | |
| DANTRIUM CAP 25MG | 2 | |
| DANTRIUM CAP 50MG | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *dantrolene sodium cap 25 mg* | 1 | |
| *dantrolene sodium cap 50 mg* | 1 | |
| *dantrolene sodium cap 100 mg* | 1 | |
| LORZONE TAB 375MG | 3 | |
| LORZONE TAB 750MG | 3 | |
| *metaxalone tab 400 mg* | 1 | |
| *metaxalone tab 800 mg* | 1 | |
| *methocarbamol tab 500 mg* | 1 | |
| *methocarbamol tab 750 mg* | 1 | |
| *orphenadrine citrate tab er 12hr 100 mg* | 1 | |
| *orphenadrine w/ aspirin & caffeine tab 25-385-30 mg* | 1 | |
| PARAFON FORT TAB 500MG | 2 | |
| ROBAXIN TAB 500MG | 2 | |
| ROBAXIN-750 TAB 750MG | 2 | |
| SKELAXIN TAB 800MG | 2 | |
| SOMA TAB 250MG | 3 | |
| SOMA TAB 350MG | 3 | |
| *tizanidine hcl cap 2 mg (base equivalent)* | 1 | |
| *tizanidine hcl cap 4 mg (base equivalent)* | 1 | |
| *tizanidine hcl cap 6 mg (base equivalent)* | 1 | |
| *tizanidine hcl tab 2 mg (base equivalent)* | 1 | |
| *tizanidine hcl tab 4 mg (base equivalent)* | 1 | |
| ZANAFLEX CAP 2MG | 3 | |
| ZANAFLEX CAP 4MG | 3 | |
| ZANAFLEX CAP 6MG | 3 | |
| ZANAFLEX TAB 4MG | 2 | |
| ***MYASTHENIA GRAVIS*** | | |
| MESTINON SOL 60MG/5ML | 3 | |
| MESTINON TAB 60MG | 3 | |
| MESTINON TAB TIMESPAN | 3 | |
| *pyridostigmine bromide tab 60 mg* | 1 | |
| *pyridostigmine bromide tab er 180 mg* | 1 | |
| ***NARCOLEPSY/CATAPLEXY*** | | |
| *armodafinil tab 50 mg* | 1 | PA |
| *armodafinil tab 150 mg* | 1 | PA |
| *armodafinil tab 200 mg* | 1 | PA |
| *armodafinil tab 250 mg* | 1 | PA |
| *modafinil tab 100 mg* | 1 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *modafinil tab 200 mg* | 1 | PA |
| PROVIGIL TAB 100MG | 3 | PA |
| PROVIGIL TAB 200MG | 3 | PA |
| XYREM SOL 500MG/ML | 3 | PA |
| ***POSTHERPETIC NEURALGIA (PHN)*** | | |
| GRALISE STAR MIS 300/600 | 2 | |
| GRALISE TAB 300MG | 2 | |
| GRALISE TAB 600MG | 2 | |
| ***PSYCHOTHERAPEUTIC-MISCELLANEOUS, ALCOHOL DETERRENTS*** | | |
| *acamprosate calcium tab delayed release 333 mg* | 1 | |
| ANTABUSE TAB 250MG | 2 | |
| ANTABUSE TAB 500MG | 2 | |
| *disulfiram tab 250 mg* | 1 | |
| *disulfiram tab 500 mg* | 1 | |
| ***PSYCHOTHERAPEUTIC-MISCELLANEOUS, OPIOID ANTAGONISTS*** | | |
| *naloxone hcl inj 0.4 mg/ml* | 1 | |
| *naltrexone hcl tab 50 mg* | 1 | |
| NARCAN SPR | 2 | |
| ***PSYCHOTHERAPEUTIC-MISCELLANEOUS, PARTIAL OPIOID AGONIST/OPIOID ANTAGONIST COMBINATIONS*** | | |
| BUNAVAIL MIS 2.1-0.3 | 3 | |
| BUNAVAIL MIS 4.2-0.7 | 3 | |
| BUNAVAIL MIS 6.3-1MG | 3 | |
| *buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)* | 1 | |
| *buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)* | 1 | |
| *buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)* | 1 | |
| *buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)* | 1 | |
| *buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)* | 1 | |
| *buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)* | 1 | |
| SUBOXONE MIS 2-0.5MG | 2 | |
| SUBOXONE MIS 4-1MG | 2 | |
| SUBOXONE MIS 8-2MG | 2 | |
| ZUBSOLV SUB 0.7-0.18 | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZUBSOLV SUB 1.4-0.36 | 2 | |
| ZUBSOLV SUB 2.9-0.71 | 2 | |
| ZUBSOLV SUB 5.7-1.4 | 2 | |
| ZUBSOLV SUB 8.6-2.1 | 2 | |
| ***PSYCHOTHERAPEUTIC-MISCELLANEOUS, PARTIAL OPIOID AGONISTS*** | | |
| *buprenorphine hcl sl tab 2 mg (base equiv)* | 1 | |
| *buprenorphine hcl sl tab 8 mg (base equiv)* | 1 | |
| ***PSYCHOTHERAPEUTIC-MISCELLANEOUS, PSEUDOBULBAR AFFECT AGENTS*** | | |
| NUEDEXTA CAP 20-10MG | 2 | |
| ***PSYCHOTHERAPEUTIC-MISCELLANEOUS, SMOKING DETERRENTS*** | | |
| *bupropion hcl (smoking deterrent) tab er 12hr 150 mg* | 0 | $0 limited to 2 treatment cycles/year |
| CHANTIX PAK 0.5& 1MG | 0 | $0 limited to 2 treatment cycles/year |
| CHANTIX PAK 1MG | 0 | $0 limited to 2 treatment cycles/year |
| CHANTIX TAB 0.5MG | 0 | $0 limited to 2 treatment cycles/year |
| *nicotine polacrilex gum 2 mg* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine polacrilex gum 4 mg* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine polacrilex lozenge 2 mg* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine polacrilex lozenge 4 mg* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine td patch 24hr 7 mg/24hr* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine td patch 24hr 14 mg/24hr* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine td patch 24hr 21 mg/24hr* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| NICOTROL INH | 0 | $0 limited to 2 treatment cycles/year |
| NICOTROL NS SPR 10MG/ML | 0 | $0 limited to 2 treatment cycles/year |
| ZYBAN TAB 150MG SR | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***PSYCHOTHERAPEUTIC-MISCELLANEOUS, VASOMOTOR SYMPTOM AGENTS*** | | |
| BRISDELLE CAP 7.5MG | 3 | |
| *paroxetine mesylate cap 7.5 mg (base equiv)* | 1 | |
| ***TARDIVE DYSKINESIA*** | | |
| INGREZZA CAP 40-80MG | 2 | PA |
| INGREZZA CAP 40MG | 2 | PA |
| INGREZZA CAP 80MG | 2 | PA |
| **ENDOCRINE AND METABOLIC** | | |
| ***ACROMEGALY*** | | |
| *octreotide acetate inj 50 mcg/ml (0.05 mg/ml)* | 1 | PA |
| *octreotide acetate inj 100 mcg/ml (0.1 mg/ml)* | 1 | PA |
| *octreotide acetate inj 200 mcg/ml (0.2 mg/ml)* | 1 | PA |
| *octreotide acetate inj 500 mcg/ml (0.5 mg/ml)* | 1 | PA |
| *octreotide acetate inj 1000 mcg/ml (1 mg/ml)* | 1 | PA |
| SANDOSTATIN INJ 50MCG/ML | 3 | PA |
| SANDOSTATIN INJ 100MCG | 3 | PA |
| SANDOSTATIN INJ 200MCG | 3 | PA |
| SANDOSTATIN INJ 500MCG | 3 | PA |
| SANDOSTATIN INJ 1000MCG | 3 | PA |
| SOMAVERT INJ 10MG | 2 | PA |
| SOMAVERT INJ 15MG | 2 | PA |
| SOMAVERT INJ 20MG | 2 | PA |
| SOMAVERT INJ 25MG | 2 | PA |
| SOMAVERT INJ 30MG | 2 | PA |
| ***ANDROGENS*** | | |
| ANDRODERM DIS 2MG/24HR | 2 | |
| ANDRODERM DIS 4MG/24HR | 2 | |
| ANDROGEL GEL 1.62% | 3 | |
| AXIRON SOL 30MG/ACT | 3 | |
| OXANDRIN TAB 2.5MG | 3 | |
| OXANDRIN TAB 10MG | 3 | |
| *oxandrolone tab 2.5 mg* | 1 | |
| *oxandrolone tab 10 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| STRIANT MIS 30MG | 3 | |
| *testosterone td gel 10mg/act (2%)* | 1 | |
| *testosterone td gel 25 mg/2.5gm (1%)* | 1 | |
| *testosterone td gel 50 mg/5gm (1%)* | 1 | |
| *testosterone td soln 30 mg/act* | 1 | |
| XYOSTED INJ 50/0.5 | 3 | |
| XYOSTED INJ 75/0.5 | 3 | |
| XYOSTED INJ 100/0.5 | 3 | |
| ***ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS*** | | |
| *acarbose tab 25 mg* | 1 | |
| *acarbose tab 50 mg* | 1 | |
| *acarbose tab 100 mg* | 1 | |
| GLYSET TAB 25MG | 3 | |
| GLYSET TAB 50MG | 3 | |
| GLYSET TAB 100MG | 3 | |
| *miglitol tab 25 mg* | 1 | |
| *miglitol tab 50 mg* | 1 | |
| *miglitol tab 100 mg* | 1 | |
| PRECOSE TAB 25MG | 2 | |
| PRECOSE TAB 50MG | 2 | |
| PRECOSE TAB 100MG | 2 | |
| ***ANTIDIABETICS, AMYLIN ANALOGS*** | | |
| SYMLINPEN 60 INJ 1000MCG | 2 | |
| SYMLNPEN 120 INJ 1000MCG | 2 | |
| ***ANTIDIABETICS, BIGUANIDE/SULFONYLUREA COMBINATIONS*** | | |
| *glipizide-metformin hcl tab 2.5-250 mg* | 1 | |
| *glipizide-metformin hcl tab 2.5-500 mg* | 1 | |
| *glipizide-metformin hcl tab 5-500 mg* | 1 | |
| GLUCOVANCE TAB 1.25-250 | 3 | |
| GLUCOVANCE TAB 2.5-500 | 3 | |
| GLUCOVANCE TAB 5-500MG | 3 | |
| *glyburide-metformin tab 1.25-250 mg* | 1 | |
| *glyburide-metformin tab 2.5-500 mg* | 1 | |
| *glyburide-metformin tab 5-500 mg* | 1 | |
| ***ANTIDIABETICS, BIGUANIDES*** | | |
| GLUCOPHAGE TAB 500MG | 3 | |
| GLUCOPHAGE TAB 500MG XR | 3 | |
| GLUCOPHAGE TAB 750MG XR | 3 | |
| GLUCOPHAGE TAB 850MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| GLUCOPHAGE TAB 1000MG | 3 | |
| *metformin hcl tab 500 mg* | 1 | |
| *metformin hcl tab 850 mg* | 1 | |
| *metformin hcl tab 1000 mg* | 1 | |
| *metformin hcl tab er 24hr 500 mg* | 1 | |
| *metformin hcl tab er 24hr 750 mg* | 1 | |
| ***ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR/BIGUANIDE COMBINATIONS*** | | |
| JANUMET TAB 50-500MG | 2 | |
| JANUMET TAB 50-1000 | 2 | |
| JANUMET XR TAB 50-500MG | 2 | |
| JANUMET XR TAB 50-1000 | 2 | |
| JANUMET XR TAB 100-1000 | 2 | |
| ***ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** | | |
| JANUVIA TAB 25MG | 2 | |
| JANUVIA TAB 50MG | 2 | |
| JANUVIA TAB 100MG | 2 | |
| ***ANTIDIABETICS, INCRETIN MIMETIC AGENT/INSULIN COMBINATIONS*** | | |
| SOLIQUA INJ 100/33 | 2 | QL (10 Pens Per Month) |
| XULTOPHY INJ 100/3.6 | 2 | QL (5 Pens Per Month) |
| ***ANTIDIABETICS, INCRETIN MIMETIC AGENTS*** | | |
| OZEMPIC INJ 2/1.5ML | 2 | QL (1 Pen Per Month); Starter Pen |
| OZEMPIC INJ 2/1.5ML | 2 | QL (3 Pens Per Month) |
| RYBELSUS TAB 3MG | 2 | |
| RYBELSUS TAB 7MG | 2 | |
| RYBELSUS TAB 14MG | 2 | |
| TRULICITY INJ 0.75/0.5 | 2 | QL (4 Pens Per Month) |
| TRULICITY INJ 1.5/0.5 | 2 | QL (4 Pens Per Month) |
| VICTOZA INJ 18MG/3ML | 2 | QL (3 Pens Per Month) |
| ***ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATIONS*** | | |
| ACTOPLUS MET TAB 15-500MG | 3 | |
| ACTOPLUS MET TAB 15-850MG | 3 | |
| ACTOPLUS MET TAB XR | 3 | |
| *pioglitazone hcl-metformin hcl tab 15-500 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *pioglitazone hcl-metformin hcl tab 15-850 mg* | 1 | |
| ***ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATIONS*** | | |
| DUETACT TAB 30-2MG | 3 | |
| DUETACT TAB 30-4MG | 3 | |
| *pioglitazone hcl-glimepiride tab 30-2 mg* | 1 | |
| *pioglitazone hcl-glimepiride tab 30-4 mg* | 1 | |
| ***ANTIDIABETICS, INSULIN SENSITIZERS*** | | |
| *pioglitazone hcl tab 15 mg (base equiv)* | 1 | |
| *pioglitazone hcl tab 30 mg (base equiv)* | 1 | |
| *pioglitazone hcl tab 45 mg (base equiv)* | 1 | |
| ***ANTIDIABETICS, INSULINS*** | | |
| BASAGLAR INJ 100UNIT | 2 | |
| FIASP FLEX INJ TOUCH | 2 | |
| FIASP INJ 100/ML | 2 | |
| FIASP PENFIL INJ U-100 | 2 | |
| HUMULIN R INJ U-500 | 2 | |
| LEVEMIR INJ | 2 | |
| LEVEMIR INJ FLEXTOUC | 2 | |
| NOVOLIN INJ 70/30 | 2 | |
| NOVOLIN INJ FLEXPEN | 2 | |
| NOVOLIN N INJ U-100 | 2 | |
| NOVOLIN R INJ U-100 | 2 | |
| NOVOLOG INJ 100/ML | 2 | |
| NOVOLOG INJ FLEXPEN | 2 | |
| NOVOLOG INJ PENFILL | 2 | |
| NOVOLOG MIX INJ 70/30 | 2 | |
| NOVOLOG MIX INJ FLEXPEN | 2 | |
| TRESIBA FLEX INJ 100UNIT | 2 | |
| TRESIBA FLEX INJ 200UNIT | 2 | |
| TRESIBA INJ 100UNIT | 2 | |
| ***ANTIDIABETICS, MEGLITINIDE/BIGUANIDE COMBINATIONS*** | | |
| PRANDIMET TAB 1-500MG | 3 | |
| PRANDIMET TAB 2-500MG | 3 | |
| *repaglinide-metformin hcl tab 1-500 mg* | 1 | |
| *repaglinide-metformin hcl tab 2-500 mg* | 1 | |
| ***ANTIDIABETICS, MEGLITINIDES*** | | |
| *nateglinide tab 60 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *nateglinide tab 120 mg* | 1 | |
| PRANDIN TAB 0.5MG | 3 | |
| PRANDIN TAB 1MG | 3 | |
| PRANDIN TAB 2MG | 3 | |
| *repaglinide tab 0.5 mg* | 1 | |
| *repaglinide tab 1 mg* | 1 | |
| *repaglinide tab 2 mg* | 1 | |
| STARLIX TAB 60MG | 3 | |
| STARLIX TAB 120MG | 3 | |
| ***ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR/BIGUANIDE COMB*** | | |
| SYNJARDY TAB | 2 | |
| SYNJARDY TAB 5-500MG | 2 | |
| SYNJARDY TAB 5-1000MG | 2 | |
| SYNJARDY TAB 12.5-500 | 2 | |
| SYNJARDY XR TAB | 2 | |
| SYNJARDY XR TAB 5-1000MG | 2 | |
| SYNJARDY XR TAB 10-1000 | 2 | |
| SYNJARDY XR TAB 25-1000 | 2 | |
| XIGDUO XR TAB 2.5-1000 | 2 | |
| XIGDUO XR TAB 5-500MG | 2 | |
| XIGDUO XR TAB 5-1000MG | 2 | |
| XIGDUO XR TAB 10-500MG | 2 | |
| XIGDUO XR TAB 10-1000 | 2 | |
| ***ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS*** | | |
| FARXIGA TAB 5MG | 2 | |
| FARXIGA TAB 10MG | 2 | |
| JARDIANCE TAB 10MG | 2 | |
| JARDIANCE TAB 25MG | 2 | |
| ***ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR/DPP-4 INHIBITOR COMB*** | | |
| GLYXAMBI TAB 10-5 MG | 2 | |
| GLYXAMBI TAB 25-5 MG | 2 | |
| ***ANTIDIABETICS, SULFONYLUREAS*** | | |
| AMARYL TAB 1MG | 3 | |
| AMARYL TAB 2MG | 3 | |
| AMARYL TAB 4MG | 3 | |
| *chlorpropamide tab 100 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *chlorpropamide tab 250 mg* | 1 | |
| *glimepiride tab 1 mg* | 1 | |
| *glimepiride tab 2 mg* | 1 | |
| *glimepiride tab 4 mg* | 1 | |
| *glipizide tab 5 mg* | 1 | |
| *glipizide tab 10 mg* | 1 | |
| *glipizide tab er 24hr 2.5 mg* | 1 | |
| *glipizide tab er 24hr 5 mg* | 1 | |
| *glipizide tab er 24hr 10 mg* | 1 | |
| GLUCOTROL TAB 5MG | 3 | |
| GLUCOTROL TAB 10MG | 3 | |
| GLUCOTROL XL TAB 2.5MG | 3 | |
| GLUCOTROL XL TAB 5MG | 3 | |
| GLUCOTROL XL TAB 10MG | 3 | |
| *glyburide micronized tab 1.5 mg* | 1 | |
| *glyburide micronized tab 3 mg* | 1 | |
| *glyburide micronized tab 6 mg* | 1 | |
| *glyburide tab 1.25 mg* | 1 | |
| *glyburide tab 2.5 mg* | 1 | |
| *glyburide tab 5 mg* | 1 | |
| GLYNASE TAB 1.5MG | 3 | |
| GLYNASE TAB 3MG | 3 | |
| GLYNASE TAB 6MG | 3 | |
| *tolbutamide tab 500 mg* | 1 | |
| ***ANTIDIABETICS, SUPPLIES*** | | |
| ACCU-CHEK TES AVIVA PL | 0 | QL (204 test strips per month) |
| ACCU-CHEK TES COMPACT | 0 | QL (204 test strips per month) |
| ACCU-CHEK TES GUIDE | 0 | QL (204 test strips per month) |
| ACCU-CHEK TES SMART | 0 | QL (204 test strips per month) |
| ACETEST TAB TABLETS | 0 | |
| ACTIVE 1ST MIS LANC 30G | 0 | |
| AUTOLET LITE KIT STARTER | 0 | |
| BD ULTRAFINE INSULIN SYRINGES/NEEDLES | 0 | |
| BD ULTRAFINE PEN NEEDLES | 0 | |
| CARDIO CHEK MIS KIT | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DEXCOM G5 MIS RECEIVER | 2 | |
| DEXCOM G5 MIS TRANSMIT | 2 | |
| DEXCOM G6 MIS RECEIVER | 2 | |
| DEXCOM G6 MIS SENSOR | 2 | |
| DEXCOM G6 MIS TRANSMIT | 2 | |
| DIASTIX TES STRIPS | 0 | |
| FINGERSTIX MIS LANCETS | 0 | |
| FORA LANCETS MIS 30G | 0 | |
| FREESTYLE MIS READER | 3 | FREESTYLE LIBRE |
| FREESTYLE TES | 0 | QL (204 test strips per month), PA |
| FREESTYLE TES INSULINX | 0 | QL (204 test strips per month), PA |
| FREESTYLE TES LITE | 0 | QL (204 test strips per month), PA |
| G4 PLAT PED MIS RVC/SHAR | 2 | |
| G4 PLATINUM MIS PEDIATRC | 2 | |
| G4 PLATINUM MIS RCV/SHAR | 2 | |
| G4 PLATINUM MIS RECEIVER | 2 | |
| G4 PLATINUM MIS TRANSMIT | 2 | |
| G4 SENSOR MIS | 2 | |
| G5/G4 MIS SENSOR | 2 | |
| GOODSENSE MIS LANC 30G | 0 | |
| INCONTROL MIS LANC 33G | 0 | |
| KETO-DIASTIX TES | 0 | |
| MONOJECTOR MIS END CAPS | 0 | |
| OMNIPOD KIT STARTER | 2 | QL (1 kit per year) |
| OMNIPOD MIS 5 PACK | 2 | QL (6 packs per month) |
| OMNIPOD MIS 10 PACK | 2 | QL (3 packs per month) |
| PEN NEEDLES MIS 31GX8MM | 0 | |
| PTS PANELS TES KETONE | 0 | |
| READYLANCE MIS 30G | 0 | |
| RELION KETON TES | 0 | |
