



Choice (HMO) /  
Plus (HMO)  
2022

MedicareRx  
Prescription Drug Coverage

**Formulary (List of Covered Drugs)**  
**Formulario (Lista de medicamentos cubiertos)**  
**處方藥一覽表 (承保藥物清單)**  
**처방집(보장 약 목록)**  
**Danh Mục Thuốc (Danh sách Thuốc được Bảo hiểm)**

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN  
LEA ESTE DOCUMENTO QUE CONTIENE INFORMACIÓN SOBRE  
LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

請閱讀：本文件包含有關本計劃承保藥物的資訊

내용을 확인하시기 바랍니다. 이 문서에는 이 플랜에서 보장하는 약에 관한 정보가 들어 있습니다.

XIN ĐỌC: TÀI LIỆU NÀY CÓ THÔNG TIN VỀ CÁC THUỐC ĐƯỢC CHÚNG TÔI BẢO HIỂM

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This formulary was updated on 10/05/2021. For more recent information or other questions, please contact Vitality Health Plan of California Member Service at 1-866-333-3530 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week from October 1 through March 31 and 8 a.m. to 8 p.m. Monday to Friday from April 1 through September 30, or visit [www.vitalityhp.net](http://www.vitalityhp.net).

Este formulario se actualizó el 10/25/2021. Para obtener información más reciente o si tiene cualquier otra pregunta, comuníquese con el Servicio para los miembros de Vitality Health Plan of California al 1-866-333-3530. Los usuarios de TTY deben llamar al 711. Desde el 1.º de octubre hasta el 31 de marzo, el horario de atención es de 8:00 a. m. a 8:00 p. m., los siete días de la semana; y desde el 1.º de abril hasta el 30 de septiembre, el horario de atención es de 8:00 a. m. a 8:00 p. m., de lunes a viernes. También puede visitar [www.vitalityhp.net](http://www.vitalityhp.net).

本處方藥一覽表更新於 2021 年 10 月 05 日。如需最新資訊或有其他問題，請聯絡 Vitality Health Plan of California 會員服務部，電話：1-866-333-3530，聽障人士可致電 711。10 月 1 日至 3 月 31 日期間，辦公時間為每週七天，上午 8 點至晚上 8 點；4 月 1 日至 9 月 30 日期間，辦公時間為週一至週五，上午 8 點至晚上 8 點，或者瀏覽 [www.vitalityhp.net](http://www.vitalityhp.net)。

이 처방집은 2021년 10월 05일에 업데이트되었습니다. 더욱 최근의 정보를 원하시거나 기타 궁금한 사항이 있으시면 Vitality Health Plan of California 가입자 서비스부에 1-866-333-3530번으로, TTY사용자는 711번으로 10월 1일부터 3월 31일까지는 주 7일 오전 8시-오후 8시 중에 그리고 4월 1일부터 9월 30일까지는 월요일-금요일 오전 8시-오후 8시 중에 전화해 주십시오. 또는 [www.vitalityhp.net](http://www.vitalityhp.net)을 언제든지 방문하실 수 있습니다.

Danh mục thuốc này được cập nhật vào ngày 10/05/2021. Để biết thông tin gần đây hoặc có thắc mắc gì khác, xin vui lòng gọi cho Vitality Health Plan of California theo số 1-866-333-3530 hoặc, với người dùng TTY, 711, 8 giờ sáng đến 8 giờ tối., bảy ngày mỗi tuần từ ngày 1 tháng 10 đến ngày 31 tháng 3 và từ 8 giờ sáng đến 8 giờ tối, Thứ Hai đến Thứ Sáu, từ ngày 1 tháng 4 đến ngày 30 tháng 9, hoặc truy cập [www.vitalityhp.net](http://www.vitalityhp.net).

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Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Analgesics, Miscellaneous</b>		
<i>acetaminophen-codeine oral solution</i> 120-12 mg/5 ml	1	GC; NEDS; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet</i> 300-15 mg, 300-30 mg	2	NEDS; GC*; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet</i> 300-60 mg	2	NEDS; GC*; QL (180 per 30 days)
<i>buprenorphine hcl injection solution</i> (Buprenex) 0.3 mg/ml	2	GC*
<i>buprenorphine hcl injection syringe</i> 0.3 mg/ml	2	GC*
<i>butalbital-acetaminophen-caff oral</i> (Esgic) <i>tablet 50-325-40 mg</i>	2	GC*; QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral</i> <i>capsule 50-325-40 mg</i>	4	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral</i> <i>tablet 50-325-40 mg</i>	2	GC*; QL (180 per 30 days)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	2	NEDS; GC*; QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg</i>	2	NEDS; GC*; QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	2	NEDS; GC*; QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	2	NEDS; GC*; QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a</i> (Actiq) <i>handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; NEDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a</i> (Actiq) <i>handle 200 mcg</i>	3	PA; NEDS; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour</i> <i>100 mcg/hr</i>	3	NEDS; QL (10 per 30 days)
<i>fentanyl transdermal patch 72 hour</i> <i>12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	NEDS; GC*; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral</i> <i>solution 7.5-325 mg/15 ml</i>	4	NEDS; QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral</i> <i>tablet 10-325 mg, 7.5-325 mg</i>	2	NEDS; GC*; QL (180 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	2	NEDS; GC*; QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	NEDS; GC*; QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	GC*
<i>hydromorphone oral liquid 1 mg/ml (Dilaudid)</i>	2	NEDS; GC*; QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg (Dilaudid)</i>	2	NEDS; GC*; QL (180 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	5	PA; NEDS; QL (30 per 30 days)
<i>methadone injection solution 10 mg/ml</i>	2	GC*; QL (120 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	NEDS; GC*; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	NEDS; GC*; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	NEDS; GC*; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	NEDS; GC*; QL (180 per 30 days)
<i>methadose oral tablet, soluble 40 mg</i>	2	NEDS; GC*; QL (30 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	PA; NEDS; GC*; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	2	NEDS; GC*; QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	NEDS; GC*; QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	NEDS; QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	4	NEDS; QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg (MS Contin)</i>	2	NEDS; GC*; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg (MS Contin)</i>	2	NEDS; GC*; QL (90 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone oral solution 5 mg/5 ml</i>	4	NEDS; QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg</i>	2	NEDS; GC*; QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	2	NEDS; GC*; QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	2	NEDS; GC*; QL (120 per 30 days)
<i>oxycodone oral tablet 5 mg</i> (Roxicodone)	2	NEDS; GC*; QL (180 per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (OxyContin)	3	NEDS; QL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	2	NEDS; GC*; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	2	NEDS; GC*; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	2	NEDS; GC*; QL (240 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	NEDS; GC*; QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	NEDS; QL (60 per 30 days)
<i>tramadol oral tablet 50 mg</i> (Ultram)	1	GC; NEDS; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	2	NEDS; GC*; QL (300 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	3	NEDS; QL (60 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	3	NEDS; QL (120 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	3	NEDS; QL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<b>Nonsteroidal Anti-Inflammatory Agents</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i> (Celebrex)	2	GC*; QL (60 per 30 days)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	4	PA; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i> (Cataflam)	2	GC*; QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	GC*; QL (60 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg</i>	2	GC*; QL (150 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 50 mg</i>	2	GC*; QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 75 mg</i>	2	GC*; QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	2	GC*; QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i> (Arthritis Pain (diclofenac))	2	GC*; QL (1000 per 30 days)
<i>diclofenac sodium topical gel 3 %</i> (Solaraze)	4	PA; QL (100 per 28 days)
<i>etodolac oral capsule 200 mg, 300 mg</i>	4	
<i>etodolac oral tablet 400 mg</i> (Lodine)	4	
<i>etodolac oral tablet 500 mg</i>	4	
<i>flurbiprofen oral tablet 100 mg</i>	2	GC*
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	GC
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	2	GC*
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	1	GC
<i>indomethacin oral capsule 25 mg</i>	1	GC; QL (240 per 30 days)
<i>indomethacin oral capsule 50 mg</i>	1	GC; QL (120 per 30 days)
<i>ketorolac oral tablet 10 mg</i>	2	GC*; QL (20 per 30 days)
<i>mefenamic acid oral capsule 250 mg</i>	4	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	1	GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nabumetone oral tablet 500 mg, 750 mg</i> (Relafen)	2	GC*
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	GC
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	GC
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i> (EC-Naprosyn)	2	GC*
<b>PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)</b>	5	PA; NEDS; QL (224 per 28 days)
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	GC*
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>glydo mucous membrane jelly in applicator 2 %</i>	2	GC*; QL (30 per 30 days)
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine-MPF)	1	GC
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>	1	GC
<i>lidocaine hcl 1% 20 mg/2 ml vl latex-free, sdv, plf 10 mg/ml (1 %)</i> (Xylocaine-MPF)	1	GC
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine)	1	GC
<i>lidocaine hcl mucous membrane jelly 2 %</i>	2	GC*; QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	PA; GC*
<i>lidocaine topical adhesive patch, medicated 5 %</i> (Lidoderm)	2	PA; GC*; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	4	PA; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	2	GC*
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	4	PA; QL (30 per 30 days)
<b>ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %</b>	3	PA; QL (90 per 30 days)

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



Drug Name	Drug Tier	Requirements/Limits
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>	3	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	GC*; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)	4	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	4	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	GC*; QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	GC*
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	3	QL (336 per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	QL (336 per 365 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	3	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	GC*
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	QL (4 per 30 days)
LUCEMYRA ORAL TABLET 0.18 MG	5	NEDS; QL (228 per 14 days)
<i>naloxone injection solution 0.4 mg/ml</i>	2	GC*
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	GC*
<i>naltrexone oral tablet 50 mg</i>	2	GC*
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	QL (4 per 30 days)
NICOTROL INHALATION CARTRIDGE 10 MG	4	QL (1008 per 90 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	5	NEDS; QL (0.5 per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	5	NEDS; QL (1.5 per 30 days)
<b>Antianxiety Agents</b>		
<b>Benzodiazepines</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	GC; NEDS; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	GC; NEDS; QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	GC; NEDS; QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	GC; NEDS; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	GC; NEDS; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	NEDS; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	4	NEDS; QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	2	NEDS; GC*; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	2	NEDS; GC*; QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	2	GC*; QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	3	QL (10 per 28 days)
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	4	NEDS; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	4	NEDS; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	GC; NEDS; QL (120 per 30 days)
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	1	GC; QL (2 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	1	GC; QL (2 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	GC; NEDS; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	GC; NEDS; QL (150 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	1	GC; NEDS; QL (30 per 30 days)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	2	GC*
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	GC*
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i>	2	GC*
<i>neomycin oral tablet 500 mg</i>	2	GC*
<i>streptomycin intramuscular recon soln 1 gram</i>	5	NEDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	NEDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	5	PA BvD; NEDS
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	5	PA BvD; NEDS
<i>tobramycin sulfate injection solution 40 mg/ml</i>	4	
<b>Antibacterials, Miscellaneous</b>		
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	2	GC*
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	1	GC
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i>	2	GC*
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	2	GC*

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	2	GC*
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	GC*
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	5	PA BvD; NEDS
<i>daptomycin intravenous recon soln 500 mg</i> (Cubicin)	5	NEDS
<b>FIRVANQ ORAL RECON SOLN 25 MG/ML</b>	4	
<i>linezolid 600 mg/300 ml-0.9% nacl 600 mg/300 ml</i>	3	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	3	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	5	NEDS
<i>linezolid oral tablet 600 mg</i> (Zyvox)	2	GC*
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	2	GC*
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	2	GC*
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	GC
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> (Macrochantin)	2	GC*; QL (120 per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i> (Macrochantin)	4	QL (120 per 30 days)
<i>nitrofurantoin monohydlm-cryst oral capsule 100 mg</i> (Macrobid)	2	GC*; QL (60 per 30 days)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	2	GC*
<b>SYNERCID INTRAVENOUS RECON SOLN 500 MG</b>	5	NEDS
<i>trimethoprim oral tablet 100 mg</i>	1	GC
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	2	GC*
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	4	QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	4	QL (112 per 14 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XIFAXAN ORAL TABLET 200 MG	5	PA; NEDS; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NEDS; QL (90 per 30 days)
<b>Cephalosporins</b>		
<i>cefactor oral capsule 250 mg, 500 mg</i>	2	GC*
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	4	
<i>cefadroxil oral capsule 500 mg</i>	2	GC*
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	GC*
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	GC*
<i>cefdinir oral capsule 300 mg</i>	2	GC*
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	4	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	3	
<i>cefixime oral capsule 400 mg</i> (Suprax)	4	
<i>cefotaxime injection recon soln 1 gram</i>	2	GC*
<i>cefoxitin 1 gm piggyback bag 1 gram/50 ml</i>	4	
<i>cefoxitin intravenous recon soln 1 gram</i>	4	
<i>cefoxitin intravenous recon soln 10 gram, 2 gram</i>	4	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	4	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	GC*
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	GC*
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ceftazidime injection recon soln 1 gram, 2 gram</i> (Fortaz)	2	GC*
<i>ceftazidime injection recon soln 6 gram</i> (Tazicef)	2	GC*
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	GC*
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	GC*
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	GC*
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	GC*
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	GC
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	GC*
<b>TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG</b>	5	NEDS
<b>Macrolides</b>		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	2	GC*
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	4	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	GC
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	GC
<i>azithromycin oral tablet 600 mg</i>	2	GC*
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	4	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	GC*
<b>DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML</b>	5	NEDS; QL (136 per 10 days)
<b>DIFICID ORAL TABLET 200 MG</b>	5	NEDS; QL (20 per 10 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	4	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	4	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	4	
<b>Miscellaneous B-Lactam Antibiotics</b>		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; LA; NEDS
<i>ertapenem injection recon soln 1 gram</i> (Invanz)	4	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	3	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	3	
<i>meropenem intravenous recon soln 1 gram</i>	4	
<i>meropenem intravenous recon soln 500 mg</i>	4	
<i>meropenem-0.9% nacl 500 mg/50 500 mg/50 ml</i>	4	
<b>Penicillins</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	GC
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	GC
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	GC
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	GC*
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	4	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)	1	GC
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	4	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	2	GC*
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	3	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	3	
<b>BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML</b>	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	GC*
<i>nafcillin 1 gml 50 ml inj 1 gram/50 ml</i>	2	GC*
<i>nafcillin 2 gml 100 ml inj 2 gram/100 ml</i>	2	GC*
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	GC*
<i>nafcillin injection recon soln 10 gram</i>	5	NEDS
<i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G)	4	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	2	GC*
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	GC*
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	GC
<i>pfizerpen-g injection recon soln 20 million unit</i>	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	3	
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	4	
<b>Quinolones</b>		
<b>BAXDELA ORAL TABLET 450 MG</b>	5	PA; NEDS; QL (28 per 14 days)
<i>ciprofloxacin hcl 750 mg tab flc 750 mg</i>	1	GC
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)</i>	1	GC
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	GC
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	GC*
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml (Cipro)</i>	4	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	GC*
<i>levofloxacin intravenous solution 25 mg/ml</i>	4	
<i>levofloxacin oral solution 250 mg/10 ml</i>	4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	GC
<i>moxifloxacin oral tablet 400 mg</i>	4	
<b>Sulfonamides</b>		
<i>sulfadiazine oral tablet 500 mg</i>	3	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	4	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml (Sulfatrim)</i>	4	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg (Bactrim)</i>	1	GC
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg (Bactrim DS)</i>	1	GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Tetracyclines</b>		
<i>doxy-100 intravenous recon soln 100 mg</i>	3	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	2	GC*
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	2	GC*
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	GC*
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	2	GC*; QL (60 per 30 days)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	2	GC*; QL (60 per 30 days)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	2	GC*
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	GC*; QL (60 per 30 days)
<i>doxycycline monohydrate oral tablet 50 mg</i>	2	GC*; QL (60 per 30 days)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	GC*
<i>mondoxyne nl oral capsule 100 mg</i>	2	GC*; QL (60 per 30 days)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	4	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	5	NEDS
<b>Anticancer Agents</b>		
<b>Anticancer Agents</b>		
<i>abiraterone oral tablet 250 mg</i> (Zytiga)	5	PA NSO; NEDS; QL (120 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	PA BvD; NEDS
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	5	PA NSO; NEDS
<i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	PA BvD; GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	PA BvD; GC*
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	5	PA NSO; NEDS; QL (112 per 28 days)
AFINITOR ORAL TABLET 10 MG	5	PA NSO; NEDS; QL (56 per 28 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NEDS; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	5	NEDS
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	5	PA NSO; NEDS; QL (3 per 28 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NEDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NEDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA NSO; NEDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	GC
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	NEDS
<i>arsenic trioxide intravenous solution 2 mg/ml</i> (Trisenox)	5	NEDS
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	5	PA NSO; NEDS
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NEDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NEDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	5	NEDS
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NEDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NEDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NEDS; QL (28 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NEDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	5	PA NSO; NEDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NEDS
BESPONSА INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	5	PA NSO; NEDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NEDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	GC*
BLENREP INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NEDS
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	2	GC*
BLINCYTO INTRAVENOUS KIT 35 MCG	5	PA NSO; NEDS
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	5	PA NSO; NEDS
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NEDS; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NEDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NEDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NEDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NEDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NEDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NEDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA NSO; NEDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA NSO; NEDS; QL (30 per 30 days)
<i>clofarabine intravenous solution 20 mg/20 ml</i> (Clolar)	5	NEDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NEDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NEDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; LA; NEDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	5	PA BvD; NEDS
<i>cyclophosphamide intravenous solution 200 mg/ml</i>	5	PA BvD; NEDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	4	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	3	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NEDS
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NEDS; QL (120 per 28 days)
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	5	PA NSO; NEDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; LA; NEDS
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NEDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NEDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 (Dacogen) mg</i>	5	NEDS
<i>doxorubicin intravenous solution 10 (Adriamycin) mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	PA BvD; GC*
<i>doxorubicin, peg-liposomal (Doxil) intravenous suspension 2 mg/ml</i>	5	PA BvD; NEDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	
EMCYT ORAL CAPSULE 140 MG	5	NEDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	5	PA NSO; NEDS
ENHERTU INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NEDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA NSO; NEDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NEDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NEDS; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 mg</i> (Tarceva)	5	PA NSO; NEDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i> (Tarceva)	5	PA NSO; NEDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution 20 mg/ml</i> (Toposar)	2	GC*
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor)	5	PA NSO; NEDS; QL (28 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	4	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA NSO; NEDS
<i>floxuridine injection recon soln 0.5 gram</i>	2	PA BvD; GC*
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	2	PA BvD; GC*
<i>flutamide oral capsule 125 mg</i>	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; NEDS; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe</i> (Faslodex) <i>250 mg/5 ml</i>	5	NEDS
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NEDS; QL (120 per 30 days)
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	5	PA NSO; NEDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NEDS; QL (30 per 30 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NEDS; QL (5 per 21 days)
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	PA NSO; NEDS
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NEDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	GC*
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NEDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NEDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NEDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NEDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	2	GC*
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	GC*
<i>imatinib oral tablet 100 mg</i> (Gleevec)	3	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	3	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NEDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NEDS; QL (28 per 28 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NEDS; QL (28 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NEDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	4	PA NSO; QL (4 per 365 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	5	PA NSO; NEDS; QL (8 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NEDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NEDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NEDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NEDS; QL (120 per 30 days)
IRESSA ORAL TABLET 250 MG	5	PA NSO; NEDS; QL (60 per 30 days)
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	5	NEDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NEDS; QL (60 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NEDS
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NEDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NEDS; QL (8 per 21 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NEDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NEDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NEDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NEDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NEDS; QL (42 per 28 days)