| SAFETY 28G MIS LANCETS | 0 | |
| SURE COMFORT MIS LANC 18G | 0 | |
| SURE COMFORT MIS LANC 21G | 0 | |
| SURE COMFORT MIS LANC 23G | 0 | |
| SURE COMFORT MIS LANC 30G | 0 | |
| TOPCARE MIS LANC 33G | 0 | |
| TRAVEL LANCE MIS ADV 28G | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| UNILET LANCT MIS 28G | 0 | |
| UNILET LANCT MIS 30G | 0 | |
| UNILET LANCT MIS 33G | 0 | |
| UNISTIK TOUC MIS LANC 21G | 0 | |
| UNISTIK TOUC MIS LANC 23G | 0 | |
| UNISTIK TOUC MIS LANC 28G | 0 | |
| UNISTIK TOUC MIS LANC 30G | 0 | |
| V-GO 20 KIT | 2 | QL (1 kit per month) |
| V-GO 30 KIT | 2 | QL (1 kit per month) |
| V-GO 40 KIT | 2 | QL (1 kit per month) |
| ***ANTIDOTES*** | | |
| CA-DTPA SOL 1000MG | 3 | |
| CHEMET CAP 100MG | 3 | |
| RADIOGARDASE CAP 0.5GM | 3 | |
| ZN-DTPA SOL 1000MG | 3 | |
| ***CALCIUM RECEPTOR ANTAGONISTS*** | | |
| SENSIPAR TAB 30MG | 2 | PA |
| SENSIPAR TAB 60MG | 2 | PA |
| SENSIPAR TAB 90MG | 2 | PA |
| ***CALCIUM REGULATORS, BISPHOSPHONATES*** | | |
| ACTONEL TAB 5MG | 3 | |
| ACTONEL TAB 30MG | 3 | |
| ACTONEL TAB 35MG | 3 | |
| ACTONEL TAB 150MG | 3 | |
| *alendronate sodium oral soln 70 mg/75ml* | 1 | |
| *alendronate sodium tab 5 mg* | 1 | |
| *alendronate sodium tab 10 mg* | 1 | |
| *alendronate sodium tab 35 mg* | 1 | |
| *alendronate sodium tab 40 mg* | 1 | |
| *alendronate sodium tab 70 mg* | 1 | |
| ATELVIA TAB | 3 | |
| BINOSTO TAB 70MG | 3 | |
| BONIVA TAB 150MG | 3 | |
| FOSAMAX + D TAB 70-2800 | 3 | |
| FOSAMAX + D TAB 70-5600 | 3 | |
| FOSAMAX TAB 70MG | 3 | |
| *ibandronate sodium tab 150 mg (base equivalent)* | 1 | |
| *risedronate sodium tab 5 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *risedronate sodium tab 30 mg* | 1 | |
| *risedronate sodium tab 35 mg* | 1 | |
| *risedronate sodium tab 150 mg* | 1 | |
| *risedronate sodium tab delayed release 35 mg* | 1 | |
| ***CALCIUM REGULATORS, CALCITONINS*** | | |
| *calcitonin (salmon) nasal soln 200 unit/act* | 1 | |
| FORTICAL SPR 200/ACT | 3 | |
| ***CALCIUM REGULATORS, PARATHYROID HORMONES*** | | |
| FORTEO SOL 600/2.4 | 2 | PA |
| NATPARA INJ 25MCG | 3 | PA |
| NATPARA INJ 50MCG | 3 | PA |
| NATPARA INJ 75MCG | 3 | PA |
| NATPARA INJ 100MCG | 3 | PA |
| TYMLOS INJ | 2 | PA |
| ***CARNITINE DEFICIENCY AGENTS*** | | |
| *levocarnitine oral soln 1 gm/10ml (10%)* | 1 | |
| *levocarnitine tab 330 mg* | 1 | |
| ***CONTRACEPTIVES, BIPHASIC*** | | |
| *desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)* | 0 | |
| LO LOESTRIN TAB 1-10-10 | 2 | |
| MIRCETTE TAB 28 DAY | 2 | |
| NECON TAB 10/11-28 | 0 | |
| ***CONTRACEPTIVES, CONTINUOUS*** | | |
| *levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg* | 0 | |
| ***CONTRACEPTIVES, EMERGENCY CONTRACEPTION*** | | |
| ELLA TAB 30MG | 0 | |
| *levonorgestrel tab 1.5 mg* | 0 | |
| ***CONTRACEPTIVES, EXTENDED CYCLE*** | | |
| *levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg* | 0 | |
| *levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)* | 0 | |
| *levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)* | 0 | |
| *levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg* | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| QUARTETTE TAB | 0 | |
| ***CONTRACEPTIVES, IMPLANT*** | | |
| NEXPLANON IMP 68MG | 0 | |
| ***CONTRACEPTIVES, INJECTABLE*** | | |
| DEPO-PROVERA INJ 150MG/ML | 2 | |
| DEPO-SQ PROV INJ 104 | 0 | |
| *medroxyprogesterone acetate im susp 150 mg/ml* | 0 | |
| *medroxyprogesterone acetate im susp prefilled syr 150 mg/ml* | 0 | |
| ***CONTRACEPTIVES, MISCELLANEOUS*** | | |
| CAYA DPR | 0 | |
| ENCARE SUP 100MG | 0 | OTC |
| FC FEMALE MIS CONDOM | 0 | OTC |
| FEMCAP MIS 26MM | 0 | |
| FEMCAP MIS 30MM | 0 | |
| GYNOL II GEL 3% | 0 | OTC |
| *nonoxynol-9 gel 4%* | 0 | OTC |
| OMNIFLEX DPR | 0 | |
| ORTHO COIL DPR KIT 50 | 0 | |
| ORTHO COIL DPR KIT 100 | 0 | |
| ORTHO COIL DPR KIT 105 | 0 | |
| ORTHO FLAT DPR KIT 55 | 0 | |
| ORTHO FLAT DPR KIT 60 | 0 | |
| ORTHO FLAT DPR KIT 65 | 0 | |
| ORTHO FLAT DPR KIT 70 | 0 | |
| ORTHO FLAT DPR KIT 75 | 0 | |
| ORTHO FLAT DPR KIT 80 | 0 | |
| ORTHO FLAT DPR KIT 85 | 0 | |
| ORTHO FLAT DPR KIT 90 | 0 | |
| ORTHO FLAT DPR KIT 95 | 0 | |
| PRENTIF MIS 22MM | 0 | |
| PRENTIF MIS 25MM | 0 | |
| PRENTIF MIS 28MM | 0 | |
| PRENTIF MIS 31MM | 0 | |
| PRENTIF MIS FITTING | 0 | |
| SHUR-SEAL GEL 2% | 0 | OTC |
| TODAY SPONGE MIS | 0 | OTC |
| VCF VAGINAL AER CONTRACP | 0 | OTC |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VCF VAGINAL MIS CONTRACP | 0 | OTC |
| WIDE-SEAL DPR KIT 60 | 0 | |
| WIDE-SEAL DPR KIT 65 | 0 | |
| WIDE-SEAL DPR KIT 70 | 0 | |
| WIDE-SEAL DPR KIT 75 | 0 | |
| WIDE-SEAL DPR KIT 80 | 0 | |
| WIDE-SEAL DPR KIT 85 | 0 | |
| WIDE-SEAL DPR KIT 90 | 0 | |
| WIDE-SEAL DPR KIT 95 | 0 | |
| ***CONTRACEPTIVES, MONOPHASIC, 20 mcg Estrogen*** | | |
| BALCOLTRA TAB 0.1-20 | 0 | |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg* | 0 | |
| *drospirenone-ethinyl estradiol tab 3-0.02 mg* | 0 | |
| FALESSA KIT | 3 | |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* | 0 | |
| LOESTRIN FE TAB 1/20 | 3 | |
| LOESTRIN TAB 1/20-21 | 3 | |
| *norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg* | 0 | |
| *norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg* | 0 | |
| *norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)* | 0 | |
| *norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)* | 0 | |
| ***CONTRACEPTIVES, MONOPHASIC, 25 mcg Estrogen*** | | |
| GENERESS FE CHW | 3 | |
| *norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg* | 0 | |
| ***CONTRACEPTIVES, MONOPHASIC, 30 mcg Estrogen*** | | |
| DESOGEN-28 TAB | 3 | |
| *desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg* | 0 | |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg* | 0 | |
| *drospirenone-ethinyl estradiol tab 3-0.03 mg* | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg* | 0 | |
| LOESTRIN 21 TAB 1.5/30 | 3 | |
| LOESTRIN FE TAB 1.5/30 | 3 | |
| *norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg* | 0 | |
| *norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg* | 0 | |
| *norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg* | 0 | |
| SAFYRAL TAB | 3 | |
| YASMIN 28 TAB 3-0.03MG | 3 | |
| ***CONTRACEPTIVES, MONOPHASIC, 35 mcg Estrogen*** | | |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg* | 0 | |
| FEMCON FE CHW | 3 | |
| MODICON TAB 0.5/35 | 3 | |
| *norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg* | 0 | |
| *norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg* | 0 | |
| *norethindrone & ethinyl estradiol tab 1 mg-35 mcg* | 0 | |
| *norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg* | 0 | |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* | 0 | |
| ORTHO-CYCLEN TAB 0.25/35 | 3 | |
| ORTHO-NOVUM TAB 1/35 | 3 | |
| OVCON-35 TAB | 3 | |
| ***CONTRACEPTIVES, MONOPHASIC, 50 mcg Estrogen*** | | |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg* | 0 | |
| *norethindrone & mestranol tab 1 mg-50 mcg* | 0 | |
| *norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg* | 0 | |
| NORINYL TAB 1+50-28 | 3 | |
| ***CONTRACEPTIVES, PROGESTIN ONLY*** | | |
| *norethindrone tab 0.35 mg* | 0 | |
| ORTHO MICRON TAB 0.35MG | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***CONTRACEPTIVES, TRANSDERMAL*** | | |
| *norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr* | 0 | |
| ***CONTRACEPTIVES, TRIPHASIC*** | | |
| CYCLESSA PAK | 3 | |
| *desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg* | 0 | |
| ESTROSTEP FE TAB | 3 | |
| *levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg* | 0 | |
| *norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg* | 0 | |
| *norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg* | 0 | |
| *norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg* | 0 | |
| *norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* | 0 | |
| *norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* | 0 | |
| ORTHO TRI- TAB CYCLEN | 3 | |
| ORTHO-NOVUM TAB 7/7/7 | 3 | |
| TRI-NORINYL TAB 28 | 3 | |
| ***CONTRACEPTIVES, VAGINAL*** | | |
| *etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr* | 0 | |
| NUVARING MIS | 0 | |
| ***ENDOMETRIOSIS*** | | |
| *danazol cap 50 mg* | 1 | |
| *danazol cap 100 mg* | 1 | |
| *danazol cap 200 mg* | 1 | |
| ORILISSA TAB 150MG | 2 | |
| ORILISSA TAB 200MG | 2 | |
| SYNAREL SOL 2MG/ML | 3 | |
| ***ESTROGEN/PROGESTIN, ORAL*** | | |
| ACTIVELLA TAB 0.5-0.1 | 3 | |
| ACTIVELLA TAB 1-0.5MG | 3 | |
| *estradiol & norethindrone acetate tab 0.5-0.1 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *estradiol & norethindrone acetate tab 1-0.5 mg* | 1 | |
| FEMHRT TAB 0.5-2.5 | 3 | |
| *norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg* | 1 | |
| NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 0.5 MG-2.5 MCG | 1 | |
| *norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg* | 1 | |
| PREFEST TAB | 3 | |
| PREMPHASE TAB | 2 | |
| PREMPRO TAB | 2 | |
| PREMPRO TAB 0.3-1.5 | 2 | |
| PREMPRO TAB 0.45-1.5 | 2 | |
| PREMPRO TAB 0.625-5 | 2 | |
| ***ESTROGEN/PROGESTIN, TRANSDERMAL*** | | |
| CLIMARA PRO DIS WEEKLY | 2 | |
| COMBIPATCH DIS | 2 | |
| COMBIPATCH DIS .05/.14 | 2 | |
| ***ESTROGEN/SELECTIVE ESTROGEN RECEPTOR MODULATOR COMBINATIONS*** | | |
| DUAVEE TAB 0.45-20 | 2 | |
| ***ESTROGENS, ORAL*** | | |
| ENJUVIA TAB 0.3MG | 3 | |
| ENJUVIA TAB 0.9MG | 3 | |
| ENJUVIA TAB 0.45MG | 3 | |
| ENJUVIA TAB 0.625MG | 3 | |
| ENJUVIA TAB 1.25MG | 3 | |
| ESTRACE TAB 0.5MG | 3 | |
| ESTRACE TAB 1MG | 3 | |
| ESTRACE TAB 2MG | 3 | |
| *estradiol tab 0.5 mg* | 1 | |
| *estradiol tab 1 mg* | 1 | |
| *estradiol tab 2 mg* | 1 | |
| *estropipate tab 0.75 mg* | 1 | |
| *estropipate tab 1.5 mg* | 1 | |
| *estropipate tab 3 mg* | 1 | |
| MENEST TAB 0.3MG | 3 | |
| MENEST TAB 0.625MG | 3 | |
| MENEST TAB 1.25MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MENEST TAB 2.5MG | 3 | |
| PREMARIN TAB 0.3MG | 2 | |
| PREMARIN TAB 0.9MG | 2 | |
| PREMARIN TAB 0.45MG | 2 | |
| PREMARIN TAB 0.625MG | 2 | |
| PREMARIN TAB 1.25MG | 2 | |
| ***ESTROGENS, TRANSDERMAL*** | | |
| ALORA DIS 0.1MG | 3 | |
| ALORA DIS 0.05MG | 3 | |
| ALORA DIS 0.025MG | 3 | |
| ALORA DIS 0.075MG | 3 | |
| CLIMARA DIS 0.1MG | 3 | |
| CLIMARA DIS 0.05MG | 3 | |
| CLIMARA DIS 0.06MG | 3 | |
| CLIMARA DIS 0.025MG | 3 | |
| CLIMARA DIS 0.075MG | 3 | |
| CLIMARA DIS 0.0375MG | 3 | |
| DIVIGEL GEL 0.5MG | 2 | |
| DIVIGEL GEL 0.25MG | 2 | |
| DIVIGEL GEL 0.75MG | 2 | |
| DIVIGEL GEL 1MG/GM | 2 | |
| ELESTRIN GEL 0.06% | 3 | |
| *estradiol td patch twice weekly 0.1 mg/24hr* | 1 | |
| *estradiol td patch twice weekly 0.05 mg/24hr* | 1 | |
| *estradiol td patch twice weekly 0.025 mg/24hr* | 1 | |
| *estradiol td patch twice weekly 0.075 mg/24hr* | 1 | |
| *estradiol td patch twice weekly 0.0375 mg/24hr* | 1 | |
| *estradiol td patch weekly 0.1 mg/24hr* | 1 | |
| *estradiol td patch weekly 0.05 mg/24hr* | 1 | |
| *estradiol td patch weekly 0.06 mg/24hr* | 1 | |
| *estradiol td patch weekly 0.025 mg/24hr* | 1 | |
| *estradiol td patch weekly 0.075 mg/24hr* | 1 | |
| *estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)* | 1 | |
| ESTROGEL GEL | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EVAMIST SPR 1.53MG | 2 | |
| MENOSTAR DIS 14MCG | 3 | |
| ***ESTROGENS, VAGINAL*** | | |
| ESTRACE VAG CRE 0.01% | 3 | |
| *estradiol vaginal tab 10 mcg* | 1 | |
| ESTRING MIS 2MG | 2 | |
| FEMRING MIS 0.1MG/24 | 3 | |
| FEMRING MIS 0.05/24H | 3 | |
| IMVEXXY MAIN SUP 4MCG | 3 | |
| IMVEXXY MAIN SUP 10MCG | 3 | |
| IMVEXXY STRT SUP 4MCG | 3 | |
| IMVEXXY STRT SUP 10MCG | 3 | |
| PREMARIN VAG CRE 0.625MG | 2 | |
| VAGIFEM TAB 10MCG | 3 | |
| ***FERTILITY REGULATORS, GNRH/LHRH ANTAGONISTS*** | | |
| CETROTIDE KIT 0.25MG | 2 | |
| GANIRELIX AC INJ 250/0.5 | 2 | PA |
| *ganirelix acetate soln prefilled syringe 250 mcg/0.5ml* | 1 | PA |
| ***FERTILITY REGULATORS, OVULATION STIMULANTS, GONADOTROPINS*** | | |
| BRAVELLE INJ 75UNIT | 3 | |
| CHOR GONADOT INJ 10000UNT | 3 | PA |
| *chorionic gonadotropin for im inj 10000 unit* | 3 | |
| GONAL-F INJ 450UNIT | 2 | |
| GONAL-F INJ 1050UNIT | 2 | |
| GONAL-F RFF INJ 75UNIT | 2 | |
| GONAL-F RFF INJ 300 | 2 | |
| GONAL-F RFF INJ 450 | 2 | |
| GONAL-F RFF INJ 900 | 2 | |
| MENOPUR INJ 75UNIT | 3 | |
| NOVAREL INJ 10000UNT | 3 | PA |
| OVIDREL INJ | 2 | |
| ***FERTILITY REGULATORS, OVULATION STIMULANTS, SYNTHETIC*** | | |
| *clomiphene citrate tab 50 mg* | 1 | |
| ***GAUCHER DISEASE*** | | |
| CERDELGA CAP 84MG | 2 | PA |
| *miglustat cap 100 mg* | 1 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZAVESCA CAP 100MG | 3 | PA |
| ***GLUCOCORTICOIDS*** | | |
| CORTEF TAB 5MG | 3 | |
| CORTEF TAB 10MG | 3 | |
| CORTEF TAB 20MG | 3 | |
| *cortisone acetate tab 25 mg* | 1 | |
| DEXAMETHASON CON 1MG/ML | 3 | |
| *dexamethasone elixir 0.5 mg/5ml* | 1 | |
| *dexamethasone soln 0.5 mg/5ml* | 1 | |
| *dexamethasone tab 0.5 mg* | 1 | |
| *dexamethasone tab 0.75 mg* | 1 | |
| *dexamethasone tab 1 mg* | 1 | |
| *dexamethasone tab 1.5 mg* | 1 | |
| *dexamethasone tab 2 mg* | 1 | |
| *dexamethasone tab 4 mg* | 1 | |
| *dexamethasone tab 6 mg* | 1 | |
| FLO-PRED SUS | 3 | |
| *hydrocortisone tab 5 mg* | 1 | |
| *hydrocortisone tab 10 mg* | 1 | |
| *hydrocortisone tab 20 mg* | 1 | |
| MEDROL TAB 2MG | 3 | |
| MEDROL TAB 4MG | 3 | |
| MEDROL TAB 8MG | 3 | |
| MEDROL TAB 16MG | 3 | |
| MEDROL TAB 32MG | 3 | |
| *methylprednisolone tab 4 mg* | 1 | |
| *methylprednisolone tab 8 mg* | 1 | |
| *methylprednisolone tab 16 mg* | 1 | |
| *methylprednisolone tab 32 mg* | 1 | |
| *methylprednisolone tab therapy pack 4 mg (21)* | 1 | |
| ORAPRED ODT TAB 10MG | 2 | |
| ORAPRED ODT TAB 15MG | 2 | |
| ORAPRED ODT TAB 30MG | 2 | |
| PEDIAPRED SOL 6.7/5ML | 3 | |
| *prednisolone sod phos orally disintegr tab 10 mg (base eq)* | 1 | |
| *prednisolone sod phos orally disintegr tab 15 mg (base eq)* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *prednisolone sod phos orally disintegr tab 30 mg (base eq)* | 1 | |
| *prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)* | 1 | |
| *prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)* | 1 | |
| *prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)* | 1 | |