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NEDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NEDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NEDS; QL (120 per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	5	PA NSO; NEDS
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	5	PA NSO; NEDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA NSO; NEDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	GC
LEUKERAN ORAL TABLET 2 MG	5	NEDS
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	5	NEDS
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NEDS; QL (7 per 21 days)
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NEDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NEDS; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NEDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NEDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NEDS; QL (240 per 30 days)
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NEDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	NEDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NEDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	NEDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NEDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NEDS
MATULANE ORAL CAPSULE 50 MG	5	NEDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	GC*
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NEDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NEDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NEDS; QL (180 per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	2	GC*
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	PA BvD; GC*
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	PA BvD; GC*
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	PA BvD; GC*
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; ST; GC*
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	GC*
MONJUVI INTRAVENOUS RECON SOLN 200 MG	5	PA NSO; NEDS
MVASI INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NEDS
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	5	PA NSO; NEDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NEDS; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	5	PA NSO; NEDS; QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NEDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NEDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NEDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; LA; NEDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NEDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	5	PA NSO; NEDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	5	NEDS
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NEDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NEDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NEDS
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	5	PA NSO; NEDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NEDS; QL (14 per 21 days)
PEPAXTO INTRAVENOUS RECON SOLN 20 MG	5	PA NSO; NEDS; QL (2 per 28 days)
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG-30000 UNIT/15ML	5	PA NSO; NEDS; QL (15 per 21 days)
PHESGO SUBCUTANEOUS SOLUTION 600 MG-600 MG-20000 UNIT/10ML	5	PA NSO; NEDS; QL (10 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NEDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NEDS; QL (56 per 28 days)
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	5	PA NSO; NEDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NEDS; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	5	PA NSO; NEDS; QL (100 per 21 days)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	5	NEDS
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NEDS
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NEDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NEDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NEDS; QL (120 per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; LA; NEDS; QL (28 per 28 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NEDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NEDS
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	5	PA NSO; NEDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NEDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NEDS; QL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NEDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NEDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NEDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NEDS; QL (224 per 28 days)
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NEDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NEDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NEDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; NEDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NEDS; QL (84 per 28 days)
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	5	PA NSO; NEDS; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	5	PA NSO; NEDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NEDS
TABLOID ORAL TABLET 40 MG	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NEDS; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NEDS; QL (120 per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA NSO; LA; NEDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA NSO; NEDS; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA NSO; NEDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	GC*
TARGRETIN TOPICAL GEL 1 %	5	PA NSO; NEDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NEDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA NSO; NEDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NEDS; QL (240 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	5	PA NSO; NEDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TEMODAR INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NEDS
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NEDS; QL (60 per 30 days)
<i>thiotepa injection recon soln 100 mg, (Tepadina) 15 mg</i>	5	NEDS
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NEDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	
<i>toposar intravenous solution 20 mg/ml</i>	2	GC*
<i>toremifene oral tablet 60 mg (Fareston)</i>	5	NEDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NEDS
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	5	PA NSO; NEDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	5	NEDS; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	NEDS; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	4	QL (1 per 28 days)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	NEDS
TRODELVY INTRAVENOUS RECON SOLN 180 MG	5	PA NSO; NEDS
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	5	PA NSO; NEDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NEDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NEDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NEDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 200 MG	5	PA NSO; NEDS; QL (120 per 30 days)
UKONIQ ORAL TABLET 200 MG	5	PA NSO; NEDS; QL (120 per 30 days)
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	5	PA NSO; NEDS
<i>valrubicin intravesical solution 40 mg/ml</i> (Valstar)	5	NEDS
VELCADE INJECTION RECON SOLN 3.5 MG	5	PA NSO; NEDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; LA; NEDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	3	PA NSO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; LA; NEDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NEDS; QL (56 per 28 days)
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)	2	GC*
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NEDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NEDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NEDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NEDS; QL (30 per 30 days)
VOTRIENT ORAL TABLET 200 MG	5	PA NSO; NEDS; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	5	PA BvD; NEDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NEDS; QL (90 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NEDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NEDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	5	PA NSO; NEDS; QL (20 per 28 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA NSO; NEDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NEDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4)	5	PA NSO; NEDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	5	PA NSO; NEDS; QL (12 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NEDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NEDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NEDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NEDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NEDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NEDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NEDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NEDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NEDS; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NEDS; QL (240 per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	5	PA NSO; NEDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NEDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	4	QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	QL (1 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	5	NEDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NEDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NEDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NEDS
ZYTIGA ORAL TABLET 250 MG, 500 MG	5	PA NSO; NEDS; QL (120 per 30 days)
<b>Anticonvulsants</b>		
<b>Anticonvulsants</b>		
APTIOM ORAL TABLET 200 MG, 400 MG	5	ST; NEDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	ST; NEDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	3	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	QL (60 per 30 days)
<i>carbamazepine oral capsule, er</i> (Carbatrol)	4	
<i>multiphase 12 hr 100 mg, 200 mg, 300 mg</i>		
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	4	
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	2	GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	4	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	GC*
CELONTIN ORAL CAPSULE 300 MG	4	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	4	PA NSO; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	4	PA NSO; QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NEDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; NEDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA NSO; NEDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA NSO; NEDS; QL (180 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	4	
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	4	
<i>divalproex oral capsule, delayed release sprinkle 125 mg</i> (Depakote Sprinkles)	2	GC*
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	GC*
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> (Depakote)	2	GC*
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NEDS
<i>epitol oral tablet 200 mg</i>	2	GC*
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	3	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	GC*
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	4	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NSO; NEDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fosphenytoin injection solution 100 mg per 2 ml, 500 mg per 10 ml</i> (Cerebyx)	2	GC*
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; NEDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	ST; NEDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	ST; NEDS; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	GC; QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	1	GC; QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	4	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	2	GC*; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	2	GC*; QL (120 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	GC
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	GC*
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	2	GC*
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	GC*
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	2	GC*
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	GC*
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	4	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	2	GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	4	ST
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	5	ST; NEDS
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	4	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	GC*
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	GC*
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	2	GC*
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	2	GC*
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	2	GC*
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	GC*
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	2	GC*
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	2	GC*; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	2	GC*; QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	4	QL (900 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	GC*
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	5	ST; NEDS
<i>rufinamide oral tablet 200 mg, 400 mg</i> (Banzel)	5	ST; NEDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	ST; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	GC
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA NSO; NEDS; QL (60 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYMPAZAN ORAL FILM 5 MG	4	PA NSO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> (Gabitril)	4	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	2	GC*
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	GC
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	2	GC*
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	GC*
<i>valproic acid oral capsule 250 mg</i>	2	GC*
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	4	
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	5	PA NSO; NEDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	5	PA NSO; NEDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i>	5	PA NSO; NEDS; QL (180 per 30 days)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	3	QL (200 per 5 days)
VIMPAT ORAL SOLUTION 10 MG/ML	3	QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	QL (60 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	ST; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	4	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	ST; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	ST
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	2	GC*
<i>zonisamide oral capsule 50 mg</i>	2	GC*
<b>Antidementia Agents</b>		
<b>Antidementia Agents</b>		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	1	GC; QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	2	GC*; QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	4	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> (Razadyne ER)	2	GC*; QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	4	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	GC*; QL (60 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	4	ST; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	4	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	2	GC*; QL (60 per 30 days)
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	3	ST
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	ST; QL (30 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	GC*; QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	4	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>Antidepressants</b>		
<b>Antidepressants</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	GC*
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	4	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	GC*
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	2	GC*
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	2	GC*
<i>citalopram oral solution 10 mg/5 ml</i>	4	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	1	GC; QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	4	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	4	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	4	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	4	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	GC*
<i>doxepin oral concentrate 10 mg/ml</i>	1	GC
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	2	GC*; QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	ST; NEDS; QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	4	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	1	GC
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	1	GC
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	4	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	GC*
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	GC*
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	2	GC*
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	2	GC*
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	2	GC*
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	2	GC*
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	GC
<i>nortriptyline oral solution 10 mg/5 ml</i>	4	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	GC
PAXIL ORAL SUSPENSION 10 MG/5 ML	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	GC*
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	GC*
<i>protriptyline oral tablet 10 mg, 5 mg</i>	4	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	GC*
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	GC
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG	4	PA NSO
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA NSO; NEDS
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	4	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	GC
<i>trazodone oral tablet 300 mg</i>	4	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	2	GC*; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	2	GC*; QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	GC*
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	QL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	3	
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	5	NEDS
<b>Antidiabetic Agents</b>		
<b>Antidiabetic Agents, Miscellaneous</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	2	GC*; QL (90 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	5	PA; NEDS; QL (112 per 28 days)
<i>metformin oral tablet 1,000 mg</i>	1	GC; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	GC; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	GC; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	GC; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	GC; QL (60 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	3	QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	GC; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	GC; QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	GC; QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	5	PA; NEDS; QL (10.8 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	PA; NEDS; QL (10.8 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5- 1,000 MG, 5-500 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10- 1,000 MG, 10-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5- 1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
<b>Insulins</b>		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	QL (40 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	QL (24 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70- 30)	3	QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U- 100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	GC*; QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70- 30)	2	GC*; QL (40 per 28 days)
NOVOLOG MIX 70- 30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	GC*; QL (30 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	GC*; QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	GC*; QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	QL (15 per 28 days)
<b>Sulfonylureas</b>		
<i>glimepiride oral tablet 1 mg, 2 mg</i> (Amaryl)	1	GC; QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i> (Amaryl)	1	GC; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i> (Glucotrol)	1	GC; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	GC; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL)	1	GC; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i> (Glucotrol XL)	1	GC; QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	GC; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	GC; QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	GC
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	GC
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	5	PA BvD; NEDS
<i>amphotericin b injection recon soln 50 mg</i>	2	PA BvD; GC*
<i>casposfungin intravenous recon soln 50 mg</i> (Cancidas)	5	NEDS
<i>casposfungin intravenous recon soln 70 mg</i> (Cancidas)	3	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	2	GC*; QL (180 per 30 days)
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	2	GC*; QL (19.8 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	2	GC*
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	2	GC*
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	GC*; QL (90 per 30 days)
<i>econazole topical cream 1 %</i>	4	QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	2	PA BvD; GC*
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	4	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	2	GC*
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	5	NEDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	4	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	2	GC*
<i>ketoconazole oral tablet 200 mg</i>	2	GC*
<i>ketoconazole topical cream 2 %</i>	2	GC*; QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	2	GC*; QL (360 per 30 days)
<i>miconazole-3 vaginal suppository 200 mg</i>	2	GC*
<b>NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)</b>	5	PA; NEDS
<i>nyamyc topical powder 100,000 unit/gram</i>	2	GC*; QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	2	GC*; QL (900 per 30 days)
<i>nystatin oral tablet 500,000 unit</i>	2	GC*
<i>nystatin topical cream 100,000 unit/gram</i>	2	GC*; QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	GC*; QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	2	GC*; QL (60 per 30 days)
<i>nystop topical powder 100,000 unit/gram</i>	2	GC*; QL (60 per 30 days)
<i>posaconazole oral tablet, delayed release (drlec) 100 mg</i> (Noxafil)	5	PA; NEDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	GC
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	5	PA BvD; NEDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	5	PA; NEDS
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	3	
<b>Antigout Agents</b>		
<b>Antigout Agents, Other</b>		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	1	GC
<i>allopurinol oral tablet 300 mg</i>	1	GC
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	4	PA; QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	4	ST; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MITIGARE ORAL CAPSULE 0.6 MG	2	GC*; QL (60 per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	GC*
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	GC*
<b>Antihistamines</b>		
<b>Antihistamines</b>		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	GC*
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	GC*
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	4	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Diphen)	2	GC*
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	2	GC*
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	GC*
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	GC
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	GC
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	GC*
<b>Anti-Infectives (Skin And Mucous Membrane)</b>		
<b>Anti-Infectives (Skin And Mucous Membrane)</b>		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	2	GC*
<i>metronidazole vaginal gel 0.75 %</i> (Metrogel Vaginal)	2	GC*
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	GC*
<i>terconazole vaginal suppository 80 mg</i>	4	
<b>Antimigraine Agents</b>		
<b>Antimigraine Agents</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dihydroergotamine injection solution</i> (D.H.E.45) 1 mg/ml	3	QL (24 per 28 days)
<i>dihydroergotamine nasal spray, non-aerosol</i> 0.5 mg/pump act. (4 mg/ml) (Migranal)	5	NEDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	2	GC*; QL (12 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	2	GC*; QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating</i> 10 mg (Maxalt-MLT)	2	GC*; QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating</i> 5 mg	2	GC*; QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol</i> 20 mg/lactuation (Imitrex)	4	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol</i> 5 mg/lactuation (Imitrex)	4	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet</i> 100 mg (Imitrex)	2	GC*; QL (9 per 30 days)
<i>sumatriptan succinate oral tablet</i> 25 mg, 50 mg (Imitrex)	2	GC*; QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i> 4 mg/0.5 ml, 6 mg/0.5 ml (Imitrex STATdose Refill)	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i> 4 mg/0.5 ml, 6 mg/0.5 ml (Imitrex STATdose Pen)	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i> 6 mg/0.5 ml (Imitrex)	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe</i> 6 mg/0.5 ml	4	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>Antimycobacterials</b>		
<b>Antimycobacterials</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	GC*
<i>ethambutol oral tablet 100 mg</i>	2	GC*
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	2	GC*
<i>isoniazid oral solution 50 mg/5 ml</i>	2	GC*
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	GC
PRETOMANID ORAL TABLET 200 MG	4	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	3	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	4	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	GC*
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NEDS
TRECTOR ORAL TABLET 250 MG	4	
<b>Antinausea Agents</b>		
<b>Antinausea Agents</b>		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	4	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	4	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	4	PA BvD
<i>aprepitant oral capsule 125 mg</i>	4	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	4	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	4	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	4	PA BvD; QL (6 per 28 days)
<i>compro rectal suppository 25 mg</i>	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dimenhydrinate injection solution 50 mg/ml</i>	2	GC*
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	4	PA; QL (60 per 30 days)
<i>droperidol injection solution 2.5 mg/ml</i>	2	GC*
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	4	PA BvD; QL (6 per 28 days)
<i>fosaprepitant intravenous recon soln 150 mg</i> (Emend (fosaprepitant))	4	QL (2 per 28 days)
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	2	GC*
<i>granisetron hcl intravenous solution 1 mg/ml</i>	2	GC*
<i>granisetron hcl oral tablet 1 mg</i>	4	PA BvD
<i>meclizine oral tablet 12.5 mg</i>	2	GC*
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	2	GC*
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	GC
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	GC
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	2	GC*
<i>ondansetron hcl oral tablet 24 mg</i>	4	PA BvD
<i>ondansetron hcl oral tablet 4 mg</i> (Zofran)	2	PA BvD; GC*
<i>ondansetron hcl oral tablet 8 mg</i>	2	PA BvD; GC*
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	PA BvD; GC*
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	2	GC*
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	2	GC*
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	4	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>promethazine rectal suppository 50 mg</i> (Promethegan)	4	
<i>promethegan rectal suppository 12.5 mg, 25 mg</i>	4	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	2	GC*; QL (10 per 30 days)
<b>Antiparasite Agents</b>		
<b>Antiparasite Agents</b>		
<i>albendazole oral tablet 200 mg</i> (Albenza)	5	NEDS
<i>atovaquone oral suspension 750 mg/5 ml</i>	3	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	2	GC*
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	2	GC*
<i>chloroquine phosphate oral tablet 250 mg</i>	4	QL (50 per 30 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	4	QL (25 per 30 days)
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	2	GC*; QL (90 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NEDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	GC*
KRINTAFEL ORAL TABLET 150 MG	4	
<i>mefloquine oral tablet 250 mg</i>	2	GC*
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	5	NEDS
<i>paromomycin oral capsule 250 mg</i> (Humatin)	4	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	3	PA BvD
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	4	
PRIMAQUINE ORAL TABLET 26.3 MG	4	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	5	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	4	PA; QL (42 per 7 days)
<b>Antiparkinsonian Agents</b>		
<b>Antiparkinsonian Agents</b>		
<i>amantadine hcl oral capsule 100 mg</i>	2	GC*
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	GC
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	5	PA; NEDS; QL (60 per 30 days)
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	GC*
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	4	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	GC*
<i>cabergoline oral tablet 0.5 mg</i>	2	GC*
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg</i> (Sinemet)	2	GC*
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	2	GC*
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	GC*
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	4	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	4	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	4	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	4	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	4	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	4	
<i>entacapone oral tablet 200 mg</i> (Comtan)	3	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	5	PA; NEDS; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NEDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	5	PA; NEDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	4	ST; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	4	ST; QL (60 per 30 days)
<i>pramipexole oral tablet 0.125 mg,</i> (Mirapex) <i>0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5</i> <i>mg</i>	1	GC
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	4	
<i>ropinirole oral tablet 0.25 mg, 0.5</i> <i>mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	GC*
<i>selegiline hcl oral capsule 5 mg</i>	2	GC*
<i>selegiline hcl oral tablet 5 mg</i>	2	GC*
<i>trihexyphenidyl oral elixir 0.4</i> <i>mg/ml</i>	2	GC*
<i>trihexyphenidyl oral tablet 2 mg, 5</i> <i>mg</i>	1	GC
XADAGO ORAL TABLET 100 MG	4	PA; QL (30 per 30 days)
XADAGO ORAL TABLET 50 MG	5	PA; NEDS; QL (30 per 30 days)
<b>Antipsychotic Agents</b>		
<b>Antipsychotic Agents</b>		
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15</i> (Abilify) <i>mg, 20 mg, 30 mg, 5 mg</i>	4	QL (30 per 30 days)
<i>aripiprazole oral tablet 2 mg</i> (Abilify)	4	QL (60 per 30 days)
<i>aripiprazole oral</i> <i>tablet, disintegrating 10 mg</i>	4	ST; QL (90 per 30 days)
<i>aripiprazole oral</i> <i>tablet, disintegrating 15 mg</i>	5	ST; NEDS; QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	NEDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NEDS; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NEDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NEDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NEDS; QL (3.2 per 28 days)
<i>asenapine maleate sublingual tablet</i> (Saphris) <i>10 mg, 2.5 mg, 5 mg</i>	2	ST; GC*; QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	5	ST; NEDS; QL (30 per 30 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	2	GC*
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	4	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>clozapine oral tablet 100 mg</i> (Clozaril)	2	GC*; QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i> (Clozaril)	3	QL (135 per 30 days)
<i>clozapine oral tablet 25 mg</i> (Clozaril)	3	QL (90 per 30 days)
<i>clozapine oral tablet 50 mg</i> (Clozaril)	2	GC*; QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	4	ST; QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating 150 mg</i>	4	ST; QL (180 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clozapine oral tablet, disintegrating</i> 200 mg	5	ST; NEDS; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NEDS; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)- 2MG(2)- 4MG(2)-6MG(2)	4	ST
<i>fluphenazine decanoate injection</i> <i>solution 25 mg/ml</i>	2	GC*
<i>fluphenazine hcl injection solution</i> <i>2.5 mg/ml</i>	3	
<i>fluphenazine hcl oral concentrate 5</i> <i>mg/ml</i>	4	
<i>fluphenazine hcl oral elixir 2.5 mg/5</i> <i>ml</i>	4	
<i>fluphenazine hcl oral tablet 1 mg, 10</i> <i>mg, 2.5 mg, 5 mg</i>	4	
<i>haloperidol decanoate intramuscular (Haldol Decanoate)</i> <i>solution 100 mg/ml</i>	3	
<i>haloperidol decanoate intramuscular</i> <i>solution 100 mg/ml (1 ml)</i>	2	GC*
<i>haloperidol decanoate intramuscular (Haldol Decanoate)</i> <i>solution 50 mg/ml</i>	2	GC*
<i>haloperidol decanoate intramuscular</i> <i>solution 50 mg/ml(1ml)</i>	3	
<i>haloperidol lactate injection solution</i> <i>5 mg/ml</i>	2	GC*
<i>haloperidol lactate intramuscular</i> <i>syringe 5 mg/ml</i>	2	GC*
<i>haloperidol lactate oral concentrate</i> <i>2 mg/ml</i>	2	GC*
<i>haloperidol oral tablet 0.5 mg, 1 mg,</i> <i>10 mg, 2 mg, 20 mg, 5 mg</i>	2	GC*
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NEDS; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NEDS; QL (1 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NEDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NEDS; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	NEDS; QL (0.875 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	NEDS; QL (1.315 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NEDS; QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	NEDS; QL (2.625 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	3	QL (60 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	GC*
<i>molindone oral tablet 10 mg</i>	2	GC*; QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	GC*; QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	2	GC*; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NEDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NEDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln (Zyprexa) 10 mg</i>	3	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, (Zyprexa) 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	GC*; QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olanzapine oral tablet, disintegrating</i> (Zyprexa Zydis) 10 mg, 15 mg, 20 mg, 5 mg	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr</i> (Invega) 1.5 mg, 3 mg, 9 mg	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr</i> (Invega) 6 mg	4	QL (60 per 30 days)
<i>perphenazine oral tablet</i> 16 mg, 2 mg, 4 mg, 8 mg	4	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	5	NEDS; QL (1 per 30 days)
<i>pimozide oral tablet</i> 1 mg, 2 mg	3	
<i>quetiapine oral tablet</i> 100 mg, 200 mg, 25 mg, 50 mg (Seroquel)	2	GC*; QL (90 per 30 days)
<i>quetiapine oral tablet</i> 300 mg, 400 mg (Seroquel)	2	GC*; QL (60 per 30 days)
REXULTI ORAL TABLET 0.25 MG	5	ST; NEDS; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	5	ST; NEDS; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	5	ST; NEDS; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	4	QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	NEDS; QL (2 per 28 days)
<i>risperidone oral solution</i> 1 mg/ml (Risperdal)	2	GC*; QL (480 per 30 days)
<i>risperidone oral tablet</i> 0.25 mg	2	GC*; QL (60 per 30 days)
<i>risperidone oral tablet</i> 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal)	2	GC*; QL (60 per 30 days)
<i>risperidone oral tablet</i> 4 mg (Risperdal)	2	GC*; QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>risperidone oral tablet, disintegrating</i> 0.25 mg, 0.5 mg, 1 mg, 2 mg	4	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating</i> 3 mg, 4 mg	4	QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NEDS; QL (30 per 30 days)
<i>thioridazine oral tablet</i> 10 mg, 100 mg, 25 mg, 50 mg	2	GC*
<i>thiothixene oral capsule</i> 1 mg, 10 mg, 2 mg, 5 mg	4	
<i>trifluoperazine oral tablet</i> 1 mg, 10 mg, 2 mg, 5 mg	2	GC*
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NEDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NEDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST
<i>ziprasidone hcl oral capsule</i> 20 mg, (Geodon) 40 mg, 60 mg, 80 mg	2	GC*; QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular</i> (Geodon) <i>recon soln</i> 20 mg/ml (final conc.)	3	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NEDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NEDS; QL (1 per 28 days)
<b>Antivirals (Systemic)</b>		
<b>Antiretrovirals</b>		
<i>abacavir oral solution</i> 20 mg/ml (Ziagen)	4	
<i>abacavir oral tablet</i> 300 mg (Ziagen)	2	GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	2	GC*
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	5	NEDS
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	5	NEDS
APTIVUS ORAL CAPSULE 250 MG	5	NEDS
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i> (Reyataz)	3	
BIKTARVY ORAL TABLET 50-200-25 MG	5	NEDS
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	5	NEDS
CIMDUO ORAL TABLET 300-300 MG	5	NEDS
COMPLERA ORAL TABLET 200-25-300 MG	5	NEDS
CRIXIVAN ORAL CAPSULE 200 MG	4	
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NEDS
DESCOVY ORAL TABLET 200-25 MG	5	NEDS
<i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i>	3	
DOVATO ORAL TABLET 50-300 MG	5	NEDS
EDURANT ORAL TABLET 25 MG	5	NEDS
<i>efavirenz oral capsule 200 mg</i> (Sustiva)	3	
<i>efavirenz oral capsule 50 mg</i> (Sustiva)	2	GC*
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	3	
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i> (Atripla)	5	NEDS
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg</i> (Symfi Lo)	5	NEDS