| *prednisolone syrup 15 mg/5ml (usp solution equivalent)* | 1 | |
| PREDNISONE CON 5MG/ML | 3 | |
| *prednisone oral soln 5 mg/5ml* | 1 | |
| *prednisone tab 1 mg* | 1 | |
| *prednisone tab 2.5 mg* | 1 | |
| *prednisone tab 5 mg* | 1 | |
| *prednisone tab 10 mg* | 1 | |
| *prednisone tab 20 mg* | 1 | |
| *prednisone tab 50 mg* | 1 | |
| *prednisone tab therapy pack 5 mg (21)* | 1 | |
| *prednisone tab therapy pack 10 mg (21)* | 1 | |
| VERIPRED 20 SOL 20MG/5ML | 3 | |
| ***GLUCOSE ELEVATING AGENTS*** | | |
| BAQSIMI ONE POW 3MG/DOSE | 3 | |
| BAQSIMI TWO POW 3MG/DOSE | 3 | |
| GLUCAGEN INJ HYPOKIT | 2 | |
| GLUCAGON KIT 1MG | 2 | |
| PROGLYCEM SUS 50MG/ML | 3 | |
| ***HEREDITARY TYROSINEMIA TYPE 1 AGENTS*** | | |
| NITYR TAB 2MG | 3 | PA |
| NITYR TAB 5MG | 3 | PA |
| NITYR TAB 10MG | 3 | PA |
| ORFADIN CAP 2MG | 2 | PA |
| ORFADIN CAP 5MG | 2 | PA |
| ORFADIN CAP 10MG | 2 | PA |
| ORFADIN CAP 20MG | 2 | PA |
| ORFADIN SUS 4MG/ML | 2 | PA |
| ***HUMAN GROWTH HORMONES*** | | |
| HUMATROPE INJ 5MG | 2 | PA |
| HUMATROPE INJ 6MG | 2 | PA |
| HUMATROPE INJ 12MG | 2 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HUMATROPE INJ 24MG | 2 | PA |
| SEROSTIM INJ 4MG | 3 | PA |
| SEROSTIM INJ 5MG | 3 | PA |
| SEROSTIM INJ 6MG | 3 | PA |
| ZORBTIVE INJ 8.8MG | 3 | PA |
| ***HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS*** | | |
| *calcitriol cap 0.5 mcg* | 1 | |
| *calcitriol cap 0.25 mcg* | 1 | |
| *calcitriol oral soln 1 mcg/ml* | 1 | |
| *doxercalciferol cap 0.5 mcg* | 1 | |
| *doxercalciferol cap 1 mcg* | 1 | |
| *doxercalciferol cap 2.5 mcg* | 1 | |
| HECTOROL CAP 0.5MCG | 2 | |
| HECTOROL CAP 1MCG | 2 | |
| HECTOROL CAP 2.5MCG | 2 | |
| *paricalcitol cap 1 mcg* | 1 | |
| *paricalcitol cap 2 mcg* | 1 | |
| *paricalcitol cap 4 mcg* | 1 | |
| RAYALDEE CAP 30MCG | 3 | |
| ROCALTROL CAP 0.5MCG | 2 | |
| ROCALTROL CAP 0.25MCG | 2 | |
| ROCALTROL SOL 1MCG/ML | 2 | |
| ZEMPLAR CAP 1MCG | 2 | |
| ZEMPLAR CAP 2MCG | 2 | |
| ***INSULIN-LIKE GROWTH FACTORS*** | | |
| INCRELEX INJ 40MG/4ML | 3 | PA |
| ***MINERALOCORTICOIDS*** | | |
| *fludrocortisone acetate tab 0.1 mg* | 1 | |
| ***MISCELLANEOUS*** | | |
| ACTHAR INJ 80UNIT | 3 | PA |
| BUPHENYL POW | 3 | PA |
| BUPHENYL TAB 500MG | 3 | PA |
| *cabergoline tab 0.5 mg* | 1 | |
| CARBAGLU TAB 200MG | 3 | PA |
| CERVIDIL VAG MIS 10MG INS | 3 | |
| CYSTADANE POW | 3 | |
| CYSTAGON CAP 50MG | 3 | PA |
| CYSTAGON CAP 150MG | 3 | PA |
| EGRIFTA SOL 1MG | 3 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EGRIFTA SOL 2MG | 3 | PA |
| GALAFOLD CAP 123MG | 3 | PA |
| KORLYM TAB 300MG | 3 | PA |
| METHERGINE TAB 0.2MG | 3 | |
| *methylergonovine maleate tab 0.2 mg* | 1 | |
| MIFEPREX TAB 200MG | 3 | |
| MYALEPT INJ 11.3MG | 3 | PA |
| PREPIDIL GEL 0.5MG/3G | 3 | |
| PROCYSBI CAP 25MG | 3 | PA |
| PROCYSBI CAP 75MG | 3 | PA |
| PROSTIN E2 SUP 20MG | 3 | |
| RAVICTI LIQ 1.1GM/ML | 3 | PA |
| REVCOVI INJ 1.6MG/ML | 3 | |
| SIGNIFOR INJ 0.3MG/ML | 3 | PA |
| SIGNIFOR INJ 0.6MG/ML | 3 | PA |
| SIGNIFOR INJ 0.9MG/ML | 3 | PA |
| *sodium phenylbutyrate oral powder 3 gm/teaspoonful* | 1 | PA |
| *sodium phenylbutyrate tab 500 mg* | 1 | PA |
| STRENSIQ INJ 18/0.45 | 3 | PA |
| STRENSIQ INJ 28/0.7ML | 3 | PA |
| STRENSIQ INJ 40MG/ML | 3 | PA |
| STRENSIQ INJ 80/0.8ML | 3 | PA |
| SYPRINE CAP 250MG | 3 | |
| *trientine hcl cap 250 mg* | 1 | |
| ***PHENYLKETONURIA TREATMENT AGENTS*** | | |
| KUVAN POW 100MG | 2 | PA |
| KUVAN POW 500MG | 2 | PA |
| KUVAN TAB 100MG | 2 | PA |
| ***PHOSPHATE BINDER AGENTS*** | | |
| AURYXIA TAB 210MG | 3 | |
| *calcium acetate (phosphate binder) cap 667 mg (169 mg ca)* | 1 | |
| *calcium acetate (phosphate binder) tab 667 mg* | 1 | |
| ELIPHOS TAB 667MG | 3 | |
| PHOSLO CAP 667MG | 3 | |
| PHOSLYRA SOL | 2 | |
| RENAGEL TAB 400MG | 3 | |
| RENAGEL TAB 800MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| RENVELA POW 0.8GM | 3 | |
| RENVELA POW 2.4GM | 3 | |
| RENVELA TAB 800MG | 3 | |
| *sevelamer carbonate packet 0.8 gm* | 1 | |
| *sevelamer carbonate packet 2.4 gm* | 1 | |
| *sevelamer carbonate tab 800 mg* | 1 | |
| *sevelamer tab 400mg* | 1 | |
| VELPHORO CHW 500MG | 2 | |
| ***POTASSIUM-REMOVING AGENTS*** | | |
| KAYEXALATE POW | 3 | |
| LOKELMA PAK 5GM | 2 | |
| LOKELMA PAK 10GM | 2 | |
| *sodium polystyrene sulfonate oral susp 15 gm/60ml* | 1 | |
| **sodium polystyrene sulfonate powder*** | 1 | |
| *sodium polystyrene sulfonate rectal susp 30 gm/120ml* | 1 | |
| VELTASSA POW 8.4GM | 2 | |
| VELTASSA POW 16.8GM | 2 | |
| VELTASSA POW 25.2GM | 2 | |
| ***PROGESTINS, ORAL*** | | |
| AYGESTIN TAB 5MG | 3 | |
| *medroxyprogesterone acetate tab 2.5 mg* | 1 | |
| *medroxyprogesterone acetate tab 5 mg* | 1 | |
| *medroxyprogesterone acetate tab 10 mg* | 1 | |
| MEGACE ES SUS 625/5ML | 0 | |
| MEGACE ORAL SUS 40MG/ML | 0 | |
| *megestrol acetate susp 40 mg/ml* | 0 | |
| *megestrol acetate susp 625 mg/5ml* | 0 | |
| *norethindrone acetate tab 5 mg* | 1 | |
| *progesterone micronized cap 100 mg* | 1 | |
| *progesterone micronized cap 200 mg* | 1 | |
| PROMETRIUM CAP 100MG | 3 | |
| PROMETRIUM CAP 200MG | 3 | |
| PROVERA TAB 2.5MG | 3 | |
| PROVERA TAB 5MG | 3 | |
| PROVERA TAB 10MG | 3 | |
| ***PROGESTINS, VAGINAL*** | | |
| CRINONE GEL 4% VAG | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CRINONE GEL 8% VAG | 2 | |
| ENDOMETRIN SUP 100MG | 2 | |
| ***SELECTIVE ESTROGEN RECEPTOR MODULATORS*** | | |
| EVISTA TAB 60MG | 3 | |
| OSPHENA TAB 60MG | 2 | |
| *raloxifene hcl tab 60 mg* | 0 | |
| ***THYROID AGENTS, ANTITHYROID AGENTS*** | | |
| *methimazole tab 5 mg* | 1 | |
| *methimazole tab 10 mg* | 1 | |
| *propylthiouracil tab 50 mg* | 1 | |
| TAPAZOLE TAB 5MG | 2 | |
| TAPAZOLE TAB 10MG | 2 | |
| ***THYROID AGENTS, THYROID SUPPLEMENTS*** | | |
| ARMOUR THYRO TAB 30MG | 3 | |
| ARMOUR THYRO TAB 60MG | 3 | |
| CYTOMEL TAB 5MCG | 2 | |
| CYTOMEL TAB 25MCG | 2 | |
| CYTOMEL TAB 50MCG | 2 | |
| *levothyroxine sodium tab 25 mcg* | 1 | |
| *levothyroxine sodium tab 50 mcg* | 1 | |
| *levothyroxine sodium tab 75 mcg* | 1 | |
| *levothyroxine sodium tab 88 mcg* | 1 | |
| *levothyroxine sodium tab 100 mcg* | 1 | |
| *levothyroxine sodium tab 112 mcg* | 1 | |
| *levothyroxine sodium tab 125 mcg* | 1 | |
| *levothyroxine sodium tab 137 mcg* | 1 | |
| *levothyroxine sodium tab 150 mcg* | 1 | |
| *levothyroxine sodium tab 175 mcg* | 1 | |
| *levothyroxine sodium tab 200 mcg* | 1 | |
| *levothyroxine sodium tab 300 mcg* | 1 | |
| *liothyronine sodium tab 5 mcg* | 1 | |
| *liothyronine sodium tab 25 mcg* | 1 | |
| *liothyronine sodium tab 50 mcg* | 1 | |
| SYNTHROID TAB 25MCG | 2 | |
| SYNTHROID TAB 50MCG | 2 | |
| SYNTHROID TAB 75MCG | 2 | |
| SYNTHROID TAB 88MCG | 2 | |
| SYNTHROID TAB 100MCG | 2 | |
| SYNTHROID TAB 112MCG | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SYNTHROID TAB 125MCG | 2 | |
| SYNTHROID TAB 137MCG | 2 | |
| SYNTHROID TAB 150MCG | 2 | |
| SYNTHROID TAB 175MCG | 2 | |
| SYNTHROID TAB 200MCG | 2 | |
| SYNTHROID TAB 300MCG | 2 | |
| THYROLAR-1 TAB 60MG | 3 | |
| THYROLAR-1/2 TAB 30MG | 3 | |
| THYROLAR-1/4 TAB 15MG | 3 | |
| THYROLAR-2 TAB 120MG | 3 | |
| THYROLAR-3 TAB 180MG | 3 | |
| ***VASOPRESSIN RECEPTOR ANTAGONISTS*** | | |
| JYNARQUE PAK 45-15MG | 3 | PA |
| JYNARQUE PAK 60-30MG | 3 | PA |
| JYNARQUE PAK 90-30MG | 3 | PA |
| SAMSCA TAB 15MG | 3 | PA |
| SAMSCA TAB 30MG | 3 | PA |
| ***VASOPRESSINS*** | | |
| DDAVP INJ 4MCG/ML | 3 | |
| DDAVP SOL 0.01% | 2 | |
| DDAVP SPR 0.01% | 2 | |
| DDAVP TAB 0.1MG | 2 | |
| DDAVP TAB 0.2MG | 2 | |
| *desmopressin acetate nasal soln 0.01% (refrigerated)* | 1 | |
| *desmopressin acetate nasal spray soln 0.01%* | 1 | |
| *desmopressin acetate nasal spray soln 0.01% (refrigerated)* | 1 | |
| *desmopressin acetate tab 0.1 mg* | 1 | |
| *desmopressin acetate tab 0.2 mg* | 1 | |
| STIMATE SOL 1.5MG/ML | 3 | PA |
| **GASTROINTESTINAL** | | |
| ***ANTIDIARRHEALS*** | | |
| *diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml* | 1 | |
| *diphenoxylate w/ atropine tab 2.5-0.025 mg* | 1 | |
| LOMOTIL TAB 2.5MG | 2 | |
| MOTOFEN TAB | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***ANTIEMETICS*** | | |
| AKYNZEO CAP 300-0.5 | 3 | |
| ANZEMET TAB 50MG | 3 | QL (6 tabs per 21 days) |
| ANZEMET TAB 100MG | 3 | QL (6 tabs per 21 days) |
| *aprepitant capsule 40 mg* | 1 | QL (3 caps per 180 days) |
| *aprepitant capsule 80 mg* | 1 | QL (4 caps per 21 days) |
| *aprepitant capsule 125 mg* | 1 | QL (2 caps per 21 days) |
| *aprepitant capsule therapy pack 80 & 125 mg* | 1 | QL (2 packs per 21 days) |
| CESAMET CAP 1MG | 3 | |
| COMPAZINE PAK 5MG | 3 | |
| COMPAZINE TAB 10MG | 3 | |
| DICLEGIS TAB 10-10MG | 3 | |
| *doxylamine-pyridoxine tab delayed release 10-10 mg* | 1 | |
| *dronabinol cap 2.5 mg* | 1 | |
| *dronabinol cap 5 mg* | 1 | |
| *dronabinol cap 10 mg* | 1 | |
| EMEND CAP 40MG | 3 | QL (3 caps per 180 days) |
| EMEND CAP 80MG | 3 | QL (4 caps per 21 days) |
| EMEND CAP 125MG | 3 | QL (2 caps per 21 days) |
| EMEND SOL 150MG | 3 | QL (2 vials per 21 days) |
| EMEND SUS 125MG | 3 | QL (6 kits per 21 days) |
| EMEND TRIPAC PAK 80 & 125 | 3 | QL (2 packs per 21 days) |
| *granisetron hcl tab 1 mg* | 1 | QL (12 tabs per 21 days) |
| MARINOL CAP 2.5MG | 3 | |
| MARINOL CAP 5MG | 3 | |
| MARINOL CAP 10MG | 3 | |
| METOCLOPRAMI TAB 10MG ODT | 3 | |
| *metoclopramide hcl orally disintegrating tab 5 mg (base eq)* | 1 | |
| *metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)* | 1 | |
| *metoclopramide hcl tab 5 mg (base equivalent)* | 1 | |
| *metoclopramide hcl tab 10 mg (base equivalent)* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| METOZOLV ODT TAB 5MG | 3 | |
| *ondansetron hcl oral soln 4 mg/5ml* | 1 | QL (200ml per 21 days) |
| *ondansetron hcl tab 4 mg* | 1 | QL (18 tabs per 21 days) |
| *ondansetron hcl tab 8 mg* | 1 | QL (18 tabs per 21 days) |
| *ondansetron hcl tab 24 mg* | 1 | QL (2 tabs per 21 days) |
| *ondansetron orally disintegrating tab 4 mg* | 1 | QL (18 tabs per 21 days) |
| *ondansetron orally disintegrating tab 8 mg* | 1 | QL (18 tabs per 21 days) |
| *prochlorperazine edisylate inj 10 mg/2ml* | 1 | |
| *prochlorperazine edisylate inj 50 mg/10ml* | 1 | |
| *prochlorperazine maleate tab 5 mg (base equivalent)* | 1 | |
| *prochlorperazine maleate tab 10 mg (base equivalent)* | 1 | |
| *prochlorperazine suppos 25 mg* | 1 | |
| *promethazine hcl suppos 12.5 mg* | 1 | |
| *promethazine hcl suppos 25 mg* | 1 | |
| *promethazine hcl suppos 50 mg* | 1 | |
| *promethazine hcl syrup 6.25 mg/5ml* | 1 | |
| *promethazine hcl tab 12.5 mg* | 1 | |
| *promethazine hcl tab 25 mg* | 1 | |
| *promethazine hcl tab 50 mg* | 1 | |
| REGLAN TAB 5MG | 3 | |
| REGLAN TAB 10MG | 3 | |
| SANCUSO DIS 3.1MG | 2 | QL (2 patches per 21 days) |
| *scopolamine td patch 72hr 1 mg/3days* | 1 | |
| TIGAN CAP 300MG | 3 | |
| *trimethobenzamide hcl cap 300 mg* | 1 | |
| VARUBI TAB 90MG | 2 | QL (4 tabs per 21 days) |
| ZOFRAN SOL 4MG/5ML | 3 | QL (200ml per 21 days) |
| ZOFRAN TAB 4MG | 3 | QL (18 tabs per 21 days) |
| ZOFRAN TAB 4MG ODT | 3 | QL (18 tabs per 21 days) |
| ZOFRAN TAB 8MG | 3 | QL (18 tabs per 21 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZOFRAN TAB 8MG ODT | 3 | QL (18 tabs per 21 days) |
| ***ANTISPASMODICS*** | | |
| ANASPAZ TAB 0.125MG | 2 | |
| BENTYL CAP 10MG | 2 | |
| BENTYL TAB 20MG | 2 | |
| CANTIL TAB 25MG | 3 | |
| *dicyclomine hcl cap 10 mg* | 1 | |
| *dicyclomine hcl oral soln 10 mg/5ml* | 1 | |
| *dicyclomine hcl tab 20 mg* | 1 | |
| *glycopyrrolate tab 1 mg* | 1 | |
| *glycopyrrolate tab 2 mg* | 1 | |
| *hyoscyamine sulfate elixir 0.125 mg/5ml* | 1 | |
| *hyoscyamine sulfate sl tab 0.125 mg* | 1 | |
| *hyoscyamine sulfate soln 0.125 mg/ml* | 1 | |
| *hyoscyamine sulfate tab 0.125 mg* | 1 | |
| *hyoscyamine sulfate tab disint 0.125 mg* | 1 | |
| *hyoscyamine sulfate tab er 12hr 0.375 mg* | 1 | |
| LEVBID TAB 0.375 ER | 2 | |
| LEVSIN TAB 0.125MG | 2 | |
| LEVSIN/SL SUB 0.125MG | 2 | |
| *methscopolamine bromide tab 2.5 mg* | 1 | |
| *methscopolamine bromide tab 5 mg* | 1 | |
| PAMINE FORTE TAB 5MG | 3 | |
| PAMINE TAB 2.5MG | 3 | |
| *propantheline bromide tab 15 mg* | 1 | |
| ROBINUL FORT TAB 2MG | 3 | |
| ROBINUL TAB 1MG | 3 | |
| SYMAX DUOTAB TAB | 3 | |
| ***CHOLELITHOLYTICS*** | | |
| ACTIGALL CAP 300MG | 2 | |
| URSO 250 TAB 250MG | 2 | |
| URSO FORTE TAB 500MG | 2 | |
| *ursodiol cap 300 mg* | 1 | |
| *ursodiol tab 250 mg* | 1 | |
| *ursodiol tab 500 mg* | 1 | |
| ***H2-RECEPTOR ANTAGONISTS*** | | |
| AXID CAP 300MG | 3 | |
| *cimetidine hcl soln 300 mg/5ml* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cimetidine tab 300 mg* | 1 | |
| *cimetidine tab 400 mg* | 1 | |
| *cimetidine tab 800 mg* | 1 | |
| *famotidine for susp 40 mg/5ml* | 1 | |
| *famotidine tab 40 mg* | 1 | |
| *nizatidine cap 150 mg* | 1 | |
| *nizatidine cap 300 mg* | 1 | |
| *nizatidine oral soln 15 mg/ml* | 1 | |
| PEPCID SUS 40MG/5ML | 3 | |
| PEPCID TAB 40MG | 3 | |
| *ranitidine hcl cap 300 mg* | 1 | |
| *ranitidine hcl syrup 15 mg/ml (75 mg/5ml)* | 1 | |
| *ranitidine hcl tab 300 mg* | 1 | |
| ZANTAC TAB 300MG | 3 | |
| ***INFLAMMATORY BOWEL DISEASE, ORAL AGENTS*** | | |
| APRISO CAP 0.375GM | 2 | |
| AZULFIDINE TAB 500MG | 3 | |
| AZULFIDINE TAB 500MG EN | 3 | |
| *balsalazide disodium cap 750 mg* | 1 | |
| *budesonide delayed release particles cap 3 mg* | 1 | |
| *budesonide tab er 24hr 9 mg* | 1 | |
| DIPENTUM CAP 250MG | 3 | |
| ENTOCORT EC CAP 3MG DR | 3 | |
| GIAZO TAB 1.1GM | 3 | |
| *mesalamine cap dr 400 mg* | 1 | |
| *mesalamine tab delayed release 800 mg* | 1 | |
| PENTASA CAP 250MG CR | 2 | |
| PENTASA CAP 500MG CR | 2 | |
| *sulfasalazine tab 500 mg* | 1 | |
| *sulfasalazine tab delayed release 500 mg* | 1 | |
| UCERIS TAB 9MG | 3 | |
| ***INFLAMMATORY BOWEL DISEASE, RECTAL AGENTS*** | | |
| CANASA SUP 1000MG | 3 | |
| CORTENEMA ENE 100MG | 3 | |
| CORTIFOAM AER 90MG | 2 | |
| *hydrocortisone enema 100 mg/60ml* | 1 | |
| *mesalamine enema 4 gm* | 1 | |
| **mesalamine rectal enema 4 gm & cleanser wipe kit*** | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *mesalamine suppos 1000 mg* | 1 | |
| ROWASA KIT 4GM | 3 | |
| SFROWASA ENE 4GM | 3 | |
| UCERIS AER 2MG/ACT | 3 | |
| ***IRRITABLE BOWEL SYNDROME WITH CONSTIPATION/CHRONIC IDIOPATHIC CONSTIPATION*** | | |
| AMITIZA CAP 8MCG | 2 | |
| AMITIZA CAP 24MCG | 2 | |
| LINZESS CAP 72MCG | 2 | |
| LINZESS CAP 145MCG | 2 | |
| LINZESS CAP 290MCG | 2 | |
| TRULANCE TAB 3MG | 3 | |
| ***IRRITABLE BOWEL SYNDROME WITH DIARRHEA*** | | |
| *alosetron hcl tab 0.5 mg (base equiv)* | 1 | |
| *alosetron hcl tab 1 mg (base equiv)* | 1 | |
| LOTRONEX TAB 0.5MG | 3 | |
| LOTRONEX TAB 1MG | 3 | |
| *viberzi tab 75mg* | 2 | |
| *viberzi tab 100mg* | 2 | |
| ***LAXATIVES*** | | |
| *bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit* | 0 | $0 copay for members age 50 through 74 |
| CASCARA EXT SAGRADA | 3 | |
| CLENPIQ SOL | 0 | $0 copay for members age 50 through 74 |
| COLYTE/FLAVR SOL PACKS | 3 | |
| GOLYTELY SOL | 3 | |
| KRISTALOSE PAK 10GM | 3 | |
| KRISTALOSE PAK 20GM | 3 | |
| *lactulose solution 10 gm/15ml* | 1 | |
| NULYTELY SOL FLAV PKS | 3 | |
| *peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm* | 1 | |
| *peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm* | 1 | |
| *peg 3350-kcl-sod bicarb-nacl for soln 420 gm* | 1 | |
| PREPOPIK PAK | 0 | $0 copay for members age 50 through 74 |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SUPREP BOWEL SOL PREP KIT | 0 | $0 copay for members age 50 through 74 |
| ***MISCELLANEOUS*** | | |
| CHOLBAM CAP 50MG | 3 | PA |
| CHOLBAM CAP 250MG | 3 | PA |
| *cromolyn sodium oral conc 100 mg/5ml* | 1 | |
| CUVPOSA SOL 1MG/5ML | 3 | |
| ENTEREG CAP 12MG | 3 | |
| GASTROCROM CON 100/5ML | 3 | |
| GATTEX KIT 5MG | 3 | PA |
| *lactulose (encephalopathy) solution 10 gm/15ml* | 1 | |
| OCALIVA TAB 5MG | 3 | PA |
| OCALIVA TAB 10MG | 3 | PA |
| RECTIV OIN 0.4% | 3 | |
| RESTORA RX CAP 60-1.25 | 3 | |
| SUCRAID SOL 8500/ML | 3 | |
| SUCRALFATE SUS 1GM/10ML | 3 | |
| *sucralfate tab 1 gm* | 1 | |
| XERMELO TAB 250MG | 3 | PA |
| ***OPIOID-INDUCED CONSTIPATION*** | | |
| MOVANTIK TAB 12.5MG | 2 | |
| MOVANTIK TAB 25MG | 2 | |
| RELISTOR INJ 8/0.4ML | 3 | |
| RELISTOR INJ 12/0.6ML | 3 | |
| RELISTOR TAB 150MG | 3 | |
| SYMPROIC TAB 0.2MG | 2 | |
| ***PANCREATIC ENZYMES*** | | |
| CREON CAP 3000UNIT | 2 | |
| CREON CAP 6000UNIT | 2 | |
| CREON CAP 12000UNT | 2 | |
| CREON CAP 24000UNT | 2 | |
| CREON CAP 36000UNT | 2 | |
| PANCREAZE CAP | 3 | |
| PANCREAZE CAP 4200UNIT | 3 | |
| PANCREAZE CAP 10500UNT | 3 | |
| PANCREAZE CAP 16800UNT | 3 | |
| PANCREAZE CAP 21000UNT | 3 | |
| PERTZYE CAP 4000UNIT | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PERTZYE CAP 8000UNIT | 3 | |
| PERTZYE CAP 16000U | 3 | |
| PERTZYE CAP 24000U | 3 | |
| VIOKACE TAB 10440 | 2 | |
| VIOKACE TAB 20880 | 2 | |
| ZENPEP CAP 3000UNIT | 2 | |
| ZENPEP CAP 5000UNIT | 2 | |
| ZENPEP CAP 10000UNT | 2 | |
| ZENPEP CAP 15000UNT | 2 | |
| ZENPEP CAP 20000UNT | 2 | |
| ZENPEP CAP 25000 | 2 | |
| ZENPEP CAP 25000UNT | 2 | |
| ZENPEP CAP 40000 | 2 | |
| ZENPEP CAP 40000UNT | 2 | |
| ***PROSTAGLANDINS*** | | |
| CYTOTEC TAB 100MCG | 2 | |
| CYTOTEC TAB 200MCG | 2 | |
| *misoprostol tab 100 mcg* | 1 | |
| *misoprostol tab 200 mcg* | 1 | |
| ***PROTON PUMP INHIBITORS*** | | |
| ACIPHEX SPR CAP 10MG | 3 | QL (90 units per 365 days) |
| DEXILANT CAP 30MG DR | 2 | QL (90 units per 365 days) |
| DEXILANT CAP 60MG DR | 2 | QL (90 units per 365 days) |
| *esomeprazole cap 24.65mg* | 3 | QL (90 units per 365 days) |
| *esomeprazole cap 49.3mg* | 3 | QL (90 units per 365 days) |
| *esomeprazole magnesium cap delayed release 20 mg (base eq)* | 1 | QL (90 units per 365 days) |
| *esomeprazole magnesium cap delayed release 40 mg (base eq)* | 1 | QL (90 units per 365 days) |
| *esomeprazole magnesium for delayed release susp packet 10 mg* | 1 | QL (90 units per 365 days) |
| *esomeprazole magnesium for delayed release susp packet 20 mg* | 1 | QL (90 units per 365 days) |
| *esomeprazole magnesium for delayed release susp packet 40 mg* | 1 | QL (90 units per 365 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *lansoprazole cap delayed release 15 mg* | 1 | QL (90 units per 365 days) |
| *lansoprazole cap delayed release 30 mg* | 1 | QL (90 units per 365 days) |
| *omeprazole cap delayed release 10 mg* | 1 | QL (90 units per 365 days) |
| *omeprazole cap delayed release 20 mg* | 1 | QL (90 units per 365 days) |
| *omeprazole cap delayed release 40 mg* | 1 | QL (90 units per 365 days) |
| *omeprazole-sodium bicarbonate cap 40-1100 mg* | 1 | QL (90 units per 365 days), PA |
| *omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg* | 1 | QL (90 units per 365 days), PA |
| *pantoprazole sodium ec tab 20 mg (base equiv)* | 1 | QL (90 units per 365 days) |
| *pantoprazole sodium ec tab 40 mg (base equiv)* | 1 | QL (90 units per 365 days) |
| PRILOSEC CAP 10MG | 3 | QL (90 units per 365 days) |
| PRILOSEC CAP 20MG | 3 | QL (90 units per 365 days) |
| PRILOSEC CAP 40MG | 3 | QL (90 units per 365 days) |
| PRILOSEC POW 2.5MG | 3 | QL (90 units per 365 days) |
| PRILOSEC POW 10MG | 3 | QL (90 units per 365 days) |
| RABEPRAZOLE CAP 10MG DR | 3 | QL (90 units per 365 days) |
| *rabeprazole sodium ec tab 20 mg* | 1 | QL (90 units per 365 days) |
| ***SALIVA STIMULANTS*** | | |
| *cevimeline hcl cap 30 mg* | 1 | |
| EVOXAC CAP 30MG | 2 | |
| *pilocarpine hcl tab 5 mg* | 1 | |
| *pilocarpine hcl tab 7.5 mg* | 1 | |
| SALAGEN TAB 5MG | 2 | |
| SALAGEN TAB 7.5MG | 2 | |
| ***STEROIDS, RECTAL*** | | |
| ANALPRAM HC CRE 2.5-1% | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ANALPRAM-HC CRE 1-1% | 3 | |
| ANALPRAM-HC LOT 2.5% | 3 | |
| ANALPRM SNGL CRE HC 2.5-1 | 3 | |
| ANUSOL-HC CRE 2.5% | 2 | |
| *hydrocortisone acetate suppos 25 mg* | 1 | |
| *hydrocortisone acetate suppos 30 mg* | 1 | |
| *hydrocortisone acetate w/ pramoxine perianal cream 1-1%* | 1 | |
| *hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%* | 1 | |
| *hydrocortisone enema 100 mg/60ml* | 1 | |
| *hydrocortisone perianal cream 1%* | 1 | |
| *hydrocortisone perianal cream 2.5%* | 1 | |
| PROCORT CRE | 3 | |
| PROCTOCORT CRE 1% | 3 | |
| PROCTOCORT SUP 30MG | 3 | |
| PROCTOFOAM AER HC 1% | 2 | |
| ***ULCER THERAPY COMBINATIONS*** | | |
| *amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack* | 1 | |
| OMECLAMOX- MIS PAK | 3 | |
| PREVPAC MIS | 3 | |
| PYLERA CAP | 2 | |
| **GENITOURINARY** | | |
| ***BENIGN PROSTATIC HYPERPLASIA*** | | |
| *alfuzosin hcl tab er 24hr 10 mg* | 1 | |
| AVODART CAP 0.5MG | 3 | |
| CARDURA XL TAB 4MG | 3 | |
| CARDURA XL TAB 8MG | 3 | |
| *dutasteride cap 0.5 mg* | 1 | |
| *dutasteride-tamsulosin hcl cap 0.5-0.4 mg* | 1 | |
| *finasteride tab 5 mg* | 1 | |
| FLOMAX CAP 0.4MG | 3 | |
| PROSCAR TAB 5MG | 3 | |
| *silodosin cap 4 mg* | 1 | |
| *silodosin cap 8 mg* | 1 | |
| *tamsulosin hcl cap 0.4 mg* | 1 | |
| ***ERECTILE DYSFUNCTION, ALPROSTADIL AGENTS*** | | |
| CAVERJECT IM KIT 10MCG | 3 | QL (6 per month) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CAVERJECT INJ 20MCG | 3 | QL (6 per month) |
| CAVERJECT INJ 40MCG | 3 | QL (6 per month) |
| CAVERJECT KIT 20MCG | 3 | QL (6 per month) |
| EDEX KIT 40MCG | 3 | QL (6 per month) |
| MUSE SUP 125MCG | 2 | QL (6 per month) |
| MUSE SUP 250MCG | 2 | QL (6 per month) |
| MUSE SUP 500MCG | 2 | QL (6 per month) |
| MUSE SUP 1000MCG | 2 | QL (6 per month) |
| ***ERECTILE DYSFUNCTION, PHOSPHODIESTERASE INHIBITORS*** | | |
| LEVITRA TAB 2.5MG | 3 | QL (6 tabs per month) |
| LEVITRA TAB 5MG | 3 | QL (6 tabs per month) |
| LEVITRA TAB 10MG | 3 | QL (6 tabs per month) |
| LEVITRA TAB 20MG | 3 | QL (6 tabs per month) |
| *sildenafil citrate tab 25 mg* | 1 | QL (6 tabs per month) |
| *sildenafil citrate tab 50 mg* | 1 | QL (6 tabs per month) |
| *sildenafil citrate tab 100 mg* | 1 | QL (6 tabs per month) |
| STAXYN TAB 10MG | 3 | QL (6 ea per month) |
| *tadalafil tab 2.5 mg* | 1 | QL (30 tabs per month), ST |
| *tadalafil tab 5 mg* | 1 | QL (30 tabs per month), ST |
| *tadalafil tab 10 mg* | 1 | QL (6 tabs per month) |
| *tadalafil tab 20 mg* | 1 | QL (6 tabs per month) |
| *vardenafil hcl orally disintegrating tab 10 mg* | 1 | QL (6 ea per month) |
| ***MISCELLANEOUS*** | | |
| *acetic acid-oxyquinoline vaginal gel 0.9-0.025%* | 1 | |
| *bethanechol chloride tab 5 mg* | 1 | |
| *bethanechol chloride tab 10 mg* | 1 | |
| *bethanechol chloride tab 25 mg* | 1 | |
| *bethanechol chloride tab 50 mg* | 1 | |
| ELMIRON CAP 100MG | 3 | |
| INTRAROSA SUP 6.5MG | 3 | |
| K-PHOS TAB | 3 | |
| K-PHOS TAB NEUTRAL | 3 | |
| K-PHOS TAB NO 2 | 3 | |
| LITHOSTAT TAB 250MG | 3 | |
| ORACIT SOL | 3 | |
| *phenazopyridine hcl tab 100 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *phenazopyridine hcl tab 200 mg* | 1 | |
| *pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml* | 1 | |
| *pot & sod citrates w/ cit ac syrup 550-500-334 mg/5ml* | 1 | |
| *pot phos monobasic w/sod phos di & monobas tab 155-852-130mg* | 1 | |
| *potassium citrate & citric acid powder pack 3300-1002 mg* | 1 | |
| *potassium citrate & citric acid soln 1100-334 mg/5ml* | 1 | |
| *potassium citrate tab er 5 meq (540 mg)* | 1 | |
| *potassium citrate tab er 10 meq (1080 mg)* | 1 | |
| *potassium citrate tab er 15 meq (1620 mg)* | 1 | |
| PYRIDIUM TAB 100MG | 3 | |
| PYRIDIUM TAB 200MG | 3 | |
| SHOHLS SOL MODIFIED | 3 | |
| *sodium citrate & citric acid soln 500-334 mg/5ml* | 1 | |
| THIOLA EC TAB 100MG | 3 | |
| THIOLA EC TAB 300MG | 3 | |
| THIOLA TAB 100MG | 3 | |
| URECHOLINE TAB 5MG | 2 | |
| URECHOLINE TAB 10MG | 2 | |
| URECHOLINE TAB 25MG | 2 | |
| URECHOLINE TAB 50MG | 2 | |
| UROCIT-K 5 TAB | 2 | |
| UROCIT-K 10 TAB | 2 | |
| UROCIT-K 15 TAB | 2 | |
| ***URINARY ANTISPASMODICS*** | | |
| *darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)* | 1 | |
| *darifenacin hydrobromide tab er 24hr 15 mg (base equiv)* | 1 | |
| DETROL TAB 1MG | 3 | |
| DETROL TAB 2MG | 3 | |
| DITROPAN XL TAB 5MG | 3 | |
| DITROPAN XL TAB 10MG | 3 | |
| DITROPAN XL TAB 15MG | 3 | |
| GELNIQUE GEL 3% | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| GELNIQUE GEL 10% | 3 | |
| MYRBETRIQ TAB 25MG | 2 | |
| MYRBETRIQ TAB 50MG | 2 | |
| *oxybutynin chloride syrup 5 mg/5ml* | 1 | |
| *oxybutynin chloride tab 5 mg* | 1 | |
| *oxybutynin chloride tab er 24hr 5 mg* | 1 | |
| *oxybutynin chloride tab er 24hr 10 mg* | 1 | |
| *oxybutynin chloride tab er 24hr 15 mg* | 1 | |
| *solifenacin succinate tab 5 mg* | 1 | |
| *solifenacin succinate tab 10 mg* | 1 | |
| *tolterodine tartrate cap er 24hr 2 mg* | 1 | |
| *tolterodine tartrate cap er 24hr 4 mg* | 1 | |
| *tolterodine tartrate tab 1 mg* | 1 | |
| *tolterodine tartrate tab 2 mg* | 1 | |
| TOVIAZ TAB 4MG | 2 | |
| TOVIAZ TAB 8MG | 2 | |
| *trospium chloride cap er 24hr 60 mg* | 1 | |
| *trospium chloride tab 20 mg* | 1 | |
| VESICARE TAB 5MG | 3 | |
| VESICARE TAB 10MG | 3 | |
| ***VAGINAL ANTI-INFECTIVES*** | | |
| AVC CRE 15% | 3 | |
| CLEOCIN CRE 2% VAG | 2 | |
| CLEOCIN SUP 100MG | 3 | |
| *clindamycin phosphate vaginal cream 2%* | 1 | |
| CLINDESSE CRE 2% | 3 | |
| GYNAZOLE-1 CRE 2% | 3 | |
| METROGEL-VAG GEL 0.75% | 2 | |
| *metronidazole vaginal gel 0.75%* | 1 | |
| *miconazole nitrate vaginal suppos 200 mg* | 1 | |
| TERAZOL 3 CRE 0.8% | 2 | |
| TERAZOL 7 CRE 0.4% | 2 | |
| *terconazole vaginal cream 0.4%* | 1 | |
| *terconazole vaginal cream 0.8%* | 1 | |
| *terconazole vaginal suppos 80 mg* | 1 | |
| **HEMATOLOGIC** | | |
| ***ANTICOAGULANTS, INJECTABLE*** | | |
| ARIXTRA INJ 2.5/0.5 | 2 | |
| ARIXTRA INJ 5/0.4ML | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ARIXTRA INJ 7.5/0.6 | 2 | |
| ARIXTRA INJ 10/0.8ML | 2 | |
| *enoxaparin sodium inj 30 mg/0.3ml* | 1 | |
| *enoxaparin sodium inj 40 mg/0.4ml* | 1 | |
| *enoxaparin sodium inj 60 mg/0.6ml* | 1 | |
| *enoxaparin sodium inj 80 mg/0.8ml* | 1 | |
| *enoxaparin sodium inj 100 mg/ml* | 1 | |
| *enoxaparin sodium inj 120 mg/0.8ml* | 1 | |
| *enoxaparin sodium inj 150 mg/ml* | 1 | |
| *enoxaparin sodium inj 300 mg/3ml* | 1 | |
| *fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml* | 1 | |
| *fondaparinux sodium subcutaneous inj 5 mg/0.4ml* | 1 | |
| *fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml* | 1 | |
| *fondaparinux sodium subcutaneous inj 10 mg/0.8ml* | 1 | |
| FRAGMIN INJ 2500/0.2 | 2 | |
| FRAGMIN INJ 5000/0.2 | 2 | |
| FRAGMIN INJ 7500/0.3 | 2 | |
| FRAGMIN INJ 10000/ML | 2 | |
| FRAGMIN INJ 12500UNT | 2 | |
| FRAGMIN INJ 15000UNT | 2 | |
| FRAGMIN INJ 18000UNT | 2 | |
| FRAGMIN INJ 95000UNT | 2 | |
| LOVENOX INJ 30/0.3ML | 3 | |
| LOVENOX INJ 40/0.4ML | 3 | |
| LOVENOX INJ 60/0.6ML | 3 | |
| LOVENOX INJ 80/0.8ML | 3 | |
| LOVENOX INJ 100MG/ML | 3 | |
| LOVENOX INJ 120/0.8 | 3 | |
| LOVENOX INJ 150MG/ML | 3 | |
| LOVENOX INJ 300/3ML | 3 | |
| ***ANTICOAGULANTS, ORAL*** | | |
| ELIQUIS TAB 2.5MG | 2 | |
| ELIQUIS TAB 5MG | 2 | |
| *warfarin sodium tab 1 mg* | 1 | |
| *warfarin sodium tab 2 mg* | 1 | |
| *warfarin sodium tab 2.5 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *warfarin sodium tab 3 mg* | 1 | |
| *warfarin sodium tab 4 mg* | 1 | |
| *warfarin sodium tab 5 mg* | 1 | |
| *warfarin sodium tab 6 mg* | 1 | |
| *warfarin sodium tab 7.5 mg* | 1 | |
| *warfarin sodium tab 10 mg* | 1 | |
| XARELTO STAR TAB 15/20MG | 2 | |
| XARELTO TAB 2.5MG | 2 | |
| XARELTO TAB 10MG | 2 | |
| XARELTO TAB 15MG | 2 | |
| XARELTO TAB 20MG | 2 | |
| ***HEMATOPOIETIC GROWTH FACTORS*** | | |
| ARANESP INJ 10MCG | 2 | PA |
| ARANESP INJ 25MCG | 2 | PA |
| ARANESP INJ 40MCG | 2 | PA |
| ARANESP INJ 60MCG | 2 | PA |
| ARANESP INJ 100MCG | 2 | PA |
| ARANESP INJ 150MCG | 2 | PA |
| ARANESP INJ 200MCG | 2 | PA |
| ARANESP INJ 300MCG | 2 | PA |
| ARANESP INJ 500MCG | 2 | PA |
| LEUKINE INJ 250MCG | 3 | PA |
| NEULASTA INJ 6MG/0.6M | 2 | PA |
| NEULASTA KIT 6MG/0.6M | 2 | PA |
| NIVESTYM INJ 300/0.5 | 2 | PA |
| NIVESTYM INJ 300MCG | 2 | PA |
| NIVESTYM INJ 480/0.8 | 2 | PA |
| NIVESTYM INJ 480MCG | 2 | PA |
| RETACRIT INJ 2000UNIT | 2 | PA |
| RETACRIT INJ 3000UNIT | 2 | PA |
| RETACRIT INJ 4000UNIT | 2 | PA |
| RETACRIT INJ 10000UNT | 2 | PA |
| RETACRIT INJ 40000UNT | 2 | PA |
| UDENYCA INJ 6MG/.6ML | 2 | PA |
| ***HEMOSTATICS, SYSTEMIC*** | | |
| AMICAR SYP 25% | 3 | |
| AMICAR TAB 500MG | 3 | |
| AMICAR TAB 1000MG | 3 | |
| LYSTEDA TAB 650MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tranexamic acid tab 650 mg* | 1 | |