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>efavirenz-lamivu-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)	5	NEDS
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	3	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i> (Truvada)	5	NEDS
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelece)	5	NEDS
EVOTAZ ORAL TABLET 300-150 MG	5	NEDS
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	3	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NEDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NEDS
INTELECE ORAL TABLET 25 MG	4	
INVIRASE ORAL TABLET 500 MG	5	NEDS
ISENTRESS HD ORAL TABLET 600 MG	5	NEDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	
ISENTRESS ORAL TABLET 400 MG	5	NEDS
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	4	
JULUCA ORAL TABLET 50-25 MG	5	NEDS
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	4	
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	4	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	GC*
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	2	GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	GC*; QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	3	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	5	NEDS; QL (120 per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	4	
<i>nevirapine oral tablet 200 mg</i>	2	GC*
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i> (Viramune XR)	4	
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NEDS
PIFELTRO ORAL TABLET 100 MG	5	NEDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NEDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NEDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	5	NEDS
PREZISTA ORAL TABLET 75 MG	4	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NEDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	2	GC*
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NEDS
SELZENTRY ORAL SOLUTION 20 MG/ML	4	

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Drug Name	Drug Tier	Requirements/Limits
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	NEDS
SELZENTRY ORAL TABLET 25 MG	3	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	GC*
STRIBILD ORAL TABLET 150- 150-200-300 MG	5	NEDS
SYMTUZA ORAL TABLET 800- 150-200-10 MG	5	NEDS
TEMIXYS ORAL TABLET 300- 300 MG	5	NEDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	GC*
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NEDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	
TRIUMEQ ORAL TABLET 600- 50-300 MG	5	NEDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NEDS
VEMLIDY ORAL TABLET 25 MG	5	NEDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NEDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NEDS
VOCABRIA ORAL TABLET 30 MG	4	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	GC*
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	GC*
<i>zidovudine oral tablet 300 mg</i>	2	GC*
<b>Antivirals, Miscellaneous</b>		
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	4	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	2	GC*; QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	2	GC*; QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	2	GC*; QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	GC*; QL (540 per 180 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	5	PA; NEDS; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	5	PA; NEDS; QL (672 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NEDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	3	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	PA; NEDS
XOFLUZA ORAL TABLET 20 MG, 40 MG	4	QL (4 per 180 days)
XOFLUZA ORAL TABLET 80 MG	4	QL (2 per 180 days)
<b>Hcv Antivirals</b>		
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	5	PA; NEDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NEDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NEDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	5	PA; NEDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NEDS; QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>Interferons</b>		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	PA NSO; NEDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	5	PA NSO; NEDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	NEDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	NEDS
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	NEDS
<b>Nucleosides And Nucleotides</b>		
<i>acyclovir oral capsule 200 mg</i>	2	GC*
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	GC*
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	2	PA BvD; GC*
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	3	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	3	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	2	GC*
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	GC*
<i>ganciclovir sodium intravenous recon soln 500 mg</i> (Cytovene)	5	PA BvD; NEDS
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	5	PA BvD; NEDS
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	5	PA BvD; NEDS
<i>ribavirin oral capsule 200 mg</i>	2	GC*
<i>ribavirin oral tablet 200 mg</i>	2	GC*
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	4	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	2	GC*

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Drug Name	Drug Tier	Requirements/Limits
VEKLURY INTRAVENOUS RECON SOLN 100 MG	5	PA BvD; NEDS
<b>Blood Products/Modifiers/Volume Expanders</b>		
<b>Anticoagulants</b>		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
<i>enoxaparin subcutaneous solution</i> (Lovenox) 300 mg/3 ml	2	GC*; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 100 mg/ml, 150 mg/ml	3	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 120 mg/0.8 ml, 80 mg/0.8 ml	3	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe</i> 30 (Lovenox) mg/0.3 ml	3	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe</i> 40 (Lovenox) mg/0.4 ml	3	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe</i> 60 (Lovenox) mg/0.6 ml	3	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 10 mg/0.8 ml	5	NEDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 2.5 mg/0.5 ml	3	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 5 mg/0.4 ml	5	NEDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 7.5 mg/0.6 ml	5	NEDS; QL (18 per 30 days)
<i>heparin (porcine) injection cartridge</i> 5,000 unit/ml (1 ml)	2	GC*
<i>heparin (porcine) injection solution</i> 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	2	GC*
<i>heparin (porcine) injection syringe</i> 5,000 unit/ml	2	GC*
<i>heparin, porcine (pf) injection solution</i> 1,000 unit/ml	2	GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	GC*
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	GC
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	1	GC
<b>XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)</b>	3	
<b>XARELTO ORAL TABLET 10 MG, 20 MG</b>	3	QL (30 per 30 days)
<b>XARELTO ORAL TABLET 15 MG, 2.5 MG</b>	3	QL (60 per 30 days)
<b>Blood Formation Modifiers</b>		
<b>CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)</b>	5	PA; NEDS; QL (20 per 30 days)
<b>DOPTELET (10 TAB PACK) ORAL TABLET 20 MG</b>	5	PA; NEDS; QL (60 per 30 days)
<b>DOPTELET (15 TAB PACK) ORAL TABLET 20 MG</b>	5	PA; NEDS; QL (60 per 30 days)
<b>DOPTELET (30 TAB PACK) ORAL TABLET 20 MG</b>	5	PA; NEDS; QL (60 per 30 days)
<b>FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML</b>	5	PA; NEDS
<b>HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT</b>	5	PA; NEDS; QL (30 per 30 days)
<b>HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT</b>	5	PA; NEDS; QL (20 per 30 days)
<b>LEUKINE INJECTION RECON SOLN 250 MCG</b>	5	NEDS
<b>MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)</b>	5	NEDS
<b>MULPLETA ORAL TABLET 3 MG</b>	5	PA; NEDS; QL (7 per 7 days)
<b>NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML</b>	5	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NEDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NEDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NEDS
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA; NEDS; QL (30 per 30 days)
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; NEDS; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; NEDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; NEDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; NEDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; NEDS; QL (60 per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; QL (4 per 28 days)
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NEDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NEDS
<b>Hematologic Agents, Miscellaneous</b>		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NEDS
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	GC*
<i>anagrelide oral capsule 1 mg</i>	2	GC*
CABLIVI INJECTION KIT 11 MG	5	PA; NEDS; QL (30 per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	5	PA; NEDS
<i>protamine intravenous solution 10 mg/ml</i>	2	GC*
SIKLOS ORAL TABLET 1,000 MG, 100 MG	4	PA
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA; NEDS; QL (60 per 30 days)
<i>tranexamic acid intravenous solution (Cyklokapron) 1,000 mg/10 ml (100 mg/ml)</i>	2	GC*
<i>tranexamic acid oral tablet 650 mg (Lysteda)</i>	2	GC*; QL (30 per 30 days)
<b>Platelet-Aggregation Inhibitors</b>		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	4	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	GC*
<i>clopidogrel oral tablet 75 mg (Plavix)</i>	1	GC
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	GC*
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	GC*
<i>prasugrel oral tablet 10 mg, 5 mg (Effient)</i>	4	QL (30 per 30 days)
<b>Caloric Agents</b>		
<b>Caloric Agents</b>		
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 5%-D20W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 6%-D5W (SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	PA BvD
CLINIMIX 8%-D10W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX 8%-D14W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
<i>dextrose 10 % in water (d10w)</i> <i>intravenous parenteral solution 10 %</i>	2	PA BvD; GC*
<i>dextrose 5 % in water (d5w)</i> <i>intravenous parenteral solution</i>	4	
<i>dextrose 5 % in water (d5w)</i> <i>intravenous piggyback 5 %</i>	2	GC*
<i>dextrose 5%-water iv soln single use</i>	1	GC
<i>dextrose 5%-water iv soln single use</i>	2	GC*
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	4	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
<b>Cardiovascular Agents</b>		
<b>Alpha-Adrenergic Agents</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	4	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	4	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	4	QL (8 per 28 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	2	GC*
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	5	PA; NEDS; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	GC*
<i>methyldopa oral tablet 250 mg, 500 mg</i>	4	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	GC*
<i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)	2	GC*
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	4	
<b>Angiotensin II Receptor Antagonists</b>		
EDARBI ORAL TABLET 40 MG, 80 MG	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	
ENTRESTO ORAL TABLET 24-26 MG	3	QL (180 per 30 days)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	1	GC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	1	GC
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	GC
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	GC
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	1	GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	1	GC
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	1	GC
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	1	GC
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	1	GC
<b>Angiotensin-Converting Enzyme Inhibitors</b>		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	1	GC
<i>benazepril oral tablet 5 mg</i>	1	GC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	1	GC
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1	GC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	GC*
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	GC
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	2	GC*
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	GC
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	GC
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
<i>lisinopril oral tablet 10 mg, 2.5 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	1	GC
<i>lisinopril oral tablet 20 mg</i> (Prinivil)	1	GC
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	GC
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	GC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	GC
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	1	GC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	GC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	GC
<b>Antiarrhythmic Agents</b>		
<i>amiodarone oral tablet 200 mg</i> (Pacerone)	1	GC
<i>amiodarone oral tablet 400 mg</i> (Pacerone)	4	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	3	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	4	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	GC*
<i>lidocaine (pf) injection solution 10 mg/ml (1%)</i> (Xylocaine-MPF)	1	GC
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2%), 50 mg/5 ml (1%)</i>	1	GC
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	GC*
<b>MULTAQ ORAL TABLET 400 MG</b>	3	
<i>pacerone oral tablet 200 mg</i>	1	GC
<i>pacerone oral tablet 400 mg</i>	4	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	2	GC*
<i>procainamide intravenous syringe 100 mg/ml</i>	2	GC*
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	GC*
<i>quinidine sulfate oral tablet 200 mg</i>	1	GC
<i>quinidine sulfate oral tablet 300 mg</i>	2	GC*
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	GC
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	2	GC*
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	2	GC*
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	GC*
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	GC*
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> (Ziac)	2	GC*
<b>BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG</b>	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	GC
<i>labetalol intravenous solution 5 mg/ml</i>	2	GC*
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	GC*
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	GC*
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	GC
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	2	GC*
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i> (Lopressor HCT)	2	GC*
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	2	GC*
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	GC
<i>metoprolol tartrate oral tablet 25 mg</i>	1	GC
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	2	GC*
<i>propranolol intravenous solution 1 mg/ml</i>	2	GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	4	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	GC*
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	GC*
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	GC*
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	GC*
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	2	GC*
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (Sorine)	2	GC*
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	4	
<b>Calcium-Channel Blocking Agents</b>		
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	GC*
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	2	GC*
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	4	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiadylt ER)	2	GC*
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	2	GC*
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	2	GC*
<i>diltiazem hcl oral tablet 90 mg</i>	2	GC*
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	GC*
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	GC*
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	GC*

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil intravenous syringe 2.5 mg/ml</i>	2	GC*
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	4	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i> (Verelan)	2	GC*
<i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i> (Verelan)	4	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	GC
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR)	2	GC*
<b>Cardiovascular Agents, Miscellaneous</b>		
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	QL (600 per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	QL (60 per 30 days)
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	GC*
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	GC*
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	2	GC*
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	2	GC*
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	2	GC*; QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	4	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)	2	GC*; QL (4 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i> (Adrenalin)	1	GC
<i>hydralazine injection solution 20 mg/ml</i>	2	GC*
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	GC*
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	5	PA; NEDS; QL (18 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metirosine oral capsule 250 mg</i> (Demser)	5	NEDS
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i> (Ranexa)	4	QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i> (Ranexa)	4	QL (120 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NEDS; QL (30 per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	5	PA; NEDS; QL (120 per 30 days)
<b>Dihydropyridines</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	GC
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	1	GC
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	1	GC
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	1	GC
<i>nicardipine oral capsule 20 mg, 30 mg</i>	4	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	4	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	2	GC*
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> (Adalat CC)	2	GC*
<b>Diuretics</b>		
<i>amiloride oral tablet 5 mg</i>	2	GC*
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	GC*
<i>bumetanide injection solution 0.25 mg/ml</i>	4	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	GC*
<i>chlorothiazide sodium intravenous recon soln 500 mg</i> (Diuril IV)	2	GC*
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	GC*
<i>furosemide injection solution 10 mg/ml</i>	2	GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>furosemide injection syringe 10 mg/ml</i>	1	GC
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	GC*
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg (Lasix)</i>	1	GC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	GC
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	GC
JYNARQUE ORAL TABLET 15 MG, 30 MG	5	PA; NEDS; QL (120 per 30 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	5	PA; NEDS; QL (56 per 28 days)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	GC*
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone)</i>	1	GC
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	GC*
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	GC
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg (Maxzide-25mg)</i>	1	GC
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg (Maxzide)</i>	1	GC
<b>Dyslipidemics</b>		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg (Lipitor)</i>	1	GC; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram (Questran)</i>	2	GC*
<i>cholestyramine light oral powder in packet 4 gram</i>	2	GC*
<i>colesevelam oral powder in packet 3.75 gram (WelChol)</i>	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>colesevelam oral tablet 625 mg</i> (WelChol)	2	GC*
<i>colestipol oral packet 5 gram</i> (Colestid)	3	
<i>colestipol oral tablet 1 gram</i> (Colestid)	2	GC*
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	2	GC*; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	4	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	2	GC*
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	GC*
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	GC
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG	5	PA; NEDS; QL (30 per 30 days)
JUXTAPID ORAL CAPSULE 20 MG	5	PA; NEDS; QL (90 per 30 days)
JUXTAPID ORAL CAPSULE 5 MG	5	PA; NEDS; QL (45 per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
NEXLETOL ORAL TABLET 180 MG	3	QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	QL (30 per 30 days)
<i>niacin oral tablet 500 mg</i> (Niacor)	4	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i> (Niaspan Extended-Release)	4	
<i>niacin oral tablet extended release 24 hr 500 mg</i> (Niaspan Extended-Release)	2	GC*
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	GC*; QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	3	QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	1	GC
<i>pravastatin oral tablet 20 mg, 40 mg</i>	1	GC; QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prevalite oral powder in packet 4 gram</i>	2	GC*
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	GC; QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Zocor)	1	GC; QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg</i>	1	GC; QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM	2	GC*; QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM	2	GC*; QL (120 per 30 days)
<b>Renin-Angiotensin-Aldosterone System Inhibitors</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	4	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	4	
<b>Vasodilators</b>		
BIDIL ORAL TABLET 20-37.5 MG	3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	2	GC*
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	2	GC*
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	GC*
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	GC
<i>minitran transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	2	GC*
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	2	GC*
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	2	GC*
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i> (Minitran)	2	GC*
<b>Central Nervous System Agents</b>		
<b>Central Nervous System Agents</b>		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	3	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	3	QL (30 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; NEDS; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NEDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NEDS; QL (60 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NEDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NEDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NEDS; QL (15 per 30 days)
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i> (Cafcit)	2	PA BvD; GC*
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	2	GC*
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; NEDS; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; NEDS; QL (12 per 28 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	2	PA; GC*; QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	2	GC*; QL (60 per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i> (Zenzedi)	4	QL (180 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextroamphetamine oral tablet 15 mg, 5 mg</i> (Zenedi)	4	QL (90 per 30 days)
<i>dextroamphetamine oral tablet 20 mg, 30 mg</i> (Zenedi)	4	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	4	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	4	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	2	GC*; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg</i> (Tecfidera)	5	PA; NEDS; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg (14)- 240 mg (46)</i> (Tecfidera)	5	PA; NEDS
<i>dimethyl fumarate oral capsule, delayed release(drlec) 240 mg</i> (Tecfidera)	5	PA; NEDS; QL (60 per 30 days)
<i>flumazenil intravenous solution 0.1 mg/ml</i>	2	GC*
<b>GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG</b>	5	PA; NEDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone)	5	PA; NEDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)	5	PA; NEDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; NEDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; NEDS; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	2	GC*; QL (30 per 30 days)
<b>KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML</b>	5	PA; NEDS; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lithium carbonate oral tablet 300 mg</i>	2	GC*
<i>lithium carbonate oral tablet</i> (Lithobid) <i>extended release 300 mg</i>	2	GC*
<i>lithium carbonate oral tablet</i> <i>extended release 450 mg</i>	2	GC*
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; NEDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; NEDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; NEDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; NEDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; NEDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; NEDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; NEDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NEDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 2 MG	5	PA; NEDS; QL (30 per 30 days)
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; NEDS
<i>methylphenidate hcl oral capsule, er</i> <i>biphasic 30-70 10 mg, 20 mg, 40 mg,</i> <i>50 mg, 60 mg</i>	4	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er</i> <i>biphasic 30-70 30 mg</i>	4	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er</i> (Ritalin LA) <i>biphasic 50-50 10 mg, 20 mg, 40 mg</i>	4	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er</i> (Ritalin LA) <i>biphasic 50-50 30 mg</i>	4	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er</i> <i>biphasic 50-50 60 mg</i>	4	QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10</i> (Methylin) <i>mg/5 ml, 5 mg/5 ml</i>	2	GC*; QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10</i> (Ritalin) <i>mg, 20 mg, 5 mg</i>	2	GC*; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NEDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NEDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NEDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NEDS
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	5	PA; NEDS; QL (2800 per 28 days)
<i>riluzole oral tablet 50 mg</i> (Rilutek)	2	GC*; QL (60 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	
<i>tetrabenazine oral tablet 12.5 mg,</i> (Xenazine) <i>25 mg</i>	5	PA; NEDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NEDS; QL (120 per 30 days)
<b>Contraceptives</b>		
<b>Contraceptives</b>		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	2	GC*
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	2	GC*
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	GC*
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	GC*
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	GC*; QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i>	2	GC*
<i>aranelle (28) oral tablet 0.5/1/0.5- 35 mg-mcg</i>	2	GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	GC*; QL (91 per 84 days)
<i>abra eq oral tablet 0.1-20 mg-mcg</i>	2	GC*
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	GC*
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	GC*
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	GC*
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	GC*
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	GC*
<i>ayuna oral tablet 0.15-0.03 mg</i>	2	GC*
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	GC*
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	2	GC*
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	GC*
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	GC*
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	GC*
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	GC*
<i>camila oral tablet 0.35 mg</i>	1	GC
<i>caziant (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>	2	GC*
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	2	GC*
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	2	GC*
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	GC*
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	GC*
<i>cyred eq oral tablet 0.15-0.03 mg</i>	2	GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	GC*
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	GC*
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	GC*; QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	1	GC
<i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (Azurette (28))</i>	2	GC*
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg (Apri)</i>	2	GC*
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg (Jasmiel (28))</i>	2	GC*
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg (Syeda)</i>	2	GC*
<i>elinest oral tablet 0.3-30 mg-mcg</i>	2	GC*
<b>ELLA ORAL TABLET 30 MG</b>	4	QL (6 per 365 days)
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	4	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	2	GC*
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	GC*
<i>enskyce oral tablet 0.15-0.03 mg</i>	2	GC*
<i>errin oral tablet 0.35 mg</i>	1	GC
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	2	GC*
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg (Kelnor 1/35 (28))</i>	2	GC*
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg (Kelnor 1-50 (28))</i>	2	GC*
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr (EluRyng)</i>	4	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	2	GC*
<i>femynor oral tablet 0.25-35 mg-mcg</i>	1	GC
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	GC*
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	GC*
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hailey oral tablet 1.5-30 mg-mcg</i>	2	GC*
<i>heather oral tablet 0.35 mg</i>	1	GC
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	GC*; QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	1	GC
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	GC*; QL (91 per 84 days)
<i>isibloom oral tablet 0.15-0.03 mg</i>	2	GC*
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	GC*; QL (91 per 84 days)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	2	GC*
<i>jencycla oral tablet 0.35 mg</i>	1	GC
<i>juleber oral tablet 0.15-0.03 mg</i>	2	GC*
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	GC*
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	GC*
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	GC*
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	GC*
<i>kalliga oral tablet 0.15-0.03 mg</i>	2	GC*
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	GC*
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	GC*
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	2	GC*
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	2	GC*
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (LoJaimiess)	2	GC*; QL (91 per 84 days)
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	2	GC*; QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	GC*
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	GC*
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	GC*
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>larissia oral tablet 0.1-20 mg-mcg</i>	2	GC*
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	GC*
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	GC*
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg (Afirmelle)</i>	2	GC*
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg (Altavera (28))</i>	2	GC*
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91) (Iclevia)</i>	2	GC*; QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10) (Enpresse)</i>	2	GC*
<i>levora-28 oral tablet 0.15-0.03 mg</i>	2	GC*
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	2	GC*
<i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	2	GC*; QL (91 per 84 days)
<i>loryna (28) oral tablet 3-0.02 mg</i>	2	GC*
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	2	GC*
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	2	GC*
<i>lutura (28) oral tablet 0.1-20 mg-mcg</i>	2	GC*
<i>lyleq oral tablet 0.35 mg</i>	1	GC
<i>lyza oral tablet 0.35 mg</i>	1	GC
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	2	GC*
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	2	GC*
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	GC*
<i>nikki (28) oral tablet 3-0.02 mg</i>	2	GC*
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	1	GC
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	2	GC*
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	2	GC*
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (Gem mily)	2	GC*
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))	1	GC
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))	2	GC*
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	2	GC*
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri-Estarylla)	2	GC*
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Femynor)	2	GC*
<i>norlyda oral tablet 0.35 mg</i>	1	GC
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	GC*
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	GC*
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	GC*
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	GC*
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	GC*
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	2	GC*
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	2	GC*
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	GC*
<i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg, 1-35 mg-mcg</i>	2	GC*
<i>portia 28 oral tablet 0.15-0.03 mg</i>	2	GC*
<i>previfem oral tablet 0.25-35 mg-mcg</i>	1	GC
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	2	GC*
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	GC*; QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	1	GC
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	GC*
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	GC*; QL (91 per 84 days)
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	2	GC*
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	GC*
<i>syeda oral tablet 3-0.03 mg</i>	2	GC*
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	GC*
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	GC*
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	GC
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	GC*
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	GC*
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	GC
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	GC
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	GC
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	GC*
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	GC*
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	GC
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	GC*
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	GC*
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	GC
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	GC*
<i>tulana oral tablet 0.35 mg</i>	1	GC
<i>tyblume oral tablet, chewable 0.1 mg- 20 mcg</i>	2	GC*
<i>velivet triphasic regimen (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>	2	GC*
<i>vestura (28) oral tablet 3-0.02 mg</i>	2	GC*
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	GC*
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	GC*
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	GC*
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	2	GC*
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	2	GC*
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	2	GC*
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	4	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	4	QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i>	2	GC*
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	2	GC*
<i>zovia 1-35e tablet outer 1-35 mg-mcg</i>	2	GC*
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	2	GC*