| ***HEREDITARY ANGIOEDEMA AGENTS*** | | |
| CINRYZE SOL 500 UNIT | 3 | PA |
| FIRAZYR INJ 30MG/3ML | 2 | PA |
| HAEGARDA INJ 2000UNIT | 3 | PA |
| HAEGARDA INJ 3000UNIT | 3 | PA |
| *icatibant acetate inj 30 mg/3ml (base equivalent)* | 1 | PA |
| KALBITOR INJ 10MG/ML | 3 | PA |
| RUCONEST INJ 2100UNIT | 2 | PA |
| ***IRON CHELATING AGENTS*** | | |
| *deferasirox tab for oral susp 125 mg* | 1 | PA |
| *deferasirox tab for oral susp 250 mg* | 1 | PA |
| *deferasirox tab for oral susp 500 mg* | 1 | PA |
| EXJADE TAB 125MG | 3 | PA |
| EXJADE TAB 250MG | 3 | PA |
| EXJADE TAB 500MG | 3 | PA |
| FERRIPROX TAB 500MG | 3 | PA |
| FERRIPROX TAB 1000MG | 3 | PA |
| JADENU SPRKL GRA 90MG | 3 | PA |
| JADENU SPRKL GRA 180MG | 3 | PA |
| JADENU SPRKL GRA 360MG | 3 | PA |
| JADENU TAB 90MG | 3 | PA |
| JADENU TAB 180MG | 3 | PA |
| JADENU TAB 360MG | 3 | PA |
| ***MISCELLANEOUS*** | | |
| *cilostazol tab 50 mg* | 1 | |
| *cilostazol tab 100 mg* | 1 | |
| ENDARI POW 5GM | 3 | PA |
| *pentoxifylline tab er 400 mg* | 1 | |
| PLETAL TAB 50MG | 2 | |
| PLETAL TAB 100MG | 2 | |
| ***PLATELET AGGREGATION INHIBITORS*** | | |
| AGGRENOX CAP 25-200MG | 3 | |
| *aspirin chew tab 81 mg* | 0 | OTC; $0 copay-age and gender restrictions apply |
| *aspirin tab delayed release 81 mg* | 0 | OTC; $0 copay-age and gender restrictions apply |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *aspirin-dipyridamole cap er 12hr 25-200 mg* | 1 | |
| BRILINTA TAB 60MG | 2 | |
| BRILINTA TAB 90MG | 2 | |
| *clopidogrel bisulfate tab 75 mg (base equiv)* | 1 | |
| *clopidogrel bisulfate tab 300 mg (base equiv)* | 1 | |
| *dipyridamole tab 25 mg* | 1 | |
| *dipyridamole tab 50 mg* | 1 | |
| *dipyridamole tab 75 mg* | 1 | |
| EFFIENT TAB 5MG | 3 | |
| EFFIENT TAB 10MG | 3 | |
| PERSANTINE TAB 25MG | 2 | |
| PERSANTINE TAB 50MG | 2 | |
| PERSANTINE TAB 75MG | 2 | |
| *prasugrel hcl tab 5 mg (base equiv)* | 1 | |
| *prasugrel hcl tab 10 mg (base equiv)* | 1 | |
| ***PLATELET SYNTHESIS INHIBITOR*** | | |
| AGRYLIN CAP 0.5MG | 2 | |
| *anagrelide hcl cap 0.5 mg* | 1 | |
| *anagrelide hcl cap 1 mg* | 1 | |
| ***THROMBOCYTOPENIA AGENTS*** | | |
| MULPLETA TAB 3MG | 2 | |
| PROMACTA PAK 25MG | 2 | PA |
| PROMACTA POW 12.5MG | 2 | PA |
| PROMACTA TAB 12.5MG | 2 | PA |
| PROMACTA TAB 25MG | 2 | PA |
| PROMACTA TAB 50MG | 2 | PA |
| PROMACTA TAB 75MG | 2 | PA |
| **IMMUNOLOGIC AGENTS** | | |
| ***ALLERGENIC EXTRACTS*** | | |
| GRASTEK SUB 2800BAU | 2 | |
| ODACTRA SUB | 3 | |
| ORALAIR SUB 300 IR | 2 | |
| RAGWITEK SUB | 2 | |
| ***AUTOIMMUNE AGENTS*** | | |
| COSENTYX INJ 150MG/ML | 2 | PA |
| COSENTYX PEN INJ 300DOSE | 2 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ENBREL INJ 25/0.5ML | 2 | PA |
| ENBREL INJ 25MG | 2 | PA |
| ENBREL INJ 50MG/ML | 2 | PA |
| ENBREL MINI INJ 50MG/ML | 2 | PA |
| ENBREL SRCLK INJ 50MG/ML | 2 | PA |
| HUMIRA INJ 10/0.1ML | 2 | PA |
| HUMIRA INJ 10MG/0.2 | 2 | PA |
| HUMIRA INJ 20/0.2ML | 2 | PA |
| HUMIRA INJ 40/0.4ML | 2 | PA |
| HUMIRA KIT 20MG/0.4 | 2 | PA |
| HUMIRA KIT 40MG/0.8 | 2 | PA |
| HUMIRA PEDIA INJ CROHNS | 2 | PA |
| HUMIRA PEN INJ 40/0.4ML | 2 | PA |
| HUMIRA PEN INJ 40MG/0.8 | 2 | PA |
| HUMIRA PEN INJ PS/UV | 2 | PA; Humira preferred for psoriasis |
| HUMIRA PEN KIT CD/UC/HS | 2 | PA |
| HUMIRA PEN KIT PS/UV | 2 | PA |
| KEVZARA INJ 150/1.14 | 2 | PA |
| KEVZARA INJ 200/1.14 | 2 | PA |
| OTEZLA TAB 10/20/30 | 2 | PA; MNPA |
| OTEZLA TAB 30MG | 2 | PA; MNPA |
| RINVOQ TAB 15MG ER | 2 | PA |
| STELARA INJ 45MG/0.5 | 2 | PA; MNPA; after failure of Humira for psoriasis |
| STELARA INJ 90MG/ML | 2 | PA; MNPA; after failure of Humira for psoriasis |
| TREMFYA INJ 100MG/ML | 2 | PA |
| XELJANZ TAB 5MG | 2 | PA |
| XELJANZ TAB 10MG | 2 | PA |
| XELJANZ XR TAB 11MG | 2 | PA |
| XELJANZ XR TAB 22MG | 2 | PA |
| ***DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDS)*** | | |
| ARAVA TAB 10MG | 2 | |
| ARAVA TAB 20MG | 2 | |
| CUPRIMINE CAP 250MG | 3 | |
| *hydroxychloroquine sulfate tab 200 mg* | 1 | |
| *leflunomide tab 10 mg* | 1 | |
| *leflunomide tab 20 mg* | 1 | |
| OTREXUP INJ 7.5/0.4 | 3 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OTREXUP INJ 10MG | 3 | PA |
| OTREXUP INJ 15MG | 3 | PA |
| *otrexup inj 17.5/0.4* | 3 | PA |
| OTREXUP INJ 20MG | 3 | PA |
| *otrexup inj 22.5/0.4* | 3 | PA |
| OTREXUP INJ 25MG | 3 | PA |
| PLAQUENIL TAB 200MG | 2 | |
| RASUVO INJ 7.5MG | 2 | PA |
| RASUVO INJ 10MG | 2 | PA |
| RASUVO INJ 12.5MG | 2 | PA |
| RASUVO INJ 15MG | 2 | PA |
| RASUVO INJ 17.5MG | 2 | PA |
| RASUVO INJ 22.5MG | 2 | PA |
| RASUVO INJ 25MG | 2 | PA |
| RASUVO INJ 27.5MG | 2 | PA |
| RASUVO INJ 30MG | 2 | PA |
| RHEUMATREX TAB 2.5MG | 0 | |
| ***DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)*** | | |
| OTREXUP INJ 12.5/0.4 | 3 | PA |
| ***IMMUNOMODULATORS, INTERFERONS*** | | |
| ACTIMMUNE INJ 2MU/0.5 | 3 | PA |
| INTRON A INJ 10MU | 2 | PA |
| INTRON A INJ 18MU | 2 | PA |
| INTRON A INJ 25MU | 2 | PA |
| INTRON A INJ 50MU | 2 | PA |
| PEGASYS INJ | 2 | PA |
| PEGASYS INJ 180MCG/M | 2 | PA |
| PEGASYS INJ PROCLICK | 2 | PA |
| SYLATRON KIT 200MCG | 2 | PA |
| SYLATRON KIT 300MCG | 2 | PA |
| SYLATRON KIT 600MCG | 2 | PA |
| ***IMMUNOMODULATORS, MISCELLANEOUS*** | | |
| ARCALYST INJ 220MG | 3 | PA |
| ***IMMUNOSUPPRESSANTS, ANTIMETABOLITES*** | | |
| AZASAN TAB 75 MG | 2 | |
| AZASAN TAB 100MG | 2 | |
| *azathioprine tab 50 mg* | 1 | |
| CELLCEPT CAP 250MG | 3 | |
| CELLCEPT SUS 200MG/ML | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CELLCEPT TAB 500MG | 3 | |
| IMURAN TAB 50MG | 2 | |
| *mycophenolate mofetil cap 250 mg* | 1 | |
| *mycophenolate mofetil for oral susp 200 mg/ml* | 1 | |
| *mycophenolate mofetil tab 500 mg* | 1 | |
| *mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)* | 1 | |
| *mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)* | 1 | |
| MYFORTIC TAB 180MG | 3 | |
| MYFORTIC TAB 360MG | 3 | |
| ***IMMUNOSUPPRESSANTS, CALCINEURIN INHIBITORS*** | | |
| ASTAGRAF XL CAP 0.5MG | 3 | |
| ASTAGRAF XL CAP 1MG | 3 | |
| ASTAGRAF XL CAP 5MG | 3 | |
| *cyclosporine cap 25 mg* | 1 | |
| *cyclosporine cap 100 mg* | 1 | |
| *cyclosporine modified cap 25 mg* | 1 | |
| *cyclosporine modified cap 50 mg* | 1 | |
| *cyclosporine modified cap 100 mg* | 1 | |
| *cyclosporine modified oral soln 100 mg/ml* | 1 | |
| NEORAL CAP 25MG | 3 | |
| NEORAL CAP 100MG | 3 | |
| NEORAL SOL 100MG/ML | 3 | |
| PROGRAF CAP 0.5MG | 3 | |
| PROGRAF CAP 1MG | 3 | |
| PROGRAF CAP 5MG | 3 | |
| SANDIMMUNE CAP 25MG | 3 | |
| SANDIMMUNE CAP 100MG | 3 | |
| SANDIMMUNE SOL 100MG/ML | 3 | |
| *tacrolimus cap 0.5 mg* | 1 | |
| *tacrolimus cap 1 mg* | 1 | |
| *tacrolimus cap 5 mg* | 1 | |
| ***IMMUNOSUPPRESSANTS, RAPAMYCIN DERIVATIVE*** | | |
| RAPAMUNE SOL 1MG/ML | 3 | |
| RAPAMUNE TAB 0.5MG | 3 | |
| RAPAMUNE TAB 1MG | 3 | |
| RAPAMUNE TAB 2MG | 3 | |
| *sirolimus tab 0.5 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sirolimus tab 1 mg* | 1 | |
| *sirolimus tab 2 mg* | 1 | |
| ZORTRESS TAB 0.5MG | 3 | |
| ZORTRESS TAB 0.25MG | 3 | |
| ZORTRESS TAB 0.75MG | 3 | |
| ZORTRESS TAB 1MG | 3 | |
| ***VACCINES*** | | |
| FLUMIST QUAD SUS 2014-15 | 0 | $0 copay for members age 19 and older |
| **MISCELLANEOUS** | | |
| ***BULK CHEMICALS AND COMPOUNDING SUPPLIES*** | | |
| PRETOMANID TAB 200MG | 3 | |
| **NUTRITIONAL / SUPPLEMENTS** | | |
| ***ELECTROLYTES, POTASSIUM*** | | |
| K-TAB TAB 8MEQ CR | 3 | |
| K-TAB TAB 10MEQ CR | 2 | |
| K-TAB TAB 20MEQ | 3 | |
| KLOR-CON M15 TAB 15MEQ ER | 3 | |
| MICRO-K CAP 8MEQ CR | 2 | |
| MICRO-K CAP 10MEQ CR | 2 | |
| *pot bicarbonate & chloride effer tab 25 meq* | 1 | |
| *potassium bicarbonate effer tab 25 meq* | 1 | |
| *potassium chloride cap er 8 meq* | 1 | |
| *potassium chloride cap er 10 meq* | 1 | |
| *potassium chloride microencapsulated crys er tab 10 meq* | 1 | |
| *potassium chloride microencapsulated crys er tab 20 meq* | 1 | |
| *potassium chloride oral soln 10% (20 meq/15ml)* | 1 | |
| *potassium chloride oral soln 20% (40 meq/15ml)* | 1 | |
| *potassium chloride powder packet 20 meq* | 1 | |
| *potassium chloride tab er 8 meq (600 mg)* | 1 | |
| *potassium chloride tab er 10 meq* | 1 | |
| *potassium chloride tab er 20 meq (1500 mg)* | 1 | |
| ***VITAMINS AND MINERALS, FOLIC ACID AGENTS*** | | |
| *folic acid tab 1 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *folic acid tab 400 mcg* | 0 | OTC; $0 copay for women ages 55 and under |
| *folic acid tab 800 mcg* | 0 | OTC; $0 copay for women ages 55 and under |
| ***VITAMINS AND MINERALS, IRON/COMBINATIONS*** | | |
| *carbonyl iron susp 15 mg/1.25ml (elemental iron)* | 0 | |
| FER-IN-SOL DRO 15MG/ML | 0 | |
| FERROUS SUL LIQ 220/5ML | 0 | |
| FERROUS SULF SYP 300/5ML | 0 | |
| *ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)* | 0 | |
| *ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)* | 0 | |
| ICAR PEDS SUS GRAPE | 0 | |
| MYKIDZ IRON SUS 15/1.5ML | 0 | |
| ***VITAMINS AND MINERALS, MISCELLANEOUS*** | | |
| DRISDOL CAP 50000UNT | 2 | |
| *ergocalciferol cap 1.25 mg (50000 unit)* | 1 | |
| FLUORABON DRO | 0 | $0 applies for ages 5 and under |
| LURIDE CHW 0.5MG F | 0 | $0 applies for ages 5 and under |
| LURIDE CHW 0.25MG F | 0 | $0 applies for ages 5 and under |
| LURIDE DRO 0.5MG/ML | 0 | $0 applies for ages 5 and under |
| MEPHYTON TAB 5MG | 3 | |
| NASCOBAL SPR 500MCG | 3 | |
| *phytonadione tab 5 mg* | 1 | |
| *sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)* | 0 | $0 applies for ages 5 and under |
| *sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)* | 0 | $0 applies for ages 5 and under |
| *sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)* | 0 | $0 applies for ages 5 and under |
| *sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)* | 0 | $0 applies for ages 5 and under |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)* | 0 | $0 applies for ages 5 and under |
| *sodium fluoride tab 0.5 mg f (from 1.1 mg naf)* | 0 | $0 applies for ages 5 and under |
| ***VITAMINS AND MINERALS, PRENATAL VITAMINS*** | | |
| ACTIVE OB CAP | 3 | |
| ATABEX EC TAB | 3 | |
| C-NATE DHA CAP 28-1-200 | 3 | |
| CITRANATAL CAP HARMONY | 2 | |
| CITRANATAL CAP MEDLEY | 2 | |
| CITRANATAL MIS 90 DHA | 2 | |
| CITRANATAL MIS B-CALM | 2 | |
| CITRANATAL PAK ASSURE | 2 | |
| CITRANATAL PAK DHA | 2 | |
| CITRANATAL TAB BLOOM | 2 | |
| CITRANATAL TAB RX | 2 | |
| CO-NATAL FA TAB 29-1MG | 3 | |
| COMPLETE NAT PAK DHA | 3 | |
| COMPLETENATE CHW | 3 | |
| DUET DHA 400 MIS 25-1-400 | 3 | |
| DUET DHA MIS BALANCED | 3 | |
| FOLET DHA PAK | 3 | |
| FOLET ONE CAP 38-1-225 | 3 | |
| FOLIVANE-OB CAP | 3 | |
| HEMENATAL OB MIS + DHA | 3 | |
| INFANATE CAP BALANCE | 3 | |
| LEVOMEFOLATE CAP DHA | 3 | |
| MARNATAL-F CAP | 3 | |
| MYNATAL CAP | 3 | |
| MYNATE 90 TAB PLUS | 3 | |
| NATACHEW CHW | 3 | |
| NATALVIT TAB 75-1MG | 3 | |
| NATELLE ONE CAP | 3 | |
| NEEVO DHA CAP 27-1.13 | 3 | |
| NESTABS ABC MIS | 3 | |
| NEWGEN TAB 32-1MG | 3 | |
| NEXA PLUS CAP | 3 | |
| O-CAL FA TAB | 3 | |
| O-CAL TAB PRENATAL | 3 | |
| OB COMPLETE CAP ONE | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OB COMPLETE CAP PETITE | 3 | |
| OB COMPLETE TAB | 3 | |
| OB COMPLETE TAB PREMIER | 3 | |
| OB COMPLETE/ CAP DHA | 3 | |
| OBSTETRIX EC TAB | 3 | |
| OBSTETRIX PAK DHA | 3 | |
| PAIRE OB MIS | 3 | |
| PNV-TOTAL CAP | 3 | |
| PR NATAL 400 PAK EC | 3 | |
| PR NATAL 430 PAK | 3 | |
| PR NATAL 430 PAK EC | 3 | |
| PREFERAOB CAP ONE | 3 | |
| PREMESISRX TAB | 3 | |
| PRENAISSANCE CAP BALANCE | 3 | |
| PRENAISSANCE CAP PLUS | 3 | |
| PRENAISSANCE MIS HARMONY | 3 | |
| PRENAISSANCE TAB NEXT | 3 | |
| PRENAISSANCE TAB NEXT-B | 3 | |
| **prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg*** | 1 | |
| PRENATA CHW 29-1MG | 3 | |
| PRENATAL MIS COMPLEAT | 3 | |
| PRENATAL VIT TAB LOW IRON | 3 | |
| **prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg**** | 1 | |
| **prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg**** | 1 | |
| **prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg**** | 1 | |
| **prenatal vit w/ fe fumarate-fa chew tab 29-1 mg**** | 1 | |
| **prenatal vit w/ fe fumarate-fa tab 28-1 mg**** | 1 | |
| **prenatal vit w/ fe fumarate-fa tab 29-1 mg**** | 1 | |
| **prenatal vit w/ iron carbonyl-fa tab 29-1 mg**** | 1 | |
| **prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg**** | 1 | |
| **prenatal w/ calcium carbonate-b6-b12-fa tab 1 mg**** | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **prenatal w/o a vit w/ fe fum-fa tab chew 40-1 mg**** | 1 | |
| **prenatal w/o a vit w/ fe fumarate-fa tab 30-1 mg**** | 1 | |
| PRENATAL-U CAP 106.5-1 | 3 | |
| PRENATE AM TAB 1MG | 3 | |
| PRENATE CAP ENHANCE | 3 | |
| PRENATE CAP ESSENTIA | 3 | |
| PRENATE CAP PIXIE | 3 | |
| PRENATE CAP RESTORE | 3 | |
| PRENATE CHW 0.6-0.4 | 3 | |
| PRENATE DHA CAP | 3 | |
| PRENATE MINI CAP | 3 | |
| PRENATE STAR TAB 20-1MG | 3 | |
| PRENATE TAB ELITE | 3 | |
| PREQUE 10 TAB | 3 | |
| PROVIDA OB CAP | 3 | |
| PUREFE OB CAP PLUS | 3 | |
| REDICHEW RX CHW | 3 | |
| RELNATE DHA CAP | 3 | |
| SE-NATAL 19 TAB | 3 | |
| SE-TAN DHA CAP | 3 | |
| SELECT-OB CHW | 3 | |
| SELECT-OB+ PAK DHA | 3 | |
| TARON-BC MIS | 3 | |
| TARON-C DHA CAP | 3 | |
| TARON-PREX CAP | 3 | |
| TL FOLATE TAB | 3 | |
| TL-CARE DHA CAP 27-1-500 | 3 | |
| TL-SELECT CAP | 3 | |
| TRI-TABS DHA MIS | 3 | |
| TRINATAL GT TAB | 3 | |
| TRINATAL RX TAB 1 | 3 | |
| TRIVEEN-DUO PAK DHA | 3 | |
| TRIVEEN-PRX CAP RNF | 3 | |
| ULTIMATECARE CAP ONE | 3 | |
| ULTIMATECARE CAP ONE NF | 3 | |
| VEMAVITE- CAP PRX 2 | 3 | |
| VENA-BAL MIS DHA | 3 | |
| VINATE C TAB | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VINATE CAL TAB | 3 | |
| VINATE CARE CHW 40-1MG | 3 | |
| VINATE II TAB | 3 | |
| VINATE M TAB | 3 | |
| VIRT-PN TAB | 3 | |
| VITA-PREN TAB | 3 | |
| VITAFOL CAP ULTRA | 3 | |
| VITAFOL-NANO TAB | 3 | |
| VITAFOL-OB PAK +DHA | 3 | |
| VITAFOL-OB TAB 65-1MG | 3 | |
| VITAFOL-ONE CAP | 3 | |
| VITAMEDMD CAP ONE RX | 3 | |
| VITAMEDMD MIS PLUS RX | 3 | |
| VITAPEARL CAP | 3 | |
| VOL-NATE TAB | 3 | |
| VOL-TAB RX TAB | 3 | |
| VP-PNV-DHA CAP | 3 | |
| ZATEAN-CH CAP | 3 | |
| ZATEAN-PN CAP DHA | 3 | |
| ZATEAN-PN CAP PLUS | 3 | |