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Drug Name	Drug Tier	Requirements/Limits
<b>Dental And Oral Agents</b>		
<b>Dental And Oral Agents</b>		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	1	GC
<i>denta 5000 plus dental cream 1.1 %</i>	1	GC
<i>dentagel dental gel 1.1 %</i>	1	GC
<i>fluoride (sodium) dental solution 0.2 %</i> (PreviDent)	1	GC
<i>oralone dental paste 0.1 %</i>	2	GC*
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	GC
<i>perio gard mucous membrane mouthwash 0.12 %</i>	1	GC
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	2	GC*
<i>sf 5000 plus dental cream 1.1 %</i>	1	GC
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Fluoridex Sensitivity Relief)	1	GC
<i>triamcinolone acetamide dental paste 0.1 %</i> (Oralene)	2	GC*
<b>Dermatological Agents</b>		
<b>Dermatological Agents, Other</b>		
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	GC*
<i>acitretin oral capsule 10 mg, 25 mg</i> (Soriatane)	2	GC*
<i>acitretin oral capsule 17.5 mg</i>	2	GC*
<i>acyclovir topical ointment 5 %</i> (Zovirax)	4	QL (30 per 30 days)
<b>ALCOHOL PADS TOPICAL PADS, MEDICATED</b>	1	GC
<i>ammonium lactate topical cream 12 %</i>	2	GC*
<i>ammonium lactate topical lotion 12 %</i> (Skin Treatment)	2	GC*
<b>BD SINGLE USE SWAB</b>	1	GC
<i>calcipotriene scalp solution 0.005 %</i>	4	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	4	QL (120 per 30 days)
<i>fluorouracil topical cream 0.5 %</i> (Carac)	5	NEDS
<i>fluorouracil topical cream 5 %</i> (Efudex)	2	GC*
<i>fluorouracil topical solution 2 %, 5 %</i>	2	GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	2	GC*; QL (24 per 30 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	5	NEDS
PANRETIN TOPICAL GEL 0.1 %	5	NEDS; QL (180 per 30 days)
<i>podofilox topical solution 0.5 %</i>	2	GC*
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	5	NEDS
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	GC*
<b>Dermatological Antibacterials</b>		
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	2	GC*; QL (180 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	2	GC*
<i>ery pads topical swab 2 %</i>	2	GC*
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	4	QL (180 per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	2	GC*; QL (180 per 30 days)
<i>gentamicin topical cream 0.1 %</i>	2	GC*; QL (120 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	2	GC*; QL (120 per 30 days)
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	4	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	2	GC*
<i>metronidazole topical gel 1 %</i> (Metrogel)	4	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	4	
<i>mupirocin topical ointment 2 %</i> (Centany)	1	GC; QL (220 per 30 days)
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	2	GC*
<i>rosadan topical cream 0.75 %</i>	4	
<i>selenium sulfide topical lotion 2.5 %</i>	2	GC*
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	2	GC*
<i>ssd topical cream 1 %</i>	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sulfacetamide sodium (acne) topical (Klaron) suspension 10 %</i>	4	
<b>Dermatological Anti-Inflammatory Agents</b>		
<i>ala-cort topical cream 1 %</i>	1	GC
<i>alclometasone topical cream 0.05 %</i>	2	GC*
<i>alclometasone topical ointment 0.05 %</i>	2	GC*
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	GC*
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	GC*
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	GC*
<i>betamethasone valerate topical cream 0.1 %</i>	2	GC*
<i>betamethasone valerate topical lotion 0.1 %</i>	2	GC*
<i>betamethasone valerate topical ointment 0.1 %</i>	2	GC*
<i>betamethasone, augmented topical cream 0.05 %</i>	2	GC*
<i>betamethasone, augmented topical gel 0.05 %</i>	2	GC*
<i>betamethasone, augmented topical lotion 0.05 %</i>	3	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	2	GC*
<i>clobetasol scalp solution 0.05 %</i>	2	GC*
<i>clobetasol topical cream 0.05 %</i> (Temovate)	2	GC*
<i>clobetasol-emollient topical cream 0.05 %</i>	2	GC*
<i>desoximetasone topical cream 0.25 %</i> (Topicort)	2	GC*; QL (120 per 30 days)
<b>EUCRISA TOPICAL OINTMENT 2 %</b>	3	
<i>fluocinolone topical cream 0.01 %</i>	2	GC*
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	GC*
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	GC*
<i>fluocinonide topical cream 0.05 %</i>	2	GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluocinonide topical solution 0.05 %</i>	2	GC*
<i>fluocinonide-e topical cream 0.05 %</i>	4	
<i>fluticasone propionate topical cream (Cutivate) 0.05 %</i>	2	GC*
<i>fluticasone propionate topical ointment 0.005 %</i>	2	GC*
<i>halobetasol propionate topical cream 0.05 %</i>	2	GC*
<i>halobetasol propionate topical ointment 0.05 %</i>	2	GC*
<i>hydrocortisone 2.5% cream 2.5 %</i>	1	GC
<i>hydrocortisone topical cream 1 % (Ala-Cort)</i>	1	GC
<i>hydrocortisone topical cream with perineal applicator 2.5 % (Procto-Med HC)</i>	1	GC
<i>hydrocortisone topical lotion 2.5 %</i>	2	GC*
<i>hydrocortisone topical ointment 1 % (Anti-Itch (HC))</i>	1	GC
<i>hydrocortisone topical ointment 2.5 %</i>	1	GC
<i>mometasone topical cream 0.1 %</i>	2	GC*
<i>mometasone topical ointment 0.1 %</i>	2	GC*
<i>mometasone topical solution 0.1 %</i>	2	GC*
<i>pimecrolimus topical cream 1 % (Elidel)</i>	4	QL (100 per 30 days)
<i>prednicarbate topical ointment 0.1 %</i>	2	GC*
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	2	GC*
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	2	GC*
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	2	GC*
<i>tacrolimus topical ointment 0.03 %, 0.1 % (Protopic)</i>	4	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	GC
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 % (Triderm)</i>	1	GC
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	GC*
<i>triamcinolone acetonide topical ointment 0.025 %</i>	1	GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triamcinolone acetonide topical ointment 0.1 %, 0.5 %</i>	2	GC*
<b>Dermatological Retinoids</b>		
<i>adapalene topical cream 0.1 %</i> (Differin)	4	
<i>adapalene topical gel 0.1 %</i> (Differin)	2	GC*
ALTRENO TOPICAL LOTION 0.05 %	4	PA
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	4	
TAZORAC TOPICAL CREAM 0.05 %	4	
<i>tretinoin topical cream 0.025 %</i> (Avita)	4	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	4	PA
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	4	PA
<i>tretinoin topical gel 0.025 %</i> (Avita)	4	PA
<i>tretinoin topical gel 0.05 %</i> (Atralin)	4	PA
<b>Scabicides And Pediculicides</b>		
<i>malathion topical lotion 0.5 %</i> (Ovide)	4	
<i>permethrin topical cream 5 %</i> (Elimite)	2	GC*
<b>Devices</b>		
<b>Devices</b>		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	GC*
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	2	GC*
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	2	GC*
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	2	GC*
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	2	GC*
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	GC
INSULIN SYRINGE-NEEDLE (Ultilet Insulin Syringe) U-100 SYRINGE 0.3 ML 29 GAUGE	2	GC*

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Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE-NEEDLE (Advocate Syringes) U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	2	GC*
INSULIN SYRINGE-NEEDLE (Lite Touch Insulin U-100 SYRINGE 1/2 ML 28 Syringe) GAUGE	2	GC*
OMNIPOD DASH 5 PACK POD SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD DASH PDM KIT	3	QL (1 per 365 days)
OMNIPOD INSULIN MANAGEMENT	3	QL (1 per 365 days)
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE	3	
PEN NEEDLE, DIABETIC (1st Tier Unifine NEEDLE 29 GAUGE X 1/2" Pentips)	2	GC*
SM STERILE PADS 2" X 2" 2"X2", STERILE 2 X 2 "	1	GC
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	GC*
V-GO 20 DEVICE	3	
V-GO 30 DEVICE	3	
V-GO 40 DEVICE	3	
<b>Enzyme Replacement/Modifiers</b>		
<b>Enzyme Replacement/Modifiers</b>		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	NEDS
CERDELGA ORAL CAPSULE 84 MG	5	PA; NEDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	NEDS
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	NEDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	5	NEDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	5	PA; NEDS
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NEDS; QL (14 per 28 days)
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NEDS
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	5	PA BvD; NEDS
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NEDS
<i>miglustat oral capsule 100 mg</i> (Zavesca)	5	PA; NEDS; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	NEDS
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (Orfadin)	5	PA; NEDS
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	5	PA; NEDS
ORFADIN ORAL CAPSULE 20 MG	5	PA; NEDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NEDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	PA; NEDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NEDS
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA; NEDS
<i>sapropterin oral tablet, soluble 100 mg</i> (Kuvan)	5	NEDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; LA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	PA; NEDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	NEDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	3	
<b>Eye, Ear, Nose, Throat Agents</b>		
<b>Eye, Ear, Nose, Throat Agents, Miscellaneous</b>		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	GC*
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	4	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	2	GC*; QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	GC*
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	GC*
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)	2	GC*
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	PA; NEDS; QL (60 per 28 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	GC*
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	2	GC*; QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	2	GC*; QL (15 per 10 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	2	GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	4	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)	2	GC*
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	5	PA; NEDS
<b>Eye, Ear, Nose, Throat Anti-Infectives Agents</b>		
<i>acetic acid otic (ear) solution 2 %</i>	2	GC*
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	4	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)	2	GC*
<i>bleph-10 ophthalmic (eye) drops 10 %</i>	2	GC*
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> (Ciloxan)	2	GC*
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i> (Ciprodex)	3	QL (7.5 per 7 days)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	GC*; QL (3.5 per 4 days)
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	2	GC*
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	GC
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	4	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	2	GC*
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	2	GC*
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	2	GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>neomycin-polymyxin b-dexameth</i> (Maxitrol) <i>ophthalmic (eye) drops,suspension</i> 3.5mg/ml-10,000 unit/ml-0.1 %	2	GC*
<i>neomycin-polymyxin b-dexameth</i> (Maxitrol) <i>ophthalmic (eye) ointment</i> 3.5 mg/g-10,000 unit/g-0.1 %	2	GC*
<i>neomycin-polymyxin-gramicidin</i> <i>ophthalmic (eye) drops</i> 1.75 mg- 10,000 unit-0.025mg/ml	2	GC*
<i>neomycin-polymyxin-hc ophthalmic</i> <i>(eye) drops,suspension</i> 3.5-10,000- 10 mg-unit-mg/ml	4	
<i>neomycin-polymyxin-hc otic (ear)</i> <i>drops,suspension</i> 3.5-10,000-1 mg/ml-unit/ml-%	2	GC*
<i>neomycin-polymyxin-hc otic (ear)</i> <i>solution</i> 3.5-10,000-1 mg/ml-unit/ml- %	2	GC*
<i>neo-polycin hc ophthalmic (eye)</i> <i>ointment</i> 3.5-400-10,000 mg-unit/g- 1%	2	GC*
<i>neo-polycin ophthalmic (eye)</i> <i>ointment</i> 3.5-400-10,000 mg-unit- unit/g	2	GC*
<i>ofloxacin ophthalmic (eye) drops</i> (Ocuflox) 0.3 %	2	GC*
<i>ofloxacin otic (ear) drops</i> 0.3 %	2	GC*
<i>polycin ophthalmic (eye) ointment</i> 500-10,000 unit/gram	2	GC*
<i>polymyxin b sulf-trimethoprim</i> (Polytrim) <i>ophthalmic (eye) drops</i> 10,000 unit- 1 mg/ml	1	GC
<i>sulfacetamide sodium ophthalmic</i> (Bleph-10) <i>(eye) drops</i> 10 %	2	GC*
<i>sulfacetamide sodium ophthalmic</i> <i>(eye) ointment</i> 10 %	2	GC*
<i>sulfacetamide-prednisolone</i> <i>ophthalmic (eye) drops</i> 10 %-0.23 % (0.25 %)	2	GC*
<i>tobramycin ophthalmic (eye) drops</i> (Tobrex) 0.3 %	2	GC*

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone</i> (TobraDex) <i>ophthalmic (eye) drops,suspension</i> 0.3-0.1 %	2	GC*
<i>trifluridine ophthalmic (eye) drops</i> 1 %	3	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
<b>Eye, Ear, Nose, Throat Anti-Inflammatory Agents</b>		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	ST
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3	
<i>dexamethasone sodium phosphate</i> <i>ophthalmic (eye) drops 0.1 %</i>	2	GC*
<i>diclofenac sodium ophthalmic (eye)</i> <i>drops 0.1 %</i>	2	GC*
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol</i> 25 mcg (0.025 %)	2	GC*; QL (50 per 25 days)
<i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm) <i>drops,suspension 0.1 %</i>	4	
<i>flurbiprofen sodium ophthalmic</i> <i>(eye) drops 0.03 %</i>	2	GC*
<i>fluticasone propionate nasal</i> (24 Hour Allergy <i>spray,suspension 50 mcg/lactuation</i> Relief)	1	GC; QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>ketorolac ophthalmic (eye) drops</i> (Acular) 0.5 %	2	GC*; QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	

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Drug Name	Drug Tier	Requirements/Limits
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	
<i>loteprednol etabonate ophthalmic (Lotemax) (eye) drops,gel 0.5 %</i>	4	
<i>mometasone nasal spray,non-aerosol (Nasonex) 50 mcg/actuation</i>	4	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic (Pred Forte) (eye) drops,suspension 1 %</i>	4	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	GC*
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	QL (60 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL (32 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
<b>Gastrointestinal Agents</b>		
<b>Antiulcer Agents And Acid Suppressants</b>		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	GC*
<i>esomeprazole magnesium oral capsule,delayed release(drlec) 20 mg (Nexium)</i>	2	GC*; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(drlec) 40 mg (Nexium)</i>	2	GC*; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	2	GC*
<i>esomeprazole sodium intravenous recon soln 40 mg (Nexium IV)</i>	2	GC*
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	GC
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	2	GC*
<i>famotidine intravenous solution 10 mg/ml</i>	2	GC*
<i>famotidine oral tablet 20 mg (Acid Controller)</i>	1	GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	GC
<i>lansoprazole oral capsule, delayed release (drlec) 15 mg</i> (Prevacid 24Hr)	4	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release (drlec) 30 mg</i> (Prevacid)	4	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	2	GC*
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	GC*
<i>omeprazole oral capsule, delayed release (drlec) 10 mg, 40 mg</i>	1	GC
<i>omeprazole oral capsule, delayed release (drlec) 20 mg</i>	1	GC
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid)	4	ST; QL (30 per 30 days)
<i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)	2	GC*
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i> (Protonix)	1	GC; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i> (Protonix)	1	GC; QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i> (AcipHex)	2	GC*; QL (30 per 30 days)
<i>sucralfate oral tablet 1 gram</i> (Carafate)	2	GC*
<b>Gastrointestinal Agents, Other</b>		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	5	NEDS
<i>constulose oral solution 10 gram/15 ml</i>	2	GC*
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	4	
<i>dicyclomine oral capsule 10 mg</i>	2	GC*
<i>dicyclomine oral solution 10 mg/5 ml</i>	4	
<i>dicyclomine oral tablet 20 mg</i>	2	GC*
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	4	
<i>enulose oral solution 10 gram/15 ml</i>	2	GC*
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NEDS
<i>generlac oral solution 10 gram/15 ml</i>	2	GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	GC*
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	2	GC*
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	2	GC*
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM	3	QL (34 per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	3	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	2	GC*
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	3	QL (60 per 30 days)
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	4	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	2	GC*
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	2	GC*
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	GC*
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	GC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
OICALIVA ORAL TABLET 10 MG, 5 MG	5	PA; NEDS; QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NEDS
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	5	NEDS
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	2	GC*
<i>sodium polystyrene sulfonate oral powder</i>	2	GC*
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	GC*
<i>ursodiol oral capsule 300 mg</i>	2	GC*

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Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	2	GC*
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	GC*
XERMELO ORAL TABLET 250 MG	5	PA; NEDS; QL (90 per 30 days)
<b>Laxatives</b>		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	3	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	GC*
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	GC*
<i>gavilyte-n oral recon soln 420 gram</i>	2	GC*
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	3	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	2	GC*
<b>Phosphate Binders</b>		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	GC*
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	GC*
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	4	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	5	NEDS
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	4	
<i>sevelamer hcl oral tablet 400 mg</i>	3	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	GC*
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	GC*
<i>oxybutynin chloride oral tablet 5 mg</i>	2	GC*
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	2	GC*
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	2	GC*
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	GC*
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	GC*
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	3	
<i>tropium oral tablet 20 mg</i>	4	
<b>Genitourinary Agents, Miscellaneous</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	GC; QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	GC*
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	GC
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	GC
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	GC
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	5	PA; NEDS
<i>tiopronin oral tablet 100 mg</i> (Thiola)	5	NEDS
<b>Heavy Metal Antagonists</b>		
<b>Heavy Metal Antagonists</b>		
<i>clovique oral capsule 250 mg</i>	5	PA; NEDS; QL (240 per 30 days)
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	5	PA; NEDS
<i>deferasirox oral tablet 180 mg, 360 mg</i> (Jadenu)	5	PA; NEDS
<i>deferasirox oral tablet 90 mg</i> (Jadenu)	3	PA
<i>deferasirox oral tablet, dispersible 125 mg</i> (Exjade)	2	PA; GC*
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i> (Exjade)	5	PA; NEDS
<i>deferiprone oral tablet 500 mg</i> (Ferriprox)	5	PA; NEDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>deferoxamine injection recon soln 2 gram</i>	2	PA; GC*
<i>deferoxamine injection recon soln 500 mg</i> (Desferal)	2	PA; GC*
FERRIPROX 1,000 MG TAB(2X/DAY) 1,000 MG	5	PA; NEDS
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NEDS
FERRIPROX ORAL TABLET 1,000 MG	5	PA; NEDS
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	5	PA; NEDS
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	5	PA; NEDS
<i>trientine oral capsule 250 mg</i> (Clovique)	5	PA; NEDS; QL (240 per 30 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying</b>		
<b>Androgens</b>		
ANADROL-50 ORAL TABLET 50 MG	5	PA; NEDS
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	3	
<i>oxandrolone oral tablet 10 mg</i> (Oxandrin)	2	GC*
<i>oxandrolone oral tablet 2.5 mg</i> (Oxandrin)	4	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	2	PA; GC*
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA; GC*
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA; GC*; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1%)</i> (Vogelxo)	3	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62%)</i> (AndroGel)	2	PA; GC*; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i> (AndroGel)	4	PA; QL (300 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>testosterone transdermal solution in metered pump w/lapp 30 mglactuation (1.5 ml)</i>	4	PA; QL (180 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; QL (2 per 28 days)
<b>Estrogens And Antiestrogens</b>		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	GC*
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	GC*; QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	GC
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	2	GC*; QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	2	GC*; QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	2	GC*
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	2	GC*; QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen)	2	GC*
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Amabelz)	2	GC*
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	GC*
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	GC*; QL (8 per 28 days)
<i>mimvey oral tablet 1-0.5 mg</i>	2	GC*
<i>norethindrone ac-eth estradiol oral (Fyavolv) tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	GC*
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG- 5MG(14)	3	
PREMPRO ORAL TABLET 0.3- 1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>raloxifene oral tablet 60 mg (Evista)</i>	2	GC*
<i>yuvaferm vaginal tablet 10 mcg</i>	2	GC*; QL (18 per 28 days)
<b>Glucocorticoids/Mineralocorticoids</b>		
<i>a-hydrocort injection recon soln 100 mg</i>	2	GC*
<i>betamethasone acet,sod phos (Celestone Soluspan) injection suspension 6 mg/ml</i>	2	GC*
<i>dexamethasone 0.5 mg/5 ml liq 0.5 mg/5 ml</i>	2	GC*
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	GC*
<i>dexamethasone oral tablet 0.5 mg, (Decadron) 0.75 mg, 4 mg, 6 mg</i>	2	GC*
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	2	GC*
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	GC
<i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>	1	GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	GC
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	GC
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	5	PA; NEDS; QL (91 per 28 days)
EMFLAZA ORAL TABLET 18 MG	5	PA; NEDS; QL (30 per 30 days)
EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG	5	PA; NEDS; QL (60 per 30 days)
<i>fludrocortisone oral tablet 0.1 mg</i>	2	GC*
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	2	GC*
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	2	GC*
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	2	GC*
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	2	GC*
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	GC*
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i> (Solu-Medrol)	2	GC*
<i>prednisolone 15 mg/5 ml soln alf, dlf 15 mg/5 ml (3 mg/ml)</i>	2	PA BvD; GC*
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD; GC*
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	3	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	3	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	3	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD; GC
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	GC*

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Drug Name	Drug Tier	Requirements/Limits
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	4	
<i>triamcinolone acetonide injection</i> (Kenalog) <i>suspension 40 mg/ml</i>	2	GC*
<b>Pituitary</b>		
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML	5	NEDS
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	4	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	GC*
EGRIFTA SUBCUTANEOUS RECON SOLN 2 MG	5	PA; NEDS; QL (30 per 30 days)
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	5	PA; NEDS; QL (30 per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	NEDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	NEDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	NEDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NEDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	NEDS
NORDITROPIN FLEXPLO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NEDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>octreotide acetate injection solution</i> (Sandostatin) 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	3	
<i>octreotide acetate injection syringe</i> 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	3	
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NEDS
ORILISSA ORAL TABLET 150 MG	5	PA; NEDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; NEDS; QL (56 per 28 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	5	NEDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NEDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	5	PA NSO; NEDS; QL (0.5 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA NSO; NEDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	5	PA NSO; NEDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NEDS
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	5	NEDS; QL (1 per 360 days)
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	NEDS; QL (1 per 168 days)
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	5	PA; NEDS
<b>Progestins</b>		
<i>hydroxyprogesterone cap(ppres)</i> (Makena) <i>intramuscular oil 250 mg/ml</i>	5	NEDS
<i>medroxyprogesterone intramuscular</i> (Depo-Provera) <i>suspension 150 mg/ml</i>	2	GC*; QL (1 per 84 days)
<i>medroxyprogesterone intramuscular</i> (Depo-Provera) <i>syringe 150 mg/ml</i>	2	GC*; QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10</i> (Provera) <i>mg, 2.5 mg, 5 mg</i>	1	GC
<i>megestrol oral suspension 400 mg/10</i> <i>ml (40 mg/ml)</i>	2	GC*
<i>norethindrone acetate oral tablet 5</i> (Aygestin) <i>mg</i>	2	GC*
<i>progesterone intramuscular oil 50</i> <i>mg/ml</i>	2	GC*
<i>progesterone micronized oral</i> (Prometrium) <i>capsule 100 mg, 200 mg</i>	2	GC*
<b>Thyroid And Antithyroid Agents</b>		
<i>levothyroxine oral tablet 100 mcg,</i> (Euthyrox) <i>112 mcg, 125 mcg, 137 mcg, 150</i> <i>mcg, 175 mcg, 200 mcg, 25 mcg, 50</i> <i>mcg, 75 mcg, 88 mcg</i>	1	GC
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	1	GC
<i>liothyronine oral tablet 25 mcg, 5</i> (Cytomel) <i>mcg, 50 mcg</i>	2	GC*
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	1	GC
<i>propylthiouracil oral tablet 50 mg</i>	2	GC*
<b>Immunological Agents</b>		
<b>Immunological Agents</b>		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	NEDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD; GC*
<i>azathioprine sodium injection recon</i> <i>soln 100 mg</i>	2	PA BvD; GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; NEDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NEDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NEDS; QL (8 per 28 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NEDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NEDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NEDS
<i>cyclosporine intravenous solution</i> (Sandimmune) 250 mg/5 ml	2	PA BvD; GC*
<i>cyclosporine modified oral capsule</i> (Gengraf) 100 mg, 25 mg	2	PA BvD; GC*
<i>cyclosporine modified oral capsule</i> 50 mg	2	PA BvD; GC*
<i>cyclosporine modified oral solution</i> (Gengraf) 100 mg/ml	3	PA BvD
<i>cyclosporine oral capsule</i> 100 mg, 25 mg (Sandimmune)	3	PA BvD
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NEDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NEDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NEDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NEDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NEDS
<i>everolimus (immunosuppressive)</i> (Zortress) oral tablet 0.25 mg	4	PA BvD
<i>everolimus (immunosuppressive)</i> (Zortress) oral tablet 0.5 mg, 0.75 mg	5	PA BvD; NEDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NEDS
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	5	PA; NEDS
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA BvD; NEDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA BvD; NEDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA BvD; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	5	PA BvD; NEDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	PA BvD; GC*
<i>gengraf oral solution 100 mg/ml</i>	3	PA BvD
HUMIRA PEN CROHNS-UC- HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NEDS
HUMIRA PEN PSOR-UVEITS- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NEDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NEDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; NEDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NEDS
HUMIRA(CF) PEN CROHNS- UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NEDS
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NEDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NEDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NEDS
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	5	PA BvD; NEDS
ILARIS (PF) SUBCUTANEOUS RECON SOLN 150 MG/ML	5	PA; NEDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; NEDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	GC*
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)	2	PA BvD; GC*
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	2	PA BvD; GC*
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	5	PA BvD; NEDS
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	2	PA BvD; GC*
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NEDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NEDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA BvD; NEDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD; ST
RASUVO (PF) SUBCUTANEOUS AUTO- INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NEDS
RIDAURA ORAL CAPSULE 3 MG	5	NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	5	PA; NEDS
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	5	PA BvD; NEDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i> (Rapamune)	4	PA BvD
<i>sirolimus oral tablet 2 mg</i> (Rapamune)	5	PA BvD; NEDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NEDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	5	PA; NEDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	5	PA; NEDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NEDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NEDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NEDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i> (Prograf)	2	PA BvD; GC*
<i>tacrolimus oral capsule 5 mg</i> (Prograf)	3	PA BvD
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NEDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NEDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; LA; NEDS
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NEDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NEDS
ZORTRESS ORAL TABLET 1 MG	5	PA BvD; NEDS
<b>Vaccines</b>		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF- MCG-LF/0.5ML	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	3	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3- 4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	3	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	3	QL (1 per 365 days)
<b>Inflammatory Bowel Disease</b>		
<b>Agents</b>		
<b>Inflammatory Bowel Disease Agents</b>		
<i>alosetron oral tablet 0.5 mg</i> (Lotronex)	3	
<i>alosetron oral tablet 1 mg</i> (Lotronex)	5	NEDS
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	GC*
<i>budesonide oral capsule, delayed, extend. release 3 mg</i> (Entocort EC)	4	
DIPENTUM ORAL CAPSULE 250 MG	5	ST; NEDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	4	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i> (Apriso)	4	
<i>mesalamine oral tablet,delayed release (drlec) 1.2 gram</i> (Lialda)	4	
<i>mesalamine oral tablet,delayed release (drlec) 800 mg</i> (Asacol HD)	4	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	3	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	2	GC*
<i>sulfasalazine oral tablet,delayed release (drlec) 500 mg</i> (Azulfidine EN-tabs)	4	
UCERIS RECTAL FOAM 2 MG/ACTUATION	3	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	GC; QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	GC; QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/lactuation</i>	2	GC*; QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	GC*
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	2	GC*
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	4	
<i>cinacalcet oral tablet 30 mg</i> (Sensipar)	3	QL (60 per 30 days)
<i>cinacalcet oral tablet 60 mg</i> (Sensipar)	5	NEDS; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	5	NEDS; QL (120 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	5	PA; NEDS; QL (2.34 per 30 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	4	QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	4	QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg</i> (Boniva)	2	GC*; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NEDS; QL (2 per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	4	
<i>paricalcitol oral capsule 4 mcg</i>	4	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	3	QL (60 per 30 days)
<i>risedronate oral tablet 150 mg</i> (Actonel)	4	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	4	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	4	QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	4	QL (4 per 28 days)
<i>risedronate oral tablet, delayed release (drlec) 35 mg</i> (Atelvia)	4	QL (4 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	PA; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NEDS
<i>zoledronic acid intravenous recon soln 4 mg</i>	4	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	4	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	4	QL (100 per 300 days)
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NEDS
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	GC*
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	5	NEDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	2	GC*
ELMIRON ORAL CAPSULE 100 MG	4	QL (90 per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	5	PA; NEDS; QL (180 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	5	PA; NEDS
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	5	PA; LA; NEDS
<i>fomepizole intravenous solution 1 gram/ml</i>	5	NEDS
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	2	GC*
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)	1	GC
KEVEYIS ORAL TABLET 50 MG	5	PA; NEDS; QL (120 per 30 days)
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	3	
<i>leucovorin calcium injection solution 10 mg/ml</i>	3	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 5 mg</i>	2	GC*
<i>leucovorin calcium oral tablet 25 mg</i>	3	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	2	GC*
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	4	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i> (Fusilev)	5	NEDS
<i>mesna intravenous solution 100 mg/ml</i> (Mesnex)	2	GC*
MESNEX ORAL TABLET 400 MG	5	NEDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	5	PA; NEDS
<i>pyridostigmine bromide oral syrup</i> (Mestinon) 60 mg/5 ml	4	
<i>pyridostigmine bromide oral tablet</i> 30 mg	4	
<i>pyridostigmine bromide oral tablet</i> (Mestinon) 60 mg	2	GC*
RECTIV RECTAL OINTMENT 0.4 % (W/W)	4	QL (30 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA; NEDS; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NEDS; QL (60 per 30 days)
TOTECT INTRAVENOUS RECON SOLN 500 MG	5	NEDS
TYBOST ORAL TABLET 150 MG	4	QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	5	NEDS; QL (24 per 14 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	5	PA; NEDS; QL (120 per 30 days)
<b>Ophthalmic Agents</b>		
<b>Antiglaucoma Agents</b>		
<i>acetazolamide oral capsule, extended release</i> 500 mg	2	GC*
<i>acetazolamide oral tablet</i> 125 mg, 250 mg	2	GC*
<i>acetazolamide sodium injection recon soln</i> 500 mg	2	GC*
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	GC*
<i>brimonidine ophthalmic (eye) drops</i> 0.2 %	1	GC
<i>carteolol ophthalmic (eye) drops</i> 1 %	2	GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	
<i>dorzolamide ophthalmic (eye) drops</i> (Trusopt) 2 %	2	GC*
<i>dorzolamide-timolol ophthalmic</i> (Cosopt) <i>(eye) drops 22.3-6.8 mg/ml</i>	2	GC*
<i>latanoprost ophthalmic (eye) drops</i> (Xalatan) 0.005 %	1	GC; QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops</i> 0.5 %	1	GC
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>metipranolol ophthalmic (eye)</i> <i>drops 0.3 %</i>	2	GC*
<i>pilocarpine hcl ophthalmic (eye)</i> (Isopto Carpine) <i>drops 1 %, 2 %, 4 %</i>	2	GC*
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1- 0.2 %	3	
<i>timolol maleate ophthalmic (eye)</i> (Timoptic) <i>drops 0.25 %, 0.5 %</i>	1	GC
<i>timolol maleate ophthalmic (eye)</i> (Timoptic-XE) <i>gel forming solution 0.25 %, 0.5 %</i>	4	
<i>travoprost ophthalmic (eye) drops</i> (Travatan Z) 0.004 %	4	QL (2.5 per 25 days)
<b>Replacement Preparations</b>		
<b>Replacement Preparations</b>		
<i>calcium chloride intravenous syringe</i> <i>100 mg/ml (10 %)</i>	2	GC*
<i>d5 % and 0.9 % sodium chloride</i> <i>intravenous parenteral solution</i>	4	
<i>d5 %-0.45 % sodium chloride</i> <i>intravenous parenteral solution</i>	4	
ISOLYTE S IV SOLUTION- EXCEL SINGLE USE	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	2	GC*
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	2	GC*
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	2	GC*
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	2	GC*
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	2	PA BvD; GC*
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	2	PA BvD; GC*
<i>magnesium sulfate injection syringe 4 meq/ml</i>	2	PA BvD; GC*
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	4	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1	PA BvD; GC
<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	2	PA BvD; GC*
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	GC*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	4	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> (K-Tab)	2	GC*
<i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10)	2	GC*
<i>potassium chloride oral tablet, er particles/crystals 15 meq</i> (Klor-Con M15)	2	GC*
<i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20)	2	GC*
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	2	GC*
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	2	GC*
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	2	GC*
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	2	GC*
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	GC*
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	GC*
<i>sodium chloride 0.9 % intravenous piggyback</i>	2	GC*
<i>sodium chloride 0.9% solution viaflex, single use</i>	4	
<b>Respiratory Tract Agents</b>		
<b>Anti-Inflammatories, Inhaled Corticosteroids</b>		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	GC*; QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)	3	PA BvD; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	3	PA BvD; QL (60 per 30 days)
FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION	3	QL (60 per 30 days)
FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION	3	QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	QL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (21.2 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160- 4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	QL (30.6 per 30 days)
<b>Antileukotrienes</b>		
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	GC
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	4	
<b>Bronchodilators</b>		
<i>albuterol 5 mg/ml solution 5 mg/ml</i>	2	PA BvD; GC*; QL (120 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (ProAir HFA)	2	GC*; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	GC*; QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	4	QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %)</i>	2	PA BvD; GC*; QL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	2	PA BvD; GC*; QL (120 per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	GC*
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	GC*
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD; GC*; QL (312.5 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	PA BvD; GC*; QL (540 per 30 days)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	GC
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	4	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	5	NEDS
<i>theophylline oral solution 80 mg/15 ml</i>	4	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	4	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	GC*
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200- 62.5-25 MCG	3	QL (60 per 30 days)
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine intravenous solution 200 mg/ml (20%)</i> (Acetadote)	2	GC*
<i>acetylcysteine solution 100 mg/ml (10%), 200 mg/ml (20%)</i>	2	PA BvD; GC*
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NEDS; QL (560 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NEDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD; GC*
DALIRESPO <sup>®</sup> ORAL TABLET 250 MCG	3	QL (28 per 28 days)
DALIRESPO <sup>®</sup> ORAL TABLET 500 MCG	3	QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	5	PA; NEDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; NEDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; NEDS; QL (90 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NEDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; NEDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	5	PA; NEDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NEDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; LA; NEDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA; NEDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; NEDS; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NEDS; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	5	PA; NEDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NEDS; QL (120 per 30 days)
PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,L/F,SUV 1,000 MG (+/-)/20 ML	5	PA BvD; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	PA BvD; NEDS
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; NEDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; NEDS; QL (84 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NEDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	5	PA; NEDS
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	GC*
<i>chlorzoxazone oral tablet 250 mg</i>	5	NEDS; QL (120 per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	2	GC*
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	GC
<i>dantrolene oral capsule 100 mg</i>	2	GC*
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	2	GC*
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	GC*
<i>revonto intravenous recon soln 20 mg</i>	2	GC*
<i>tizanidine oral tablet 2 mg</i>	2	GC*
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	GC*
<b>Sleep Disorder Agents</b>		
<b>Sleep Disorder Agents</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	PA; GC*; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	4	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	5	PA; NEDS; QL (150 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	5	PA; NEDS; QL (30 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	PA; LA; NEDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	4	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	GC; QL (30 per 30 days)
<b>Vasodilating Agents</b>		
<b>Vasodilating Agents</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NEDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i>	3	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	5	PA; NEDS; QL (30 per 30 days)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i> (Flolan)	5	PA; NEDS
OPSUMIT ORAL TABLET 10 MG	5	PA; NEDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i> (Revatio)	5	PA; NEDS; QL (37.5 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	2	PA; GC*; QL (90 per 30 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	2	EX; GC*; CB (6 EA per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	3	PA; QL (60 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA; LA; NEDS; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	5	PA; NEDS; QL (112 per 28 days)
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	5	PA; NEDS