## RESPIRATORY

### *ANAPHYLAXIS TREATMENT AGENTS*

| | | |
|---|---|---|
| *epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)* | 1 | QL (6 injectors per 300 days) |
| *epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)* | 1 | QL (6 injectors per 300 days) |
| *epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)* | 1 | QL (6 injectors per 300 days) |
| EPIPEN 2-PAK INJ 0.3MG | 2 | QL (6 injectors per 300 days) |
| EPIPEN-JR INJ 0.15MG | 2 | QL (6 injectors per 300 days) |
| SYMJEPI INJ 0.3MG | 2 | |
| SYMJEPI INJ 0.15MG | 2 | |

### *ANTICHOLINERGIC/BETA AGONIST COMBINATIONS, LONG ACTING*

| | | |
|---|---|---|
| ANORO ELLIPT AER 62.5-25 | 2 | |
| STIOLTO AER 2.5-2.5 | 2 | |

### *ANTICHOLINERGIC/BETA AGONIST COMBINATIONS, Long Acting*

| | | |
|---|---|---|
| BEVESPI AER 9-4.8MCG | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***ANTICHOLINERGIC/BETA AGONIST COMBINATIONS, SHORT ACTING*** | | |
| *ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml* | 1 | |
| ***ANTICHOLINERGIC/BETA AGONIST/STEROID INHALANT COMBINATIONS*** | | |
| TRELEGY AER ELLIPTA | 2 | |
| ***ANTICHOLINERGICS*** | | |
| ATROVENT HFA AER 17MCG | 3 | |
| INCRUSE ELPT INH 62.5MCG | 2 | |
| *ipratropium bromide inhal soln 0.02%* | 1 | |
| SPIRIVA CAP HANDIHLR | 2 | |
| SPIRIVA SPR 2.5MCG | 2 | |
| YUPELRI SOL | 2 | |
| ***ANTIHISTAMINE/DECONGESTANT COMBINATIONS*** | | |
| CLARINEX-D TAB 2.5-120 | 3 | |
| DECON-A ELX 2-5MG/5M | 3 | |
| *promethazine & phenylephrine syrup 6.25-5 mg/5ml* | 1 | |
| RELHIST CHW | 3 | |
| SEMPREX-D CAP 8-60MG | 3 | |
| ***ANTIHISTAMINES, NONSEDATING*** | | |
| CLARINEX RDT TAB 2.5MG | 3 | |
| CLARINEX RDT TAB 5MG | 3 | |
| CLARINEX SYP 0.5MG/ML | 3 | |
| CLARINEX TAB 5MG | 3 | |
| *desloratadine tab 5 mg* | 1 | |
| *desloratadine tab orally disintegrating 2.5 mg* | 1 | |
| *desloratadine tab orally disintegrating 5 mg* | 1 | |
| ***ANTIHISTAMINES, SEDATING*** | | |
| *brompheniramine tannate chew tab 12 mg* | 1 | |
| *carbinoxamine maleate soln 4 mg/5ml* | 1 | |
| *carbinoxamine maleate tab 4 mg* | 1 | |
| *clemastine fumarate tab 2.68 mg* | 1 | |
| *cyproheptadine hcl syrup 2 mg/5ml* | 1 | |
| *cyproheptadine hcl tab 4 mg* | 1 | |
| *hydroxyzine hcl syrup 10 mg/5ml* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *hydroxyzine hcl tab 10 mg* | 1 | |
| *hydroxyzine hcl tab 25 mg* | 1 | |
| *hydroxyzine hcl tab 50 mg* | 1 | |
| *hydroxyzine pamoate cap 25 mg* | 1 | |
| *hydroxyzine pamoate cap 50 mg* | 1 | |
| *hydroxyzine pamoate cap 100 mg* | 1 | |
| KARBINAL ER SUS 4MG/5ML | 3 | |
| RESPA-BR TAB 11MG | 3 | |
| VISTARIL CAP 25MG | 3 | |
| VISTARIL CAP 50MG | 3 | |
| ***ANTITUSSIVE COMBINATIONS, NON-OPIOID*** | | |
| CARBAPHEN 12 LIQ | 3 | |
| CARBAPHEN 12 SUS PED | 3 | |
| NEOTUSS PLUS LIQ | 3 | |
| NORTUSS-EX LIQ 200-20/5 | 3 | |
| PEDIATEX TDM SUS | 3 | |
| *phenylephrine-chlorphen-dm liquid 1.75-0.75-2.75 mg/ml* | 1 | |
| *promethazine-dm syrup 6.25-15 mg/5ml* | 1 | |
| *pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml* | 1 | |
| TGQ 15DM/5PE SYP H/2CPM | 3 | |
| TGQ 30/ SYP 150/15 | 3 | |
| TGQ 30/PSE/3 SYP BRM/15DM | 3 | |
| ***ANTITUSSIVE COMBINATIONS, OPIOID*** | | |
| CODAR AR LIQ 2-8/5ML | 3 | |
| FLOWTUSS SOL 2.5-200 | 3 | |
| GILTUSS LIQ PED-C | 3 | |
| *guaifenesin-codeine soln 100-10 mg/5ml* | 3 | |
| HYCOFENIX SOL | 3 | |
| *hydrocod polst-chlorphen polst er susp 10-8 mg/5ml* | 1 | |
| *hydrocodone w/ homatropine syrup 5-1.5 mg/5ml* | 1 | |
| *hydrocodone w/ homatropine tab 5-1.5 mg* | 1 | |
| *promethazine w/ codeine syrup 6.25-10 mg/5ml* | 3 | |
| *promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml* | 1 | |
| REZIRA SOL 60-5/5ML | 3 | |
| SUTTAR-SF SYP | 3 | |
| TUSSICAPS CAP 5-4MG | 3 | |
| TUSSICAPS CAP 10-8MG | 3 | |
| TUSSIONEX SUS 10-8/5ML | 3 | |
| TUZISTRA XR SUS | 3 | |
| VITUZ SOL 5-4MG | 3 | |
| ZUTRIPRO LIQ 60-4-5MG | 3 | |
| ***ANTITUSSIVES*** | | |
| *benzonatate cap 100 mg* | 1 | |
| *benzonatate cap 200 mg* | 1 | |
| TESSALON PER CAP 100MG | 2 | |
| ZONATUSS CAP 150MG | 3 | |
| ***BETA AGONISTS, INHALANTS, Long Acting: Hand-held Active Inhalation*** | | |
| ARCAPTA CAP 75MCG | 3 | |
| SEREVENT DIS AER 50MCG | 2 | |
| STRIVERDI AER 2.5MCG | 2 | |
| ***BETA AGONISTS, INHALANTS, Long Acting: Nebulized Passive Inhalation*** | | |
| BROVANA NEB 15MCG | 3 | |
| PERFOROMIST NEB 20MCG | 2 | |
| ***BETA AGONISTS, INHALANTS, SHORT ACTING*** | | |
| *albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)* | 1 | QL (2 pkg Per Month) |
| *albuterol sulfate soln nebu 0.5% (5 mg/ml)* | 1 | QL (60 mL Per Month) |
| *albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)* | 1 | QL (5 boxes Per Month) |
| *albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)* | 1 | QL (5 boxes Per Month) |
| *albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)* | 1 | QL (5 boxes Per Month) |
| *levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)* | 1 | QL (300 mL Per Month) |
| *levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)* | 1 | QL (300 mL Per Month) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)* | 1 | QL (300 mL Per Month) |
| *levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)* | 1 | QL (3 pkg Per Month) |
| *levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)* | 1 | QL (2 pkg Per Month) |
| XOPENEX CONC NEB 1.25/0.5 | 3 | QL (3 pkg Per Month) |
| XOPENEX NEB 0.31MG | 3 | QL (300 mL Per Month) |
| XOPENEX NEB 0.63MG | 3 | QL (300 mL Per Month) |
| XOPENEX NEB 1.25/3ML | 3 | QL (300 mL Per Month) |
| ***BETA AGONISTS, ORAL AGENTS*** | | |
| *albuterol sulfate syrup 2 mg/5ml* | 1 | |
| *albuterol sulfate tab 2 mg* | 1 | |
| *albuterol sulfate tab 4 mg* | 1 | |
| *albuterol sulfate tab er 12hr 4 mg* | 1 | |
| *albuterol sulfate tab er 12hr 8 mg* | 1 | |
| *metaproterenol sulfate syrup 10 mg/5ml* | 1 | |
| *metaproterenol sulfate tab 10 mg* | 1 | |
| *metaproterenol sulfate tab 20 mg* | 1 | |
| *terbutaline sulfate tab 2.5 mg* | 1 | |
| *terbutaline sulfate tab 5 mg* | 1 | |
| VOSPIRE ER TAB 4MG | 2 | |
| VOSPIRE ER TAB 8MG | 2 | |
| ***CYSTIC FIBROSIS*** | | |
| BETHKIS NEB 300/4ML | 2 | PA |
| CAYSTON INH 75MG | 3 | PA |
| KALYDECO PAK 25MG | 3 | PA |
| KALYDECO PAK 50MG | 3 | PA |
| KALYDECO PAK 75MG | 3 | PA |
| KALYDECO TAB 150MG | 3 | PA |
| KITABIS PAK NEB 300/5ML | 3 | PA |
| ORKAMBI GRA 100-125 | 3 | PA |
| ORKAMBI GRA 150-188 | 3 | PA |
| ORKAMBI TAB 100-125 | 3 | PA |
| ORKAMBI TAB 200-125 | 3 | PA |
| PULMOZYME SOL 1MG/ML | 2 | PA |
| SYMDEKO TAB 50-75MG | 3 | PA |
| SYMDEKO TAB 100-150 | 3 | PA |
| *tobramycin nebu soln 300 mg/5ml* | 1 | PA |
| TRIKAFTA TAB | 3 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***LEUKOTRIENE MODULATORS*** | | |
| ACCOLATE TAB 10MG | 3 | |
| ACCOLATE TAB 20MG | 3 | |
| *montelukast sodium chew tab 4 mg (base equiv)* | 1 | |
| *montelukast sodium chew tab 5 mg (base equiv)* | 1 | |
| *montelukast sodium oral granules packet 4 mg (base equiv)* | 1 | |
| *montelukast sodium tab 10 mg (base equiv)* | 1 | |
| *zafirlukast tab 10 mg* | 1 | |
| *zafirlukast tab 20 mg* | 1 | |
| *zileuton tab er 12hr 600 mg* | 1 | |
| ZYFLO CR TAB 600MG | 3 | |
| ZYFLO TAB 600MG | 3 | |
| ***MAST CELL STABILIZERS*** | | |
| *cromolyn sodium soln nebu 20 mg/2ml* | 1 | |
| ***MISCELLANEOUS*** | | |
| *acetylcysteine inhal soln 10%* | 1 | |
| *acetylcysteine inhal soln 20%* | 1 | |
| ATROVENT NAS SOL 0.03% | 2 | |
| ATROVENT NAS SOL 0.06% | 2 | |
| *caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)* | 1 | |
| HYPER-SAL NEB 7% | 3 | |
| HYPERSAL NEB 3.5% | 3 | |
| *ipratropium bromide nasal soln 0.03% (21 mcg/spray)* | 1 | |
| *ipratropium bromide nasal soln 0.06% (42 mcg/spray)* | 1 | |
| NEBUSAL NEB 6% | 3 | |
| *sodium chloride soln nebu 0.9%* | 1 | |
| *sodium chloride soln nebu 3%* | 1 | |
| *sodium chloride soln nebu 7%* | 1 | |
| *sodium chloride soln nebu 10%* | 1 | |
| SURFAXIN SUS 30MG/ML | 3 | |
| ***NASAL ANTIHISTAMINES*** | | |
| ASTEPRO SPR 0.15% | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *azelastine hcl nasal spray 0.1% (137 mcg/spray)* | 1 | |
| *azelastine hcl nasal spray 0.15% (205.5 mcg/spray)* | 1 | |
| *olopatadine hcl nasal soln 0.6%* | 1 | |
| PATANASE SPR 0.6% | 3 | |
| ***NASAL DECONGESTANTS*** | | |
| ADRENALIN SOL 1:1000 | 3 | |
| TYZINE PED DRO 0.05% | 3 | |
| TYZINE SOL 0.1% | 3 | |
| ***NASAL STEROIDS/COMBINATIONS*** | | |
| *budesonide nasal susp 32 mcg/act* | 1 | |
| DYMISTA SPR 137-50 | 2 | |
| FLONASE SPR 0.05% | 3 | |
| *flunisolide nasal soln 25 mcg/act (0.025%)* | 1 | |
| *fluticasone propionate nasal susp 50 mcg/act* | 1 | |
| NASONEX SPR 50MCG/AC | 3 | |
| *triamcinolone acetonide nasal aerosol suspension 55 mcg/act* | 1 | |
| XHANCE MIS 93MCG | 3 | |
| ***PHOSPHODIESTERASE-4 INHIBITORS*** | | |
| DALIRESP TAB 250MCG | 2 | |
| DALIRESP TAB 500MCG | 2 | |
| ***PULMONARY FIBROSIS AGENTS*** | | |
| ESBRIET CAP 267MG | 2 | PA |
| ESBRIET TAB 267MG | 2 | PA |
| ESBRIET TAB 801MG | 2 | PA |
| OFEV CAP 100MG | 2 | PA |
| OFEV CAP 150MG | 2 | PA |
| ***RESPIRATORY SYNCYTIAL VIRUS*** | | |
| *ribavirin for inhal soln 6 gm* | 1 | |
| VIRAZOLE INH 6GM | 3 | |
| ***SEVERE ASTHMA AGENTS*** | | |
| DUPIXENT INJ 200/1.14 | 2 | PA |
| FASENRA PEN INJ 30MG/ML | 2 | PA |
| NUCALA INJ 100MG/ML | 2 | PA |
| ***STEROID INHALANTS*** | | |
| ARNUITY ELPT INH 50MCG | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ARNUITY ELPT INH 100MCG | 2 | |
| ARNUITY ELPT INH 200MCG | 2 | |
| *budesonide inhalation susp 0.5 mg/2ml* | 1 | |
| *budesonide inhalation susp 0.25 mg/2ml* | 1 | |
| *budesonide inhalation susp 1 mg/2ml* | 1 | |
| FLOVENT DISK AER 50MCG | 2 | |
| FLOVENT DISK AER 100MCG | 2 | |
| FLOVENT DISK AER 250MCG | 2 | |
| FLOVENT HFA AER 44MCG | 2 | |
| FLOVENT HFA AER 110MCG | 2 | |
| FLOVENT HFA AER 220MCG | 2 | |
| PULMICORT INH 90MCG | 2 | |
| PULMICORT INH 180MCG | 2 | |
| PULMICORT SUS 0.5MG/2 | 3 | |
| PULMICORT SUS 0.25MG/2 | 3 | |
| PULMICORT SUS 1MG/2ML | 3 | |
| QVAR REDIHA AER 80MCG | 2 | |
| QVAR REDIHAL AER 40MCG | 2 | |
| ***STEROID/BETA AGONIST COMBINATIONS*** | | |
| ADVAIR DISKU AER 100/50 | 1 | |
| ADVAIR DISKU AER 250/50 | 1 | |
| ADVAIR DISKU AER 500/50 | 1 | |
| ADVAIR HFA AER 45/21 | 2 | |
| ADVAIR HFA AER 115/21 | 2 | |
| ADVAIR HFA AER 230/21 | 2 | |
| BREO ELLIPTA INH 100-25 | 2 | |
| SYMBICORT AER 80-4.5 | 2 | |
| SYMBICORT AER 160-4.5 | 2 | |
| ***XANTHINES*** | | |
| *dyphylline-guaifenesin liqd 100-100 mg/5ml* | 1 | |
| ELIXOPHYLLIN ELX 80/15ML | 3 | |
| LUFYLLIN TAB 400MG | 3 | |
| THEO-24 CAP 100MG CR | 3 | |
| THEO-24 CAP 200MG CR | 3 | |
| THEO-24 CAP 300MG CR | 3 | |
| THEO-24 CAP 400MG ER | 3 | |
| *theophylline soln 80 mg/15ml* | 1 | |
| *theophylline tab er 12hr 100 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *theophylline tab er 12hr 200 mg* | 1 | |
| *theophylline tab er 12hr 300 mg* | 1 | |
| *theophylline tab er 12hr 450 mg* | 1 | |
| *theophylline tab er 24hr 400 mg* | 1 | |
| *theophylline tab er 24hr 600 mg* | 1 | |

**TOPICAL**

***DERMATOLOGY, ACNE, Oral***

| | | |
|---|---|---|
| ABSORICA CAP 10MG | 3 | |
| ABSORICA CAP 20MG | 3 | |
| ABSORICA CAP 25MG | 3 | |
| ABSORICA CAP 30MG | 3 | |
| ABSORICA CAP 35MG | 3 | |
| ABSORICA CAP 40MG | 3 | |
| ISOTRETINOIN CAP 10 MG | 1 | |
| ISOTRETINOIN CAP 20 MG | 1 | |
| *isotretinoin cap 30 mg* | 1 | |
| ISOTRETINOIN CAP 40 MG | 1 | |