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; NEDS
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	5	PA; NEDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NEDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NEDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NEDS

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

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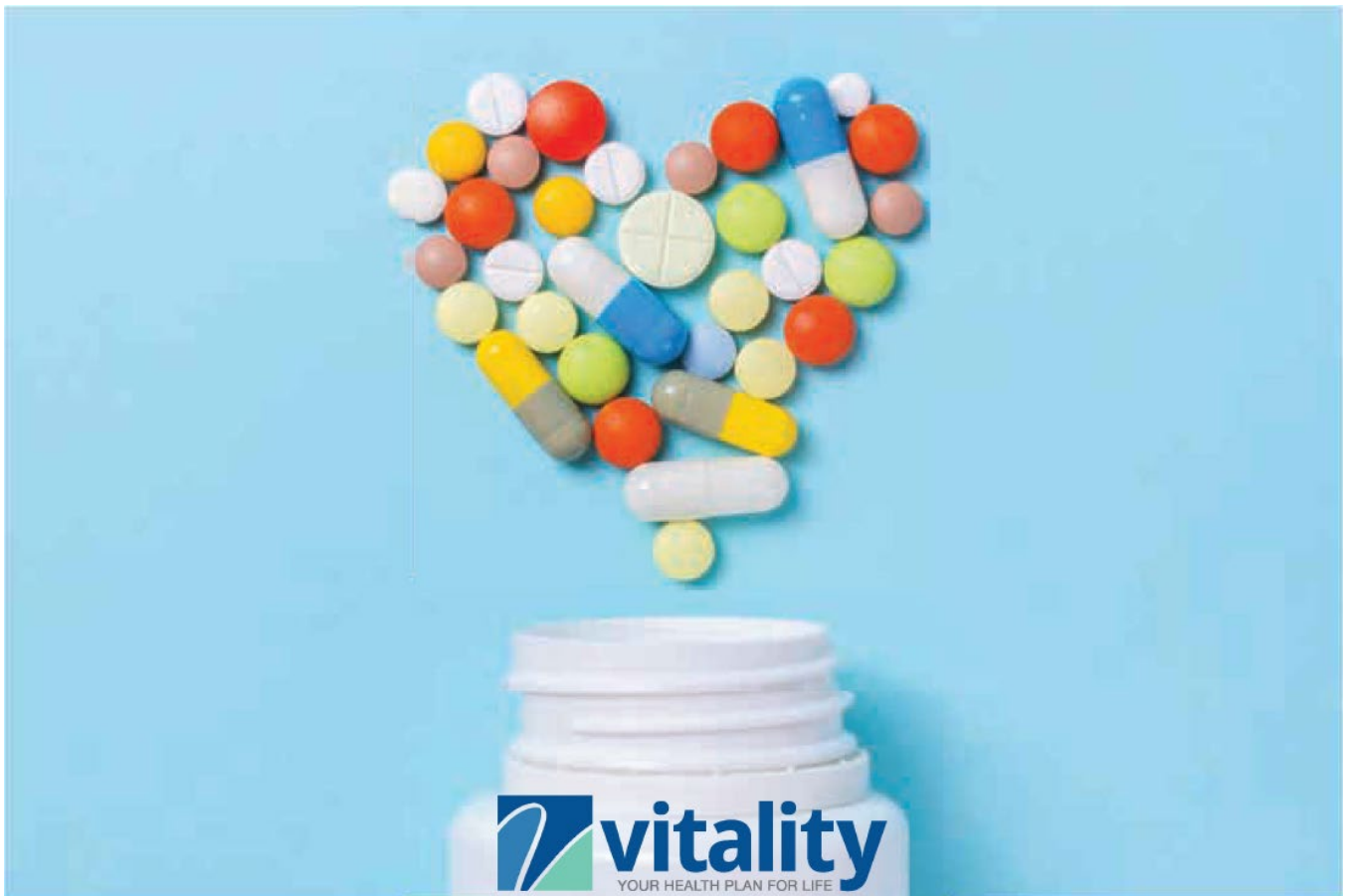
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This formulary was updated on 10/05/2021. For more recent information or other questions, please contact Vitality Health Plan of California Member Service at 1-866-333-3530 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week from October 1 through March 31 and 8 a.m. to 8 p.m. Monday to Friday from April 1 through September 30, or visit [www.vitalityhp.net](http://www.vitalityhp.net).

Este formulario se actualizó el 10/05/2021. Para obtener información más reciente o si tiene cualquier otra pregunta, comuníquese con el Servicio para los miembros de Vitality Health Plan of California al 1-866-333-3530. Los usuarios de TTY deben llamar al 711. Desde el 1.º de octubre hasta el 31 de marzo, el horario de atención es de 8:00 a. m. a 8:00 p. m., los siete días de la semana; y desde el 1.º de abril hasta el 30 de septiembre, el horario de atención es de 8:00 a. m. a 8:00 p. m., de lunes a viernes. También puede visitar [www.vitalityhp.net](http://www.vitalityhp.net).

本處方藥一覽表更新於 2021 年 10 月 05 日。如需最新資訊或有其他問題，請聯絡 Vitality Health Plan of California 會員服務部，電話：1-866-333-3530，聽障人士可致電 711。10 月 1 日至 3 月 31 日期間，辦公時間為每週七天，上午 8 點至晚上 8 點；4 月 1 日至 9 月 30 日期間，辦公時間為週一至週五，上午 8 點至晚上 8 點，或者瀏覽 [www.vitalityhp.net](http://www.vitalityhp.net)。

이 처방집은 2021 년 10월 05일에 업데이트되었습니다. 더욱 최근의 정보를 원하시거나 기타 궁금한 사항이 있으시면 Vitality Health Plan of California 가입자 서비스부에 1-866-333-3530번으로, TTY사용자는 711번으로 10월 1일부터 3월 31일까지는 주 7일 오전 8시-오후 8시 중에 그리고 4월 1일부터 9월 30일까지는 월요일-금요일 오전 8시-오후 8시 중에 전화해 주십시오. 또는 [www.vitalityhp.net](http://www.vitalityhp.net)을 언제든지 방문하실 수 있습니다.

Danh mục thuốc này được cập nhật vào ngày 10/05/2021. Để biết thông tin gần đây hoặc có thắc mắc gì khác, xin vui lòng gọi cho Vitality Health Plan of California theo số 1-866-333-3530 hoặc, với người dùng TTY, 711, 8 giờ sáng đến 8 giờ tối., bảy ngày mỗi tuần từ ngày 1 tháng 10 đến ngày 31 tháng 3 và từ 8 giờ sáng đến 8 giờ tối, Thứ Hai đến Thứ Sáu, từ ngày 1 tháng 4 đến ngày 30 tháng 9, hoặc truy cập [www.vitalityhp.net](http://www.vitalityhp.net).