***DERMATOLOGY, ACNE, Topical***

| | | |
|---|---|---|
| ACZONE GEL 5% | 3 | |
| ACZONE GEL 7.5% | 3 | |
| *adapalene cream 0.1%* | 1 | |
| *adapalene gel 0.1%* | 1 | |
| *adapalene gel 0.3%* | 1 | |
| *adapalene lotion 0.1%* | 1 | |
| *adapalene-benzoyl peroxide gel 0.1-2.5%* | 1 | |
| ATRALIN GEL 0.05% | 3 | PA |
| AZELEX CRE 20% | 3 | |
| BENZ PEROXID GEL 6.5% | 2 | |
| BENZAMYCIN GEL 5-3% | 3 | |
| BENZAMYCIN GEL PAK | 3 | |
| BENZIQ GEL 5.25% | 3 | |
| BENZIQ LS GEL 2.75% | 3 | |
| *benzoyl peroxide liq 7%* | 1 | |
| *benzoyl peroxide-erythromycin gel 5-3%* | 1 | |
| CLEOCIN-T GEL 1% | 3 | |
| CLEOCIN-T LOT 1% | 3 | |
| CLEOCIN-T PAD 1% | 3 | |
| CLEOCIN-T SOL 1% | 3 | |
| CLINDAGEL GEL 1% | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%* | 1 | |
| *clindamycin phosphate foam 1%* | 1 | |
| *clindamycin phosphate gel 1%* | 1 | |
| *clindamycin phosphate lotion 1%* | 1 | |
| *clindamycin phosphate soln 1%* | 1 | |
| *clindamycin phosphate swab 1%* | 1 | |
| *clindamycin phosphate-benzoyl peroxide gel 1-5%* | 1 | |
| *clindamycin phosphate-tretinoin gel 1.2-0.025%* | 1 | PA |
| *dapsone gel 5%* | 1 | |
| DIFFERIN CRE 0.1% | 3 | |
| DIFFERIN GEL 0.1% | 3 | |
| DIFFERIN GEL 0.3% | 3 | |
| DIFFERIN LOT 0.1% | 3 | |
| DUAC GEL 1.2-5% | 3 | |
| EPIDUO FORTE GEL 0.3-2.5% | 2 | |
| EPIDUO GEL 0.1-2.5% | 2 | |
| ERYGEL GEL 2% | 3 | |
| *erythromycin gel 2%* | 1 | |
| *erythromycin pads 2%* | 1 | |
| *erythromycin soln 2%* | 1 | |
| EVOCLIN AER 1% | 3 | |
| FABIOR AER 0.1% | 3 | |
| KLARON LOT 10% | 3 | |
| RETIN-A CRE 0.1% | 3 | PA |
| RETIN-A CRE 0.05% | 3 | PA |
| RETIN-A CRE 0.025% | 3 | PA |
| RETIN-A GEL 0.01% | 3 | PA |
| RETIN-A GEL 0.025% | 3 | PA |
| RETIN-A MICR GEL 0.1% | 3 | PA |
| RETIN-A MICR GEL 0.04% | 3 | PA |
| RETIN-A MICR GEL 0.06% | 3 | |
| RETIN-A MICR GEL 0.08% | 3 | PA |
| SOD SUL/SULF EMU 10-5% | 2 | |
| *sulfacetamide sodium lotion 10% (acne)* | 1 | |
| SULFOAM SHA 2% | 3 | |
| *tazarotene cream 0.1%* | 1 | |
| TAZORAC CRE 0.1% | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TAZORAC CRE 0.05% | 2 | |
| TAZORAC GEL 0.1% | 2 | |
| TAZORAC GEL 0.05% | 2 | |
| TRETIN-X CRE 0.075% | 3 | PA |
| TRETIN-X CRE 0.0375% | 3 | PA |
| *tretinoin cream 0.1%* | 1 | PA |
| *tretinoin cream 0.05%* | 1 | PA |
| *tretinoin cream 0.025%* | 1 | PA |
| *tretinoin gel 0.01%* | 1 | PA |
| *tretinoin gel 0.05%* | 1 | PA |
| *tretinoin gel 0.025%* | 1 | PA |
| *tretinoin microsphere gel 0.1%* | 1 | PA |
| *tretinoin microsphere gel 0.04%* | 1 | PA |
| ZACLIR LOT 8% | 3 | |
| ***DERMATOLOGY, ACTINIC KERATOSIS*** | | |
| *diclofenac sodium (actinic keratoses) gel 3%* | 1 | PA |
| EFUDEX CRE 5% | 3 | |
| FLUOROPLEX CRE 1% | 3 | |
| *fluorouracil cream 5%* | 1 | |
| *fluorouracil soln 2%* | 1 | |
| *fluorouracil soln 5%* | 1 | |
| LEVULAN KERA SOL 20% | 3 | |
| METVIXIA CRE 16.8% | 3 | |
| PICATO GEL 0.05% | 2 | |
| PICATO GEL 0.015% | 2 | |
| SOLARAZE GEL 3% W/W | 3 | PA |
| TOLAK CRE 4% | 2 | |
| ZYCLARA CRE 3.75% | 2 | |
| ZYCLARA PUMP CRE 2.5% | 2 | |
| ***DERMATOLOGY, ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS*** | | |
| CORTISPORIN CRE 0.5% | 3 | |
| CORTISPORIN OIN 1% | 3 | |
| NEO-SYNALAR CRE | 3 | |
| ***DERMATOLOGY, ANTIBIOTICS*** | | |
| ALTABAX OIN 1% | 3 | |
| BACTROBAN CRE 2% | 2 | |
| BACTROBAN OIN 2% | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BACTROBAN OIN NASAL 2% | 3 | |
| CENTANY OIN 2% | 3 | |
| *gentamicin sulfate cream 0.1%* | 1 | |
| *gentamicin sulfate oint 0.1%* | 1 | |
| *mupirocin calcium cream 2%* | 1 | |
| *mupirocin oint 2%* | 1 | |
| SILVADENE CRE 1% | 2 | |
| *silver sulfadiazine cream 1%* | 1 | |
| SULFAMYLON CRE 85MG/GM | 3 | |
| SULFAMYLON PAK 5% | 3 | |
| XEPI CRE 1% | 3 | |
| ***DERMATOLOGY, ANTIFUNGALS*** | | |
| *ciclopirox gel 0.77%* | 1 | |
| *ciclopirox olamine cream 0.77% (base equiv)* | 1 | |
| *ciclopirox olamine susp 0.77% (base equiv)* | 1 | |
| *ciclopirox shampoo 1%* | 1 | |
| *econazole nitrate cream 1%* | 1 | |
| ECOZA AER 1% | 3 | |
| ERTACZO CRE 2% | 3 | |
| EXELDERM CRE 1% | 3 | |
| EXELDERM SOL 1% | 3 | |
| EXODERM LOT 25-1% | 3 | |
| EXTINA AER 2% | 3 | |
| HALOTIN CRE 1% | 3 | |
| JUBLIA SOL 10% | 3 | PA |
| KERYDIN SOL 5% | 3 | PA |
| *ketoconazole cream 2%* | 1 | |
| *ketoconazole shampoo 2%* | 1 | |
| LOPROX SHA 1% | 3 | |
| *luliconazole cream 1%* | 1 | |
| LUZU CRE 1% | 3 | |
| *naftifine hcl cream 1%* | 1 | |
| *naftifine hcl cream 2%* | 1 | |
| NAFTIN CRE 1% | 2 | |
| NAFTIN CRE 2% | 2 | |
| NAFTIN GEL 1% | 2 | |
| NAFTIN GEL 2% | 2 | |
| NIZORAL SHA 2% | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *nystatin cream 100000 unit/gm* | 1 | |
| *nystatin oint 100000 unit/gm* | 1 | |
| *nystatin topical powder 100000 unit/gm* | 1 | |
| *oxiconazole nitrate cream 1%* | 1 | QL (90 Grams Per Month) |
| OXISTAT CRE 1% | 3 | QL (90 Grams Per Month) |
| OXISTAT LOT 1% | 3 | QL (90 Mls Per Month) |
| SULCONAZOLE SOL 1% | 3 | |
| VUSION OIN | 3 | |
| ***DERMATOLOGY, ANTIPSORIATICS, ORAL*** | | |
| *acitretin cap 10 mg* | 1 | |
| *acitretin cap 17.5 mg* | 1 | |
| *acitretin cap 25 mg* | 1 | |
| *methoxsalen rapid cap 10 mg* | 1 | |
| 8-MOP CAP 10MG | 3 | |
| OXSORALEN-UL CAP 10MG | 3 | |
| SKYRIZI INJ 150DOSE | 2 | PA |
| SORIATANE CAP 10MG | 3 | |
| SORIATANE CAP 17.5MG | 3 | |
| SORIATANE CAP 25MG | 3 | |
| ***DERMATOLOGY, ANTIPSORIATICS, TOPICAL*** | | |
| *calcipotriene oint 0.005%* | 1 | |
| *calcipotriene soln 0.005% (50 mcg/ml)* | 1 | |
| *calcipotriene-betamethasone dipropionate oint 0.005-0.064%* | 1 | |
| *calcitriol oint 3 mcg/gm* | 1 | |
| DOVONEX CRE 0.005% | 3 | |
| ENSTILAR AER | 3 | |
| TACLONEX OIN | 3 | |
| TACLONEX SUS | 3 | |
| ***DERMATOLOGY, ANTISEBORRHEICS*** | | |
| *selenium sulfide lotion 2.5%* | 1 | |
| SODIUM SULFA LIQ 10% WASH | 3 | |
| ***DERMATOLOGY, ANTISEPTICS/DISINFECTANTS*** | | |
| BENZALKONIUM SOL 50% | 3 | |
| CHLORHEX GLU SOL 20% | 3 | |
| ***DERMATOLOGY, ATOPIC DERMATITIS, Injectable*** | | |
| DUPIXENT INJ 300/2ML | 2 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***DERMATOLOGY, ATOPIC DERMATITIS, Topical*** | | |
| ELIDEL CRE 1% | 3 | |
| EUCRISA OIN 2% | 2 | |
| *pimecrolimus cream 1%* | 1 | |
| PROTOPIC OIN 0.1% | 3 | |
| PROTOPIC OIN 0.03% | 3 | |
| *tacrolimus oint 0.1%* | 1 | |
| *tacrolimus oint 0.03%* | 1 | |
| ***DERMATOLOGY, CORTICOSTEROID COMBINATIONS*** | | |
| EPIFOAM AER 1% | 3 | |
| PRAMOSONE LOT 1% | 3 | |
| PRAMOSONE LOT 2.5% | 3 | |
| ***DERMATOLOGY, CORTICOSTEROIDS, High Potency*** | | |
| *amcinonide cream 0.1%* | 1 | QL (120 Units Per Month) |
| *amcinonide lotion 0.1%* | 1 | QL (120 Units Per Month) |
| AMCINONIDE OIN 0.1% | 3 | QL (120 Units Per Month) |
| *betamethasone dipropionate augmented cream 0.05%* | 1 | QL (120 Units Per Month) |
| *betamethasone dipropionate augmented lotion 0.05%* | 1 | QL (120 Units Per Month) |
| *betamethasone dipropionate cream 0.05%* | 1 | QL (120 Units Per Month) |
| *betamethasone dipropionate lotion 0.05%* | 1 | QL (120 Units Per Month) |
| *betamethasone dipropionate oint 0.05%* | 1 | QL (120 Units Per Month) |
| *desoximetasone cream 0.25%* | 1 | QL (120 Units Per Month) |
| *desoximetasone gel 0.05%* | 1 | QL (120 Units Per Month) |
| *desoximetasone oint 0.25%* | 1 | QL (120 Units Per Month) |
| DIPROLENE AF CRE 0.05% | 3 | QL (120 Units Per Month) |
| DIPROLENE LOT 0.05% | 3 | QL (120 Units Per Month) |
| *fluocinonide cream 0.05%* | 1 | QL (120 Units Per Month) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fluocinonide emulsified base cream 0.05%* | 1 | QL (120 Units Per Month) |
| *fluocinonide gel 0.05%* | 1 | QL (120 Units Per Month) |
| *fluocinonide oint 0.05%* | 1 | QL (120 Units Per Month) |
| *fluocinonide soln 0.05%* | 1 | QL (120 Units Per Month) |
| HALOG CRE 0.1% | 3 | QL (120 Units Per Month) |
| HALOG OIN 0.1% | 3 | QL (120 Units Per Month) |
| TOPICORT CRE 0.25% | 3 | QL (120 Units Per Month) |
| TOPICORT GEL 0.05% | 3 | QL (120 Units Per Month) |
| TOPICORT OIN 0.25% | 3 | QL (120 Units Per Month) |
| TOPICORT SPR 0.25% | 3 | QL (120 Units Per Month) |
| *triamcinolone acetonide cream 0.5%* | 1 | QL (120 Units Per Month) |
| *triamcinolone acetonide oint 0.5%* | 1 | QL (120 Units Per Month) |
| VANOS CRE 0.1% | 3 | QL (120 Units Per Month) |
| ***DERMATOLOGY, CORTICOSTEROIDS, Low Potency*** | | |
| ACLOVATE CRE 0.05% | 2 | QL (120 Units Per Month) |
| ALA SCALP LOT 2% | 3 | QL (120 Units Per Month) |
| *alclometasone dipropionate cream 0.05%* | 1 | QL (120 Units Per Month) |
| *alclometasone dipropionate oint 0.05%* | 1 | QL (120 Units Per Month) |
| CAPEX SHA 0.01% | 2 | QL (120 Units Per Month) |
| DERMA-SMOOTH OIL /FS BODY | 2 | QL (120 Units Per Month) |
| DERMA-SMOOTH OIL /FS SCLP | 2 | QL (120 Units Per Month) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DESONATE GEL 0.05% | 3 | QL (120 Units Per Month) |
| *desonide cream 0.05%* | 1 | QL (120 Units Per Month) |
| *desonide lotion 0.05%* | 1 | QL (120 Units Per Month) |
| *desonide oint 0.05%* | 1 | QL (120 Units Per Month) |
| DESOWEN CRE 0.05% | 2 | QL (120 Units Per Month) |
| DESOWEN LOT 0.05% | 2 | QL (120 Units Per Month) |
| DESOWEN OIN 0.05% | 2 | QL (120 Units Per Month) |
| *fluocinolone acetonide cream 0.01%* | 1 | QL (120 Units Per Month) |
| *fluocinolone acetonide oil 0.01% (body oil)* | 1 | QL (120 Units Per Month) |
| *fluocinolone acetonide oil 0.01% (scalp oil)* | 1 | QL (120 Units Per Month) |
| *fluocinolone acetonide soln 0.01%* | 1 | QL (120 Units Per Month) |
| *hydrocortisone cream 2.5%* | 1 | QL (120 Units Per Month) |
| *hydrocortisone lotion 2%* | 1 | QL (120 Units Per Month) |
| *hydrocortisone lotion 2.5%* | 1 | QL (120 Units Per Month) |
| *hydrocortisone oint 1%* | 1 | QL (120 Units Per Month) |
| *hydrocortisone oint 2.5%* | 1 | QL (120 Units Per Month) |
| SYNALAR SOL 0.01% | 2 | QL (120 Units Per Month) |
| TEXACORT SOL 2.5% | 2 | QL (120 Units Per Month) |
| VERDESO AER 0.05% | 3 | QL (120 Units Per Month) |
| ***DERMATOLOGY, CORTICOSTEROIDS, Medium Potency*** | | |
| *betamethasone valerate aerosol foam 0.12%* | 1 | QL (120 Units Per Month) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *betamethasone valerate cream 0.1% (base equivalent)* | 1 | QL (120 Units Per Month) |
| *betamethasone valerate lotion 0.1% (base equivalent)* | 1 | QL (120 Units Per Month) |
| *betamethasone valerate oint 0.1% (base equivalent)* | 1 | QL (120 Units Per Month) |
| *clocortolone pivalate cream 0.1%* | 1 | QL (120 Units Per Month) |
| CLODERM CRE 0.1% PMP | 3 | QL (120 Units Per Month) |
| CORDRAN 24X3 TAP 4MCG/CM | 3 | QL (120 Units Per Month) |
| CORDRAN CRE 0.05% | 3 | QL (120 Units Per Month) |
| CORDRAN LOT 0.05% | 3 | QL (120 Units Per Month) |
| CUTIVATE CRE 0.05% | 3 | QL (120 Units Per Month) |
| CUTIVATE LOT 0.05% | 3 | QL (120 Units Per Month) |
| DERMATOP CRE 0.1% | 3 | QL (120 Units Per Month) |
| DERMATOP OIN 0.1% | 3 | QL (120 Units Per Month) |
| *desoximetasone cream 0.05%* | 1 | QL (120 Units Per Month) |
| *desoximetasone oint 0.05%* | 1 | QL (120 Units Per Month) |
| ELOCON CRE 0.1% | 3 | QL (120 Units Per Month) |
| ELOCON LOT 0.1% | 3 | QL (120 Units Per Month) |
| ELOCON OIN 0.1% | 2 | QL (120 Units Per Month) |
| *fluocinolone acetonide cream 0.025%* | 1 | QL (120 Units Per Month) |
| *fluocinolone acetonide oint 0.025%* | 1 | QL (120 Units Per Month) |
| *flurandrenolide cream 0.05%* | 1 | QL (120 Units Per Month) |
| *flurandrenolide lotion 0.05%* | 1 | QL (120 Units Per Month) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *flurandrenolide oint 0.05%* | 1 | QL (120 Units Per Month) |
| *fluticasone propionate cream 0.05%* | 1 | QL (120 Units Per Month) |
| *fluticasone propionate lotion 0.05%* | 1 | QL (120 Units Per Month) |
| *fluticasone propionate oint 0.005%* | 1 | QL (120 Units Per Month) |
| *hydrocortisone butyrate cream 0.1%* | 1 | QL (120 Units Per Month) |
| *hydrocortisone butyrate hydrophilic lipo base cream 0.1%* | 1 | QL (120 Units Per Month) |
| *hydrocortisone butyrate lotion 0.1%* | 1 | QL (120 Units Per Month) |
| *hydrocortisone butyrate oint 0.1%* | 1 | QL (120 Units Per Month) |
| *hydrocortisone butyrate soln 0.1%* | 1 | QL (120 Units Per Month) |
| *hydrocortisone valerate cream 0.2%* | 1 | QL (120 Units Per Month) |
| *hydrocortisone valerate oint 0.2%* | 1 | QL (120 Units Per Month) |
| KENALOG AER SPRAY | 3 | QL (120 Units Per Month) |
| LOCOID CRE 0.1% | 3 | QL (120 Units Per Month) |
| LOCOID LIPO CRE 0.1% | 3 | QL (120 Units Per Month) |
| LOCOID LOT 0.1% | 3 | QL (120 Units Per Month) |
| LOCOID OIN 0.1% | 3 | QL (120 Units Per Month) |
| LOCOID SOL 0.1% | 3 | QL (120 Units Per Month) |
| LUXIQ AER 0.12% | 3 | QL (120 Units Per Month) |
| *mometasone furoate cream 0.1%* | 1 | QL (120 Units Per Month) |
| *mometasone furoate oint 0.1%* | 1 | QL (120 Units Per Month) |
| *mometasone furoate solution 0.1% (lotion)* | 1 | QL (120 Units Per Month) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PANDEL CRE 0.1% | 3 | QL (120 Units Per Month) |
| *prednicarbate cream 0.1%* | 1 | QL (120 Units Per Month) |
| *prednicarbate oint 0.1%* | 1 | QL (120 Units Per Month) |
| SYNALAR CRE 0.025% | 3 | QL (120 Units Per Month) |
| SYNALAR OIN 0.025% | 3 | QL (120 Units Per Month) |
| TOPICORT CRE 0.05% | 3 | QL (120 Units Per Month) |
| TOPICORT OIN 0.05% | 3 | QL (120 Units Per Month) |
| *triamcinolone acetonide aerosol soln 0.147 mg/gm* | 1 | QL (120 Units Per Month) |
| *triamcinolone acetonide cream 0.1%* | 1 | QL (120 Units Per Month) |
| *triamcinolone acetonide cream 0.025%* | 1 | QL (120 Units Per Month) |
| *triamcinolone acetonide lotion 0.1%* | 1 | QL (120 Units Per Month) |
| *triamcinolone acetonide lotion 0.025%* | 1 | QL (120 Units Per Month) |
| *triamcinolone acetonide oint 0.1%* | 1 | QL (120 Units Per Month) |
| *triamcinolone acetonide oint 0.025%* | 1 | QL (120 Units Per Month) |
| TRIANEX OIN 0.05% | 3 | QL (120 Units Per Month) |
| WESTCORT OIN 0.2% | 2 | QL (120 Units Per Month) |
| ***DERMATOLOGY, CORTICOSTEROIDS, Very High Potency*** | | |
| *betamethasone dipropionate augmented gel 0.05%* | 1 | QL (120 Units Per Month) |
| *betamethasone dipropionate augmented oint 0.05%* | 1 | QL (120 Units Per Month) |
| BRYHALI LOT 0.01% | 3 | QL (120 Units Per Month) |
| *clobetasol propionate cream 0.05%* | 1 | QL (120 Units Per Month) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clobetasol propionate emollient base cream 0.05%* | 1 | QL (120 Units Per Month) |
| *clobetasol propionate emulsion foam 0.05%* | 1 | QL (120 Units Per Month) |
| *clobetasol propionate foam 0.05%* | 1 | QL (120 Units Per Month) |
| *clobetasol propionate gel 0.05%* | 1 | QL (120 Units Per Month) |
| *clobetasol propionate lotion 0.05%* | 1 | QL (120 Units Per Month) |
| *clobetasol propionate oint 0.05%* | 1 | QL (120 Units Per Month) |
| *clobetasol propionate shampoo 0.05%* | 1 | QL (120 Units Per Month) |
| *clobetasol propionate soln 0.05%* | 1 | QL (120 Units Per Month) |
| CLOBEX LOT 0.05% | 2 | QL (120 Units Per Month) |
| CLOBEX SHA 0.05% | 2 | QL (120 Units Per Month) |
| DIPROLENE OIN 0.05% | 2 | QL (120 Units Per Month) |
| *halobetasol propionate cream 0.05%* | 1 | QL (120 Units Per Month) |
| *halobetasol propionate oint 0.05%* | 1 | QL (120 Units Per Month) |
| OLUX AER 0.05% | 3 | QL (120 Units Per Month) |
| TEMOVATE CRE 0.05% | 2 | QL (120 Units Per Month) |
| TEMOVATE E CRE 0.05%EML | 2 | QL (120 Units Per Month) |
| TEMOVATE GEL 0.05% | 2 | QL (120 Units Per Month) |
| TEMOVATE OIN 0.05% | 2 | QL (120 Units Per Month) |
| TEMOVATE SOL 0.05% | 3 | QL (120 Units Per Month) |
| ULTRAVATE CRE 0.05% | 2 | QL (120 Units Per Month) |
| ULTRAVATE LOT 0.05% | 3 | QL (120 Units Per Month) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ULTRAVATE OIN 0.05% | 2 | QL (120 Units Per Month) |
| ***DERMATOLOGY, EMOLLIENTS*** | | |
| *hyaluronate sodium (emollient) gel 0.2%* | 1 | |
| HYLIRA GEL 0.2% | 3 | |
| HYLIRA LOT 0.1% | 3 | |
| ***DERMATOLOGY, LOCAL ANALGESICS*** | | |
| *lidocaine patch 5%* | 1 | PA |
| LIDODERM DIS 5% | 2 | PA |
| QUTENZA KIT 8% 1-PCH | 3 | |
| ***DERMATOLOGY, LOCAL ANESTHETICS*** | | |
| ANACAINE OIN | 3 | |
| EMLA CRE 2.5-2.5% | 3 | QL (30 gms per month) |
| *lidocaine hcl soln 4%* | 1 | QL (50 ml per month) |
| *lidocaine hcl urethral/mucosal gel 2%* | 1 | QL (30 gms per month) |
| *lidocaine oint 5%* | 1 | QL (50 gms per month) |
| *lidocaine-prilocaine cream 2.5-2.5%* | 1 | QL (30 gms per month) |
| SYNERA DIS 70-70MG | 3 | QL (2 patches per month) |
| XYLOCAINE SOL 4% | 3 | QL (50 ml per month) |
| ***DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE*** | | |
| *acyclovir oint 5%* | 1 | |
| ALDARA CRE 5% | 3 | |
| ARNICA TIN FLOWER | 3 | |
| DENAVIR CRE 1% | 3 | |
| DRYSOL SOL 20% | 3 | |
| *imiquimod cream 5%* | 1 | |
| OXSORALEN LOT 1% | 3 | |
| PANRETIN GEL 0.1% | 3 | |
| *podofilox soln 0.5%* | 1 | |
| *prudoxin cre 5%* | 1 | QL (90 grams per month), ST |
| SANTYL OIN 250/GM | 3 | |
| SILVER NITRA OIN 10% | 3 | |
| XERAC-AC SOL 6.25% | 3 | |
| XERESE CRE 5-1% | 3 | |
| ZONALON CRE 5% | 3 | QL (90 grams per month), ST |
| ZOVIRAX CRE 5% | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZOVIRAX OIN 5% | 3 | |
| ***DERMATOLOGY, ROSACEA*** | | |
| *azelaic acid gel 15%* | 1 | |
| *doxycycline (rosacea) cap delayed release 40 mg* | 1 | |
| FINACEA AER 15% | 2 | |
| METROCREAM CRE 0.75% | 3 | |
| METROGEL GEL 1% | 3 | |
| METROLOTION LOT 0.75% | 3 | |
| *metronidazole cream 0.75%* | 1 | |
| *metronidazole gel 0.75%* | 1 | |
| *metronidazole gel 1%* | 1 | |
| *metronidazole lotion 0.75%* | 1 | |
| MIRVASO GEL 0.33% | 3 | |
| ORACEA CAP 40MG | 3 | |
| RHOFADE CRE 1% | 3 | |
| ROSADAN KIT 0.75% | 3 | |
| SOOLANTRA CRE 1% | 2 | |
| ***DERMATOLOGY, SCABICIDES AND PEDICULICIDES*** | | |
| ELIMITE CRE 5% | 2 | |
| EURAX CRE 10% | 3 | |
| EURAX LOT 10% | 3 | |
| *malathion lotion 0.5%* | 1 | |
| NATROBA SUS 0.9% | 3 | |
| OVIDE LOT 0.5% | 2 | |
| *permethrin cream 5%* | 1 | |
| SKLICE LOT 0.5% | 3 | |
| *spinosad susp 0.9%* | 1 | |
| SULF LIME SOL | 3 | |
| ULESFIA LOT 5% | 3 | |
| ***DERMATOLOGY, WOUND CARE PRODUCTS*** | | |
| REGRANEX GEL 0.01% | 3 | |
| ***MOUTH/THROAT/DENTAL AGENTS, MISCELLANEOUS*** | | |
| *chlorhexidine gluconate soln 0.12%* | 1 | |
| FLUORIDEX GEL SENSITIV | 3 | |
| *lidocaine hcl laryngotracheal soln 4%* | 1 | |
| *lidocaine hcl viscous soln 2%* | 1 | |
| LTA 360 KIT SOL 4% | 3 | |
| NAFRINSE DLY SOL /NEUTRAL | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NAFRINSE SOL DAILY | 3 | |
| NAFRINSE WK SOL 0.2% | 3 | |
| PERIDEX SOL 0.12% | 3 | |
| *sodium fluoride cream 1.1%* | 1 | |
| *sodium fluoride gel 1.1% (0.5% f)* | 1 | |
| *sodium fluoride paste 1.1%* | 1 | |
| *sodium fluoride rinse 0.2%* | 1 | |
| *sodium fluoride-potassium nitrate paste 1.1-5%* | 1 | |
| *triamcinolone acetonide dental paste 0.1%* | 1 | |
| ***MOUTH/THROAT/DENTAL AGENTS, PROTECTANTS*** | | |
| EPISIL LIQ | 2 | |
| ORAFATE PST 10% | 3 | |
| ***OPHTHALMIC, ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS*** | | |
| *bacitracin-polymyxin-neomycin-hc ophth oint 1%* | 1 | |
| BLEPHAMIDE OIN S.O.P. | 3 | |
| BLEPHAMIDE SUS OP | 3 | |
| MAXITROL OIN 0.1% OP | 3 | |
| MAXITROL SUS 0.1% OP | 3 | |
| *neomycin-polymyxin-dexamethasone ophth oint 0.1%* | 1 | |
| *neomycin-polymyxin-dexamethasone ophth susp 0.1%* | 1 | |
| *neomycin-polymyxin-hc ophth susp* | 1 | |
| PRED-G S.O.P OIN OP | 3 | |
| PRED-G SUS OP | 3 | |
| *sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%* | 1 | |
| TOBRADEX OIN 0.3-0.1% | 2 | |
| TOBRADEX ST SUS 0.3-0.05 | 2 | |
| TOBRADEX SUS 0.3-0.1% | 3 | |
| *tobramycin-dexamethasone ophth susp 0.3-0.1%* | 1 | |
| ***OPHTHALMIC, ANTI-INFECTIVES*** | | |
| AZASITE SOL 1% | 3 | |
| *bacitracin ophth oint 500 unit/gm* | 1 | |
| *bacitracin-polymyxin b ophth oint* | 1 | |
| BESIVANCE SUS 0.6% | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BETADINE SOL 5% OP | 3 | |
| BLEPH-10 SOL 10% OP | 3 | |
| CILOXAN OIN 0.3% OP | 2 | |
| CILOXAN SOL 0.3% OP | 3 | |
| *ciprofloxacin hcl ophth soln 0.3% (base equivalent)* | 1 | |
| *erythromycin ophth oint 5 mg/gm* | 1 | |
| GARAMYCIN SOL 0.3% OP | 3 | |
| *gatifloxacin ophth soln 0.5%* | 1 | |
| *gentamicin sulfate ophth oint 0.3%* | 1 | |
| *gentamicin sulfate ophth soln 0.3%* | 1 | |
| *levofloxacin ophth soln 0.5%* | 1 | |
| MITOSOL KIT 0.2MG | 3 | |
| MOXEZA SOL 0.5% | 2 | |
| *moxifloxacin hcl ophth soln 0.5% (base equiv)* | 1 | |
| *neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin* | 1 | |
| *neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml* | 1 | |
| NEOSPORIN SOL OP | 3 | |
| OCUFLOX DRO 0.3% OP | 3 | |
| *ofloxacin ophth soln 0.3%* | 1 | |
| *polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%* | 1 | |
| POLYTRIM SOL OP | 3 | |
| *sulfacetamide sodium ophth oint 10%* | 1 | |
| *sulfacetamide sodium ophth soln 10%* | 1 | |
| *tobramycin ophth soln 0.3%* | 1 | |
| TOBREX OIN 0.3% OP | 3 | |
| TOBREX SOL 0.3% OP | 3 | |
| VIGAMOX DRO 0.5% | 3 | |
| ZYMAXID SOL 0.5% | 3 | |
| ***OPHTHALMIC, ANTI-INFLAMMATORY, Nonsteroidal*** | | |
| ACULAR LS SOL 0.4% | 3 | |
| ACULAR SOL 0.5% OP | 3 | |
| ACUVAIL SOL 0.45% | 2 | |
| *bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *bromfenac sodium ophth soln 0.09% (base equivalent)* | 1 | |
| BROMSITE DRO 0.075% | 3 | |
| *diclofenac sodium ophth soln 0.1%* | 1 | |
| *flurbiprofen sodium ophth soln 0.03%* | 1 | |
| ILEVRO DRO 0.3% OP | 2 | |
| *ketorolac tromethamine ophth soln 0.4%* | 1 | |
| *ketorolac tromethamine ophth soln 0.5%* | 1 | |
| NEVANAC SUS 0.1% | 2 | |
| OCUFEN SOL 0.03% OP | 3 | |
| PROLENSA SOL 0.07% | 3 | |
| ***OPHTHALMIC, ANTI-INFLAMMATORY, Steroidal*** | | |
| *dexamethasone sodium phosphate ophth soln 0.1%* | 1 | |
| DUREZOL EMU 0.05% | 2 | |
| *fluorometholone ophth susp 0.1%* | 1 | |
| FML FORTE SUS 0.25% OP | 2 | |
| FML OIN 0.1% OP | 2 | |
| *loteprednol etabonate ophth susp 0.5%* | 1 | |
| MAXIDEX SUS 0.1% OP | 2 | |
| OMNIPRED SUS 1% OP | 3 | |
| PRED MILD SUS 0.12% OP | 2 | |
| PRED SOD PHO SOL 1% OP | 3 | |
| *prednisolone acetate ophth susp 1%* | 1 | |
| VEXOL SUS 1% OP | 3 | |
| ***OPHTHALMIC, ANTIALLERGICS*** | | |
| ALOCRIL SOL 2% | 3 | |
| ALOMIDE SOL 0.1% OP | 3 | |
| *azelastine hcl ophth soln 0.05%* | 1 | |
| BEPREVE DRO 1.5% | 3 | |
| *cromolyn sodium ophth soln 4%* | 1 | |
| ELESTAT DRO 0.05% | 3 | |
| EMADINE SOL 0.05% OP | 3 | |
| *epinastine hcl ophth soln 0.05%* | 1 | |
| LASTACAFT SOL 0.25% | 2 | |
| *olopatadine hcl ophth soln 0.1% (base equivalent)* | 1 | |
| *olopatadine hcl ophth soln 0.2% (base equivalent)* | 1 | |
| PATADAY SOL 0.2% | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PATANOL SOL 0.1% OP | 3 | |
| PAZEO DRO 0.7% | 2 | |
| ***OPHTHALMIC, ANTIFUNGALS*** | | |
| NATACYN SUS 5% OP | 3 | |
| ***OPHTHALMIC, ANTIVIRALS*** | | |
| *trifluridine ophth soln 1%* | 1 | |
| VIROPTIC SOL 1% OP | 2 | |
| ZIRGAN GEL 0.15% | 3 | |
| ***OPHTHALMIC, ARTIFICIAL TEARS/LUBRICANTS*** | | |
| LACRISERT MIS 5MG OP | 3 | |
| ***OPHTHALMIC, BETA-BLOCKERS, Nonselective*** | | |
| BETAGAN SOL 0.5% OP | 3 | |
| BETIMOL SOL 0.5% | 2 | |
| BETIMOL SOL 0.25% | 2 | |
| *carteolol hcl ophth soln 1%* | 1 | |
| ISTALOL SOL 0.5% OP | 3 | |
| *levobunolol hcl ophth soln 0.5%* | 1 | |
| *levobunolol hcl ophth soln 0.25%* | 1 | |
| *metipranolol ophth soln 0.3%* | 1 | |
| *timolol maleate ophth gel forming soln 0.5%* | 1 | |
| *timolol maleate ophth gel forming soln 0.25%* | 1 | |
| *timolol maleate ophth soln 0.5%* | 1 | |
| *timolol maleate ophth soln 0.5% (once-daily)* | 1 | |
| *timolol maleate ophth soln 0.25%* | 1 | |
| TIMOPTIC SOL 0.5% OP | 3 | |
| TIMOPTIC SOL 0.25% OP | 3 | |
| TIMOPTIC-XE SOL 0.5% OP | 3 | |
| TIMOPTIC-XE SOL 0.25% OP | 3 | |
| ***OPHTHALMIC, BETA-BLOCKERS, Selective*** | | |
| *betaxolol hcl ophth soln 0.5%* | 1 | |
| BETOPTIC-S SUS 0.25% OP | 2 | |
| ***OPHTHALMIC, CARBONIC ANHYDRASE INHIBITOR/BETA-BLOCKER COMBINATIONS*** | | |
| COSOPT PF SOL | 3 | |
| COSOPT SOL 22.3-6.8 | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml* | 1 | |
| ***OPHTHALMIC, CARBONIC ANHYDRASE INHIBITOR/SYMPATHOMIMETIC COMBINATIONS*** | | |
| SIMBRINZA SUS 1-0.2% | 2 | |
| ***OPHTHALMIC, CARBONIC ANHYDRASE INHIBITORS*** | | |
| AZOPT SUS 1% OP | 2 | |
| *dorzolamide hcl ophth soln 2%* | 1 | |
| TRUSOPT SOL 2% OP | 3 | |
| ***OPHTHALMIC, DRY EYE DISEASE*** | | |
| RESTASIS EMU 0.05% | 2 | |
| RESTASIS MUL EMU 0.05% | 2 | |
| XIIDRA DRO 5% | 2 | |
| ***OPHTHALMIC, MISCELLANEOUS*** | | |
| AKTEN GEL 3.5% | 3 | |
| ALCAINE SOL 0.5% OP | 3 | |
| CYSTARAN SOL 0.44% | 3 | PA |
| GELFILM MIS OP | 3 | |
| *naphazoline hcl ophth soln 0.1%* | 1 | |
| OXERVATE SOL 20MCG/ML | 3 | |
| *phenylephrine hcl ophth soln 2.5%* | 1 | |
| *proparacaine hcl ophth soln 0.5%* | 1 | |
| *tetracaine hcl ophth soln 0.5%* | 1 | |
| ***OPHTHALMIC, MYDRIATICS*** | | |
| *atropine sulfate ophth soln 1%* | 1 | |
| CYCLOMYDRIL SOL OP | 3 | |
| ISO HYOSCINE SOL 0.25% OP | 3 | |
| MYDRIACYL SOL 1% OP | 3 | |
| *tropicamide ophth soln 0.5%* | 1 | |
| *tropicamide ophth soln 1%* | 1 | |
| ***OPHTHALMIC, PARASYMPATHOMIMETICS*** | | |
| ISOPTO CARP SOL 1% OP | 3 | |
| ISOPTO CARP SOL 2% OP | 3 | |
| ISOPTO CARP SOL 4% OP | 3 | |
| PHOSPHOLINE SOL 0.125%OP | 3 | |
| *pilocarpine hcl ophth soln 1%* | 1 | |
| *pilocarpine hcl ophth soln 2%* | 1 | |
| *pilocarpine hcl ophth soln 4%* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***OPHTHALMIC, PROSTAGLANDIN/RHO KINASE INHIBITOR COMBINATIONS*** | | |
| ROCKLATAN DRO | 2 | |
| ***OPHTHALMIC, PROSTAGLANDINS*** | | |
| *bimatoprost ophth soln 0.03%* | 1 | |
| *bimatoprost soln 0.03%* | 1 | |
| *latanoprost ophth soln 0.005%* | 1 | |
| LUMIGAN SOL 0.01% | 2 | |
| TRAVATAN Z DRO 0.004% | 2 | |
| *travoprost ophth soln 0.004%* | 1 | |
| VYZULTA SOL 0.024% | 3 | |
| XALATAN SOL 0.005% | 3 | |
| ZIOPTAN DRO 0.0015% | 3 | |
| ***OPHTHALMIC, RHO KINASE INHIBITORS*** | | |
| RHOPRESSA SOL 0.02% | 2 | |
| ***OPHTHALMIC, SYMPATHOMIMETIC/BETA-BLOCKER COMBINATIONS*** | | |
| COMBIGAN SOL 0.2/0.5% | 2 | |
| ***OPHTHALMIC, SYMPATHOMIMETICS*** | | |
| ALPHAGAN P SOL 0.1% | 2 | |
| ALPHAGAN P SOL 0.15% | 2 | |
| *brimonidine tartrate ophth soln 0.2%* | 1 | |
| *brimonidine tartrate ophth soln 0.15%* | 1 | |
| ***OTIC, ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS*** | | |
| CIPRO HC SUS OTIC | 3 | |
| CIPRODEX SUS 0.3-0.1% | 2 | |
| *coly-mycin s sus otic* | 3 | |
| CORTISPORIN SOL 1% OTIC | 3 | |
| *hydrocortisone w/ acetic acid otic soln 1-2%* | 1 | |
| *neomycin-polymyxin-hc otic soln 1%* | 1 | |
| *neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%* | 1 | |
| ***OTIC, ANTI-INFECTIVES*** | | |
| *acetic acid 2% in aluminum acetate otic soln* | 1 | |
| *acetic acid otic soln 2%* | 1 | |
| CETRAXAL SOL 0.2% | 3 | |
| *ciprofloxacin hcl otic soln 0.2% (base equivalent)* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ofloxacin otic soln 0.3%* | 1 | |
| ***OTIC, MISCELLANEOUS*** | | |
| DERMOTIC OIL 0.01% | 3 | |
| *fluocinolone acetonide (otic) oil 0.01%* | 1 | |



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(UPDATED 8/5/19)

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## Civil Rights Coordinator, Corporate Office of Civil Rights

| | |
|---|---|
| Mailing Address | P.O. Box 8894<br>Baltimore, Maryland 21224 |
| Email Address | **civilrightscoordinator@carefirst.com** |
| Telephone Number | 410-528-7820 |
| Fax Number | 410-505-2011 |

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

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*አማርኛ(Amharic)* ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀነ-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላል። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ እገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

*Èdè Yorùbá (Yoruba)* Ìtẹ́tíléko: Àkíyèsí yìí ní ìwífún nípa iṣẹ́ adójútòfò rẹ. Ó le ní àwọn déètì pàtó o sì le ní láti gbé ìgbésẹ̀ ní àwọn ọjọ́ gbèdéke kan. O ni ẹ̀tọ́ láti gba ìwífún yìí àti ìrànlọ́wọ́ ní èdè rẹ lọ́fẹ̀ẹ́. Àwọn ọmọ-ẹgbẹ́ gbọ́dọ̀ pe nọ́mbà fóònù tó wà lẹ́yìn káàdì ìdánimọ̀ wọn. Àwọn míràn le pe 855-258-6518 kí o sì dúró nípasẹ̀ ìjíròrò títí a ó fi sọ fún ọ láti tẹ 0. Nígbàtí aṣojú kan bá dáhùn, sọ èdè tí o fẹ́ a ó sì so ọ́ pọ̀ mọ́ ògbufọ̀ kan.

*Tiếng Việt (Vietnamese)* Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

*Tagalog (Tagalog)* Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

*Español (Spanish)* Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

*Русский (Russian)* Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

*हिन्दी (Hindi)* ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

*Ɓǎsɔ́ɔ̀-wùɖù (Bassa)* Tò Ɖùǔ Cáo! Bɔ̌ nìà kɛ ɓá nyɔ ɓě ké m̀ gbo kpá ɓó nì fûà-fǔá-tìǐn nyɛɛ jè dyí. Bɔ̌ nìà kɛ ɓéɖé wé jɛ́ɛ́ ɓě ɓɛ́ m̀ ké ɖɛ wa mɔ́ m̀ ké nyuɛɛ nyu hwɛ̀ ɓɛ́ wé ɓěa ké zi. Ɔ mɔ̀ nì kpé ɓɛ́ m̀ ké bɔ̌ nìà kɛ kè gbo-kpá-kpá m̀ mɔ́ɛɛ dyé ɖé nì ɓíɖí-wùɖù mú ɓɛ́ m̀ ké se wíɖí ɖò pɛ́ɛ̀. Kpooɔ̀ nyɔ ɓě mɛ ɖá fǔùn-nɔ̀ɓà nìà ɖé waà I.D. káàɔ̀ ɖeín nyɛ. Nyɔ tɔ̀ɔ̀ séín mɛ ɖá nɔ̀ɓà nìà kɛ: 855-258-6518, ké m̀ mɛ fò tee ɓɛ́ wa kéɛ m̀ gbo cɛ̃ ɓɛ́ m̀ ké nɔ̀ɓà mɔà 0 kɛɛ dyi pàɖàìn hwɛ̀. Ɔ jǔ ké nyɔ ɖò dyi m̀ gɔ̌ jǔǐn, po wuɖu m̀ mɔ́ poɛ dyiɛ, ké nyɔ ɖò mu ɓó nììn ɓɛ́ ɔ ké nì wuɖuɔ̀ mú zà.

*বাংলা (Bengali)* লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

*اردو (Urdu)* توجہ :یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

*فارسی (Farsi)* توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی‌شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

*اللغة العربية (Arabic)* تنبيه :يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة .يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة .ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم .يمكن للآخرين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم .0 عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

*中文繁体 (Traditional Chinese)* 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

*Igbo (Igbo)* Nrụbama: Ọkwa a nwere ozi gbasara mkpuchi nchekwa onwe gị. Ọ nwere ike ịnwe ụbọchị ndị dị mkpa, ị nwere ike ịme ihe tupu ụfọdụ ụbọchị njedebe. Ị nwere ikike ịnweta ozi na enyemaka a n'asụsụ gị na akwụghị ụgwọ ọ bụla. Ndị otu kwesịrị ịkpọ akara ekwentị dị n'azụ nke kaadị njirimara ha. Ndị ọzọ niile nwere ike ịkpọ 855-258-6518 wee chere ụbụbọ ahụ ruo mgbe amanyere ịpị 0. Mgbe onye nnọchite anya zara, kwuo asụsụ ị chọrọ, a ga-ejikọ gị na onye ọkọwa okwu.

*Deutsch (German)* Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

*Français (French)* Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

*한국어(Korean)* 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아니신 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad *(Navajo)* Ge': Díí bee ił hane'ígíí bii' dahólǫ́ bee éédahózin béeso ách'ą́ą́h naanil ník'ist'i'ígíí bá. Bii' dahólǫ́ǫ́ doo íiyisíí yoolkáálígíí dóó t'áádoo le'é ádadoolyį́į́lígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'į́į́h. Bee ná ahóót'i' díí bee ił hane' dóó niká'ádoowoł t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béésh bee hane'é bee wółta'ígíí nitł'izgo bee nee hódolzinígíí bikéédę́ę́' bikáá' bich'į' hodoonihjį́'. Aadóó náánáła' éí kojį' dahódoolnih 855-258-6518 dóó yii diiłts'į́ił yałtí'ígíí t'áá níléíjį́ áádóó éí bikéé'dóó naasbąąs bił adidiilchił. Áká'ánidaalwó'ígíí neidiitą́ą́go, saad bee yániłt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoolwoł.