

2020

Comprehensive Formulary

List of Covered Drugs

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

Formulary ID 00020480, Version 4

This formulary was updated on 08/27/2019. For more recent information or other questions, please contact KelseyCare Advantage Member Services at 1-866-589-5222 or, for TTY users, 1-888-206-8041, 24 hours a day, 7 days per week, or visit www.kelseycareadvantage.com.



2020 COMPREHENSIVE FORMULARY

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means KelseyCare Advantage. When it refers to “plan” or “our plan,” it means KelseyCare Advantage Rx, Rx+Choice or Rx Select.

This document includes a list of the drugs (formulary) for our plan which is current as of 08/27/2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the KelseyCare Advantage Formulary?

A formulary is a list of covered drugs selected by KelseyCare Advantage in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. KelseyCare Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a KelseyCare Advantage network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the KelseyCare Advantage Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the KelseyCare Advantage Formulary?”

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

The enclosed formulary is current as of 08/27/2019. To get updated information about the drugs covered by KelseyCare Advantage, please contact us. To review and/or print formulary changes during the year, please visit our website at <http://www.kelseycareadvantage.com>, scroll to the bottom of the page, click on Prescription Drugs and refer to the Formulary Addendum on the “Find a Prescription Drug” page. You may also ask us to send you a copy. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “CARDIOVASCULAR AGENT”. If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 102. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

KelseyCare Advantage covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** KelseyCare Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from KelseyCare Advantage before you fill your prescriptions. If you don't get approval, KelseyCare Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, KelseyCare Advantage limits the amount of the drug that KelseyCare Advantage will cover. For example, KelseyCare Advantage provides 30 tablets per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, KelseyCare Advantage requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, KelseyCare Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, KelseyCare Advantage will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask KelseyCare Advantage to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the KelseyCare Advantage formulary?” on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that KelseyCare Advantage does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by KelseyCare Advantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by KelseyCare Advantage.
- You can ask KelseyCare Advantage to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the KelseyCare Advantage Formulary?

You can ask KelseyCare Advantage to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, KelseyCare Advantage limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, KelseyCare Advantage will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

Unexpected medication changes due to level-of-care changes

When you transfer from one treatment setting to another, such as moving from an inpatient hospital setting to home, it is called a level-of-care change. These types of changes often do not leave you enough time to determine if a new prescription contains a drug that is on the plan formulary. In these unexpected situations, KelseyCare Advantage will cover a temporary 30-day transition supply (unless you have a prescription written for fewer days). If your level-of-care change involves moving to a long-term care facility and a new drug is prescribed, the plan covers a temporary 31-day supply (unless you have a prescription written for fewer days).

For more information

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

KelseyCare Advantage's Formulary

The formulary begins on page 8 provides coverage information about the drugs covered by KelseyCare Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 102.

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

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

The abbreviations represent special drug requirements, limits, and other information:

PA = Prior Authorization. For drugs with prior authorization, KelseyCare Advantage requires you or your physician to get prior authorization for certain drugs.

ST = Step Therapy. For drugs with step therapy, KelseyCare Advantage requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

QL = Quantity Limit. For drugs with quantity limits, KelseyCare Advantage limits the amount of the drug that KelseyCare Advantage will cover.

LA = Limited Access. Drugs with “LA” have limited distribution therefore this prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-866-589-5222, 24 hours a day, 7 days a week. TTY users should call 1-888- 206-8041.

GAP = GAP Coverage. For drugs with a “GAP” symbol, KelseyCare Advantage provides additional coverage of this prescription drug during the coverage gap stage. Please refer to our Evidence of Coverage for more information about this coverage.

Next to the “Drug Name” column is a column labeled “Tier”. This identifies the tier to which the drug is assigned and will determine the amount you pay for your prescription. The amount you pay for your prescription drugs depends on the medication’s tier. Every drug on the plan’s Drug List is in one of five cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher your cost for the drug.

Cost-sharing Tier	Drugs Included in Tier
Tier 1 (lowest)	Preferred Generic
Tier 2	Generic
Tier 3	Preferred Brand
Tier 4	Non-Preferred Brand
Tier 5 (highest)	Specialty

Tier 1 – Preferred Generic

Lowest cost tier – Generic drugs have the same active ingredient formula as a brand name drug. Generic drugs usually cost less than brand name drugs and are rated by the Food and Drug Administration (FDA) to be safe and effective as brand name drugs. Not all generic drugs on the drug list (formulary) are included in this tier.

Tier 2 – Generic

Middle cost tier – Includes generics that are high-cost generic drugs and/or generic drugs only available from one manufacturer.

Tier 3 – Preferred Brand

Middle cost tier – Includes preferred brand drugs.

Tier 4 – Non-Preferred Brand

Higher cost tier – Includes non-preferred brand drugs.

Tier 5 – Specialty

Highest cost tier – Contains very high cost brand and generic drugs that may require special handling and/or close monitoring. Specialty drugs may be brand or generic.

Rx, Rx+Choice and Rx Select

Preferred Cost-Sharing		
Tier	30-day Supply	90-day Supply
1	\$3	\$7.50
2	\$5	\$12.50
3	\$40	\$100
4	\$60	\$150
5	31%	NA

Standard Cost-Sharing		
Tier	30-day Supply	90-day Supply
1	\$8	\$24
2	\$10	\$30
3	\$45	\$135
4	\$70	\$210
5	31%	NA

*A long-term supply is not available for drugs in Tier 5

KelseyCare Advantage's pharmacy network includes pharmacies that offer standard cost-sharing and pharmacies that offer preferred cost-sharing. You may go to either type of network pharmacy to receive your covered prescription drugs. Your cost-sharing may be less at pharmacies with preferred cost-sharing.

Drug Name	Tier	Requirements/Limits
Analgesics		
acetaminophen-codeine #3 oral tablet 300-30 mg	1	GAP
acetaminophen-codeine oral solution 120-12 mg/5ml	1	GAP
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	GAP
butorphanol tartrate nasal solution 10 mg/ml	1	GAP
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	1	GAP
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	2	QL (60 EA per 30 days)
codeine sulfate oral tablet 30 mg, 60 mg	1	GAP
diclofenac epolamine transdermal patch 1.3 %	2	PA; QL (60 EA per 30 days)
diclofenac potassium oral tablet 50 mg	1	GAP
diclofenac sodium er oral tablet extended release 24 hour 100 mg	1	GAP
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	1	GAP
diclofenac sodium transdermal gel 1 %	2	QL (1000 GM per 30 days)
diclofenac sodium transdermal gel 3 %	2	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	2	
diflunisal oral tablet 500 mg	1	GAP
duramorph injection solution 0.5 mg/ml, 1 mg/ml	2	
endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	GAP
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	2	
etodolac oral capsule 200 mg, 300 mg	1	GAP
etodolac oral tablet 400 mg, 500 mg	1	GAP
fenoprofen calcium oral tablet 600 mg	1	GAP
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Tier	Requirements/Limits
fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg	5	PA
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	
flurbiprofen oral tablet 100 mg, 50 mg	1	GAP
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	GAP
hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	GAP
hydromorphone hcl injection solution 2 mg/ml	2	
hydromorphone hcl oral liquid 1 mg/ml	2	
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	1	GAP
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml	2	
ibu oral tablet 600 mg, 800 mg	1	GAP
ibuprofen oral suspension 100 mg/5ml	1	GAP
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	GAP
INDOCIN ORAL SUSPENSION 25 MG/5ML	4	
indomethacin er oral capsule extended release 75 mg	1	GAP
indomethacin oral capsule 25 mg, 50 mg	1	GAP
ketoprofen er oral capsule extended release 24 hour 200 mg	2	
ketoprofen oral capsule 25 mg	1	GAP
LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT, 400 MCG/ACT	5	PA
levorphanol tartrate oral tablet 2 mg	5	
lorcet hd oral tablet 10-325 mg	1	GAP
lorcet oral tablet 5-325 mg	1	GAP
lorcet plus oral tablet 7.5-325 mg	1	GAP
meclofenamate sodium oral capsule 100 mg, 50 mg	2	

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Drug Name	Tier	Requirements/Limits
<i>mefenamic acid oral capsule 250 mg</i>	2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	GAP
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1	GAP
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	1	GAP
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	2	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg</i>	2	
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg</i>	5	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	2	
<i>morphine sulfate injection solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml</i>	2	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	2	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	1	GAP
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	GAP
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	1	GAP
<i>naproxen oral suspension 125 mg/5ml</i>	1	GAP
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	GAP
<i>naproxen sodium oral tablet 275 mg</i>	1	GAP
<i>naproxen sodium oral tablet 550 mg</i>	2	
<i>NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 50 MG</i>	4	
<i>NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG, 250 MG</i>	5	
<i>NUCYNTA ORAL TABLET 100 MG</i>	5	
<i>NUCYNTA ORAL TABLET 50 MG, 75 MG</i>	4	
<i>oxaprozin oral tablet 600 mg</i>	1	GAP

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Drug Name	Tier	Requirements/Limits
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg	2	
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 80 mg	5	
oxycodone hcl oral capsule 5 mg	1	GAP
oxycodone hcl oral solution 5 mg/5ml	1	GAP
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	GAP
oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	GAP
oxycodone-acetaminophen oral tablet 2.5-325 mg	2	
oxycodone-aspirin oral tablet 4.8355-325 mg	1	GAP
oxycodone-ibuprofen oral tablet 5-400 mg	2	
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	2	
oxymorphone hcl oral tablet 10 mg, 5 mg	2	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	2	
piroxicam oral capsule 10 mg, 20 mg	1	GAP
SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA
sulindac oral tablet 150 mg, 200 mg	1	GAP
tolmetin sodium oral capsule 400 mg	2	
tolmetin sodium oral tablet 600 mg	2	
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	2	
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	2	
tramadol hcl oral tablet 50 mg	1	GAP
tramadol-acetaminophen oral tablet 37.5-325 mg	1	GAP
vicodin es oral tablet 7.5-300 mg	1	GAP
vicodin hp oral tablet 10-300 mg	1	GAP
vicodin oral tablet 5-300 mg	1	GAP

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Drug Name	Tier	Requirements/Limits
Anesthetics		
<i>lidocaine external ointment 5 %</i>	2	QL (150 GM per 30 days)
<i>lidocaine external patch 5 %</i>	2	PA
<i>lidocaine hcl external solution 4 %</i>	2	QL (250 ML per 30 days)
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	1	GAP; QL (30 ML per 30 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	PA; QL (30 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	2	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg</i>	2	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	2	QL (360 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	GAP; QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	3	QL (504 EA per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	3	QL (504 EA per 365 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	GAP
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	GAP
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	GAP
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	GAP
<i>naltrexone hcl oral tablet 50 mg</i>	2	
<i>narcan nasal liquid 4 mg/0.1ml</i>	2	

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Drug Name	Tier	Requirements/Limits
NICOTROL INHALATION INHALER 10 MG	4	QL (2688 EA per 365 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	
Antibacterials		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	GAP
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	GAP
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	GAP
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	GAP
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1	GAP
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	GAP
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	1	GAP
<i>ampicillin oral capsule 500 mg</i>	1	GAP
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	2	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	2	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	2	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	5	
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	
<i>azithromycin oral packet 1 gm</i>	1	GAP
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	GAP
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	GAP

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Drug Name	Tier	Requirements/Limits
<i>aztreonam injection solution reconstituted 1 gm</i>	2	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	2	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	4	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	
<i>cefadroxil oral capsule 500 mg</i>	1	GAP
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1	GAP
<i>cefadroxil oral tablet 1 gm</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	1	GAP
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	GAP
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	2	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	2	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	2	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	GAP
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	GAP
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	2	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	2	

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Drug Name	Tier	Requirements/Limits
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	GAP
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	2	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	GAP
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	GAP
CILOXAN OPHTHALMIC OINTMENT 0.3 %	3	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	GAP
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	GAP
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	1	GAP
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	2	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	2	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	GAP
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	GAP
CLEOCIN VAGINAL SUPPOSITORY 100 MG	4	
<i>clindacin-p external swab 1 %</i>	1	GAP
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	GAP
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	2	
<i>clindamycin phosphate external foam 1 %</i>	2	
<i>clindamycin phosphate external gel 1 %</i>	1	GAP
<i>clindamycin phosphate external lotion 1 %</i>	1	GAP
<i>clindamycin phosphate external solution 1 %</i>	1	GAP
<i>clindamycin phosphate external swab 1 %</i>	1	GAP

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Drug Name	Tier	Requirements/Limits
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	1	GAP
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	GAP
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	2	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	2	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	GAP
DIFICID ORAL TABLET 200 MG	5	ST
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	GAP
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	GAP
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	2	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	GAP
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	GAP
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	GAP
<i>e.e.s. 400 oral tablet 400 mg</i>	2	
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	2	
<i>ery external pad 2 %</i>	1	GAP
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
<i>erythrocin stearate oral tablet 250 mg</i>	2	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	1	GAP

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Drug Name	Tier	Requirements/Limits
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	2	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	2	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	2	
<i>erythromycin external gel 2 %</i>	1	GAP
<i>erythromycin external solution 2 %</i>	1	GAP
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	GAP
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	3	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	2	
<i>gentak ophthalmic ointment 0.3 %</i>	1	GAP
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	1	GAP
<i>gentamicin sulfate external cream 0.1 %</i>	1	GAP
<i>gentamicin sulfate external ointment 0.1 %</i>	1	GAP
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	GAP
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	GAP
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	2	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	
<i>levofloxacin ophthalmic solution 0.5 %</i>	2	
<i>levofloxacin oral solution 25 mg/ml</i>	1	GAP
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	GAP
<i>linezolid intravenous solution 600 mg/300ml</i>	5	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5	QL (1800 ML per 28 days)
<i>linezolid oral tablet 600 mg</i>	2	QL (56 EA per 28 days)
<i>mafenide acetate external packet 5 %</i>	2	
<i>maxipime intravenous solution reconstituted 2 gm</i>	2	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	2	

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Drug Name	Tier	Requirements/Limits
<i>methenamine hippurate oral tablet 1 gm</i>	2	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	1	GAP
<i>metronidazole oral capsule 375 mg</i>	1	GAP
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	GAP
<i>metronidazole vaginal gel 0.75 %</i>	1	GAP
<i>minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg</i>	2	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	GAP
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>monodoxine nl oral capsule 100 mg, 75 mg</i>	1	GAP
<i>morgidox oral capsule 50 mg</i>	1	GAP
MOXEZA OPHTHALMIC SOLUTION 0.5 %	3	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	2	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	2	
<i>moxifloxacin hcl oral tablet 400 mg</i>	2	
<i>mupirocin calcium external cream 2 %</i>	2	
<i>mupirocin external ointment 2 %</i>	1	GAP
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	5	
<i>neomycin sulfate oral tablet 500 mg</i>	1	GAP
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	1	GAP; QL (360 EA per 365 days)
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	2	QL (1440 EA per 365 days)
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	1	GAP; QL (720 EA per 365 days)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	1	GAP; QL (180 EA per 365 days)
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	2	QL (7200 ML per 365 days)
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	GAP
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	

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Drug Name	Tier	Requirements/Limits
<i>ofloxacin otic solution 0.3 %</i>	2	
<i>paromomycin sulfate oral capsule 250 mg</i>	2	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	2	
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	2	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	5	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	GAP
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	GAP
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	2	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	1	GAP
<i>silver sulfadiazine external cream 1 %</i>	1	GAP
<i>soloxide oral tablet delayed release 150 mg</i>	2	
<i>ssd external cream 1 %</i>	1	GAP
<i>Streptomycin Sulfate Intramuscular Solution Reconstituted 1 GM</i>	3	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	GAP
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	GAP
<i>SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML</i>	5	
<i>SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG</i>	4	
<i>tazicef injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	2	

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Drug Name	Tier	Requirements/Limits
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	2	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	5	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	GAP
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	1	GAP
<i>trimethoprim oral tablet 100 mg</i>	1	GAP
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>	2	
<i>vancomycin hcl oral capsule 125 mg</i>	2	QL (120 EA per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	5	QL (240 EA per 30 days)
<i>vandazole vaginal gel 0.75 %</i>	1	GAP
XEPI EXTERNAL CREAM 1 %	4	
XIFAXAN ORAL TABLET 200 MG, 550 MG	5	PA
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	3	
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	5	
BANZEL ORAL SUSPENSION 40 MG/ML	5	
BANZEL ORAL TABLET 200 MG, 400 MG	5	
BRIVIACT ORAL SOLUTION 10 MG/ML	5	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	1	GAP
<i>carbamazepine oral tablet chewable 100 mg</i>	1	GAP
CELONTIN ORAL CAPSULE 300 MG	4	

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Drug Name	Tier	Requirements/Limits
clobazam oral suspension 2.5 mg/ml	5	
clobazam oral tablet 10 mg	2	
clobazam oral tablet 20 mg	5	
clonazepam oral tablet 0.5 mg, 1 mg	1	GAP; QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	1	GAP; QL (300 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	GAP; QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	1	GAP; QL (300 EA per 30 days)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	4	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	3	
DILANTIN ORAL CAPSULE 30 MG	3	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	2	
divalproex sodium oral capsule delayed release sprinkle 125 mg	1	GAP
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	GAP
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA
epitol oral tablet 200 mg	1	GAP
ethosuximide oral capsule 250 mg	1	GAP
ethosuximide oral solution 250 mg/5ml	1	GAP
felbamate oral suspension 600 mg/5ml	5	
felbamate oral tablet 400 mg, 600 mg	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG	5	
FYCOMPA ORAL TABLET 2 MG, 8 MG	4	
gabapentin oral capsule 100 mg, 300 mg	1	GAP; QL (360 EA per 30 days)
gabapentin oral capsule 400 mg	1	GAP; QL (270 EA per 30 days)
gabapentin oral solution 250 mg/5ml	2	QL (2160 ML per 30 days)

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Drug Name	Tier	Requirements/Limits
<i>gabapentin oral tablet 600 mg</i>	1	GAP; QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	GAP; QL (150 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	2	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	GAP
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	GAP
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	2	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	2	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	2	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	GAP
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	GAP
<i>LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 50 MG, 75 MG</i>	3	QL (90 EA per 30 days)
<i>LYRICA ORAL CAPSULE 300 MG</i>	3	QL (60 EA per 30 days)
<i>LYRICA ORAL SOLUTION 20 MG/ML</i>	3	QL (900 ML per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	GAP
<i>PEGANONE ORAL TABLET 250 MG</i>	4	
<i>phenobarbital oral elixir 20 mg/5ml</i>	2	
<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>	1	GAP
<i>phenytoin oral suspension 125 mg/5ml</i>	1	GAP
<i>phenytoin oral tablet chewable 50 mg</i>	1	GAP
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	GAP

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Drug Name	Tier	Requirements/Limits
<i>primidone oral tablet 250 mg, 50 mg</i>	1	GAP
<i>roweepra oral tablet 1000 mg, 500 mg, 750 mg</i>	1	GAP
<i>roweepra xr oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	GAP
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	
SYMPAZAN ORAL FILM 5 MG	4	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GAP
<i>valproic acid oral capsule 250 mg</i>	1	GAP
<i>valproic acid oral solution 250 mg/5ml</i>	1	GAP
<i>vigabatrin oral packet 500 mg</i>	5	PA
<i>vigabatrin oral tablet 500 mg</i>	5	PA; LA
VIGADRONE ORAL PACKET 500 MG	5	PA
VIMPAT ORAL SOLUTION 10 MG/ML	4	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	5	
VIMPAT ORAL TABLET 50 MG	4	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	GAP

Antidementia Agents

<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	GAP
<i>donepezil hcl oral tablet 23 mg</i>	2	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	1	GAP
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	2	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	2	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	2	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	2	QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	2	

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Drug Name	Tier	Requirements/Limits
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	2	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG	3	QL (56 EA per 365 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	2	
Antidepressants		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	GAP
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	GAP
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG	5	ST; QL (30 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	GAP; QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	1	GAP; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	GAP; QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	1	GAP; QL (30 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	GAP
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	GAP
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	GAP
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	2	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	2	QL (120 EA per 30 days)

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Drug Name	Tier	Requirements/Limits
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	GAP
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	GAP
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	1	GAP; QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	1	GAP; QL (90 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	2	QL (90 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	GAP
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	GAP
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	ST; QL (56 EA per 365 days)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	GAP
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	2	QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	GAP
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	2	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	2	QL (60 EA per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	GAP
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	GAP
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	2	
MARPLAN ORAL TABLET 10 MG	4	

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Drug Name	Tier	Requirements/Limits
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	GAP
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	GAP
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	GAP
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	GAP
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	1	GAP
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	2	QL (90 EA per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	GAP
PAXIL ORAL SUSPENSION 10 MG/5ML	4	ST
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	
<i>phenelzine sulfate oral tablet 15 mg</i>	1	GAP
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	1	GAP
<i>sertraline hcl oral concentrate 20 mg/ml</i>	2	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	GAP
<i>tranylcypromine sulfate oral tablet 10 mg</i>	2	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	GAP
<i>trazodone hcl oral tablet 300 mg</i>	2	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	GAP
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	2	

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Drug Name	Tier	Requirements/Limits
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	GAP
VIIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	QL (30 EA per 30 days)
VIIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	QL (60 EA per 365 days)
Antiemetics		
<i>aprepitant oral capsule 125 mg</i>	2	PA; QL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	2	PA; QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	2	PA; QL (6 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	2	PA; QL (8 EA per 30 days)
<i>compro rectal suppository 25 mg</i>	2	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	2	PA; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG	3	PA; QL (6 EA per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>	2	PA; QL (30 EA per 30 days)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	GAP
<i>ondansetron hcl oral solution 4 mg/5ml</i>	1	PA; GAP; QL (450 ML per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	1	PA; GAP; QL (14 EA per 28 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	PA; GAP
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	1	PA; GAP
<i>phenadoz rectal suppository 12.5 mg</i>	2	
<i>procchlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	GAP
<i>procchlorperazine rectal suppository 25 mg</i>	2	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GAP
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethegan rectal suppository 25 mg, 50 mg</i>	2	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	5	QL (2 EA per 30 days)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	2	

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Drug Name	Tier	Requirements/Limits
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	5	PA
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	5	PA
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	2	PA
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	5	
<i>ciclopirox external gel 0.77 %</i>	2	
<i>ciclopirox external shampoo 1 %</i>	2	
<i>ciclopirox external solution 8 %</i>	1	PA; GAP
<i>ciclopirox olamine external cream 0.77 %</i>	1	GAP
<i>ciclopirox olamine external suspension 0.77 %</i>	1	GAP
<i>clotrimazole external cream 1 %</i>	1	GAP
<i>clotrimazole external solution 1 %</i>	1	GAP
<i>clotrimazole mouth/throat lozenge 10 mg</i>	1	GAP
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	GAP
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	GAP
<i>econazole nitrate external cream 1 %</i>	2	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	4	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	GAP
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	GAP
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	GAP
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	2	

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Drug Name	Tier	Requirements/Limits
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i>	2	PA
<i>itraconazole oral solution 10 mg/ml</i>	5	PA
<i>ketoconazole external cream 2 %</i>	1	GAP
<i>ketoconazole external foam 2 %</i>	2	
<i>ketoconazole external shampoo 2 %</i>	1	GAP
<i>ketoconazole oral tablet 200 mg</i>	1	GAP
<i>miconazole 3 vaginal suppository 200 mg</i>	2	
<i>naftifine hcl external cream 1 %, 2 %</i>	2	
NAFTIN EXTERNAL GEL 2 %	4	
NATACYN OPHTHALMIC SUSPENSION 5 %	4	
NOXAFIL ORAL SUSPENSION 40 MG/ML	5	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	5	
<i>nyamyc external powder 100000 unit/gm</i>	1	GAP
<i>nystatin external cream 100000 unit/gm</i>	1	GAP
<i>nystatin external ointment 100000 unit/gm</i>	1	GAP
<i>nystatin external powder 100000 unit/gm</i>	1	GAP
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	GAP
<i>nystatin oral tablet 500000 unit</i>	2	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	GAP
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	GAP
<i>nystop external powder 100000 unit/gm</i>	1	GAP
<i>oxiconazole nitrate external cream 1 %</i>	2	
OXISTAT EXTERNAL LOTION 1 %	4	
<i>terbinafine hcl oral tablet 250 mg</i>	1	GAP; QL (84 EA per 180 days)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	GAP
<i>terconazole vaginal suppository 80 mg</i>	2	

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Drug Name	Tier	Requirements/Limits
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	5	
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	GAP
<i>colchicine oral tablet 0.6 mg</i>	2	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	GAP
<i>probenecid oral tablet 500 mg</i>	1	GAP
<i>ULORIC ORAL TABLET 40 MG, 80 MG</i>	4	ST
Anti-Inflammatory Agents		
<i>procto-med hc rectal cream 2.5 %</i>	1	GAP
<i>procto-pak rectal cream 1 %</i>	1	GAP
<i>proctosol hc rectal cream 2.5 %</i>	1	GAP
<i>proctozone-hc rectal cream 2.5 %</i>	1	GAP
Antimigraine Agents		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5	QL (8 ML per 30 days)
<i>MIGERGOT RECTAL SUPPOSITORY 2-100 MG</i>	5	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	1	GAP; QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	1	GAP; QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	1	GAP; QL (18 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	2	QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	GAP; QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	2	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	2	QL (5 ML per 30 days)

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Drug Name	Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	2	QL (5 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg</i>	2	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 5 mg</i>	2	QL (9 EA per 30 days)
Antimyasthenic Agents		
<i>guanidine hcl oral tablet 125 mg</i>	2	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	2	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	5	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	GAP
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	GAP
<i>isoniazid oral syrup 50 mg/5ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	GAP
<i>PASER ORAL PACKET 4 GM</i>	4	
<i>PRIFTIN ORAL TABLET 150 MG</i>	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i>	2	
<i>rifampin intravenous solution reconstituted 600 mg</i>	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	GAP
<i>RIFATER ORAL TABLET 50-120-300 MG</i>	4	
<i>SIRTURO ORAL TABLET 100 MG</i>	5	
<i>TRECATOR ORAL TABLET 250 MG</i>	4	
Antineoplastics		
<i>abiraterone acetate oral tablet 250 mg</i>	5	PA
<i>AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG</i>	5	PA
<i>AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG</i>	5	PA; QL (30 EA per 30 days)

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Drug Name	Tier	Requirements/Limits
ALECENSA ORAL CAPSULE 150 MG	5	PA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (120 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA; QL (60 EA per 365 days)
<i>anastrozole oral tablet 1 mg</i>	1	GAP
BALVERSA ORAL TABLET 3 MG	5	PA; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PA; QL (60 EA per 30 days)
BALVERSA ORAL TABLET 5 MG	5	PA; QL (30 EA per 30 days)
<i>bexarotene oral capsule 75 mg</i>	5	PA
<i>bicalutamide oral tablet 50 mg</i>	1	GAP
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	5	PA
BRAFTOVI ORAL CAPSULE 75 MG	5	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA
CALQUENCE ORAL CAPSULE 100 MG	5	PA
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	5	PA; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	5	PA; LA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA; LA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA
COTELLIC ORAL TABLET 20 MG	5	PA; LA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	PA
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
EMCYT ORAL CAPSULE 140 MG	5	
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; LA

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Drug Name	Tier	Requirements/Limits
ERLEADA ORAL TABLET 60 MG	5	PA
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA; QL (90 EA per 30 days)
<i>exemestane oral tablet 25 mg</i>	2	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA; LA
<i>fluorouracil external cream 0.5 %</i>	5	
<i>fluorouracil external cream 5 %</i>	2	
<i>fluorouracil external solution 2 %, 5 %</i>	2	
<i>flutamide oral capsule 125 mg</i>	1	GAP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; LA; QL (30 EA per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	
<i>hydroxyurea oral capsule 500 mg</i>	1	GAP
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; LA
ICLUSIG ORAL TABLET 15 MG	5	PA; LA; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; LA
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	5	PA
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; LA
IMBRUVICA ORAL CAPSULE 70 MG	5	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA
INLYTA ORAL TABLET 1 MG, 5 MG	5	PA; LA
IRESSA ORAL TABLET 250 MG	5	PA; LA
JAKAFI ORAL TABLET 10 MG	5	PA; LA; QL (60 EA per 30 days)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	5	PA; LA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA

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Drug Name	Tier	Requirements/Limits
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA; LA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA; LA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA; LA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA; LA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA; LA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA; LA
<i>letrozole oral tablet 2.5 mg</i>	1	GAP
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
LEUKERAN ORAL TABLET 2 MG	5	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	5	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA
MATULANE ORAL CAPSULE 50 MG	5	LA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA; LA

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Drug Name	Tier	Requirements/Limits
MEKTOVI ORAL TABLET 15 MG	5	PA
<i>mercaptopurine oral tablet 50 mg</i>	1	GAP
MESNEX ORAL TABLET 400 MG	5	
NERLYNX ORAL TABLET 40 MG	5	PA; QL (180 EA per 30 days)
NEXAVAR ORAL TABLET 200 MG	5	PA; LA
<i>nilutamide oral tablet 150 mg</i>	5	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA
ODOMZO ORAL CAPSULE 200 MG	5	PA
PANRETIN EXTERNAL GEL 0.1 %	5	
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; LA
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	LA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA
RYDAPT ORAL CAPSULE 25 MG	5	PA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	5	PA
STIVARGA ORAL TABLET 40 MG	5	PA; LA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5	PA

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Drug Name	Tier	Requirements/Limits
TABLOID ORAL TABLET 40 MG	4	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; LA
TAGRISSO ORAL TABLET 40 MG	5	PA; LA; QL (30 EA per 30 days)
TAGRISSO ORAL TABLET 80 MG	5	PA; LA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	5	PA
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	GAP
TARGRETIN EXTERNAL GEL 1 %	5	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA
TIBSOVO ORAL TABLET 250 MG	5	PA
TOLAK EXTERNAL CREAM 4 %	4	
<i>toremifene citrate oral tablet 60 mg</i>	5	
<i>tretinoin oral capsule 10 mg</i>	5	
TYKERB ORAL TABLET 250 MG	5	PA; LA
VALCHLOR EXTERNAL GEL 0.016 %	5	PA; LA
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA
VENCLEXTA ORAL TABLET 100 MG	5	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA
VOTRIENT ORAL TABLET 200 MG	5	PA; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; LA
XOSPATA ORAL TABLET 40 MG	5	PA
XTANDI ORAL CAPSULE 40 MG	5	PA; LA
YONSA ORAL TABLET 125 MG	5	PA
ZEJULA ORAL CAPSULE 100 MG	5	PA

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Drug Name	Tier	Requirements/Limits
ZELBORAF ORAL TABLET 240 MG	5	PA; LA
ZOLINZA ORAL CAPSULE 100 MG	5	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; LA
ZYKADIA ORAL CAPSULE 150 MG	5	PA; LA
ZYKADIA ORAL TABLET 150 MG	5	PA; LA
ZYTIGA ORAL TABLET 500 MG	5	PA
Antiparasitics		
<i>albendazole oral tablet 200 mg</i>	5	
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	5	
ALINIA ORAL TABLET 500 MG	5	
<i>atovaquone oral suspension 750 mg/5ml</i>	5	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	2	
Benznidazole Oral Tablet 100 MG, 12.5 MG	3	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	3	
DARAPRIM ORAL TABLET 25 MG	5	PA
EURAX EXTERNAL CREAM 10 %	3	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	GAP
<i>ivermectin oral tablet 3 mg</i>	1	GAP
<i>malathion external lotion 0.5 %</i>	2	
<i>mefloquine hcl oral tablet 250 mg</i>	1	GAP
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	4	PA
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG	4	
<i>permethrin external cream 5 %</i>	2	
<i>praziquantel oral tablet 600 mg</i>	2	
Primaquine Phosphate Oral Tablet 26.3 MG	4	
<i>quinine sulfate oral capsule 324 mg</i>	2	PA
SKLICE EXTERNAL LOTION 0.5 %	4	

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Drug Name	Tier	Requirements/Limits
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
Antiparkinson Agents		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	5	PA; LA; QL (90 ML per 30 days)
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	GAP
<i>bromocriptine mesylate oral capsule 5 mg</i>	2	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	
<i>carbidopa oral tablet 25 mg</i>	5	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	GAP
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	GAP
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	
<i>entacapone oral tablet 200 mg</i>	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	ST
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	GAP
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	2	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	GAP
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>tolcapone oral tablet 100 mg</i>	5	
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	1	GAP
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	GAP

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Drug Name	Tier	Requirements/Limits
Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	ST
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	ST
<i>aripiprazole oral solution 1 mg/ml</i>	2	QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	5	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	5	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet 100 mg, 25 mg</i>	1	GAP; QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	1	GAP; QL (120 EA per 30 days)
<i>clozapine oral tablet 50 mg</i>	1	GAP; QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 25 mg</i>	2	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	2	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	5	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	5	QL (120 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; QL (60 EA per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	ST; QL (8 EA per 180 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	GAP
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	1	GAP

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Drug Name	Tier	Requirements/Limits
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	GAP
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	4	QL (60 EA per 30 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	GAP
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	GAP
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	ST
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	ST
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	5	ST
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	5	QL (60 EA per 30 days)
<i>loxpipavine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	GAP
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	2	
NUPLAZID ORAL CAPSULE 34 MG	5	PA
NUPLAZID ORAL TABLET 10 MG	5	PA
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	2	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	GAP; QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg</i>	1	GAP; QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>	2	QL (30 EA per 30 days)

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Drug Name	Tier	Requirements/Limits
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</i>	2	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	2	QL (60 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	5	QL (30 EA per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	PA
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GAP; QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	1	GAP; QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG	4	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 37.5 MG, 50 MG	5	
<i>risperidone oral solution 1 mg/ml</i>	1	GAP; QL (240 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	GAP; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL (60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	5	QL (60 EA per 30 days)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	GAP
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	GAP

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Drug Name	Tier	Requirements/Limits
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	QL (540 ML per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	ST; QL (14 EA per 365 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	GAP; QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	GAP
<i>baclofen oral tablet 5 mg</i>	2	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	1	GAP
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	2	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	GAP
Antivirals		
<i>abacavir sulfate oral solution 20 mg/ml</i>	2	
<i>abacavir sulfate oral tablet 300 mg</i>	2	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	2	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	5	QL (60 EA per 30 days)
<i>acyclovir external cream 5 %</i>	5	
<i>acyclovir external ointment 5 %</i>	2	
<i>acyclovir oral capsule 200 mg</i>	1	GAP
<i>acyclovir oral suspension 200 mg/5ml</i>	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	GAP
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	PA; GAP
<i>adefovir dipivoxil oral tablet 10 mg</i>	5	
<i>amantadine hcl oral capsule 100 mg</i>	2	

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Drug Name	Tier	Requirements/Limits
<i>amantadine hcl oral syrup 50 mg/5ml</i>	1	GAP
<i>amantadine hcl oral tablet 100 mg</i>	1	GAP
APTIVUS ORAL CAPSULE 250 MG	5	
APTIVUS ORAL SOLUTION 100 MG/ML	5	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	5	
ATRIPLA ORAL TABLET 600-200-300 MG	5	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	QL (600 ML per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG	5	QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	QL (30 EA per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG	5	QL (30 EA per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	4	
DELSTRIGO ORAL TABLET 100-300-300 MG	5	QL (30 EA per 30 days)
DENAVIR EXTERNAL CREAM 1 %	5	
DESCOVY ORAL TABLET 200-25 MG	5	QL (30 EA per 30 days)
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	2	
DOVATO ORAL TABLET 50-300 MG	5	QL (30 EA per 30 days)
EDURANT ORAL TABLET 25 MG	5	
<i>efavirenz oral capsule 200 mg</i>	5	
<i>efavirenz oral capsule 50 mg</i>	2	
<i>efavirenz oral tablet 600 mg</i>	5	
EMTRIVA ORAL CAPSULE 200 MG	4	
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	3	
EVOTAZ ORAL TABLET 300-150 MG	5	QL (30 EA per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	QL (60 EA per 30 days)

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Drug Name	Tier	Requirements/Limits
GENVOYA ORAL TABLET 150-150-200-10 MG	5	QL (30 EA per 30 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	5	
INTELENCE ORAL TABLET 25 MG	4	
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	5	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	5	PA
INVIRASE ORAL TABLET 500 MG	5	
ISENTRESS HD ORAL TABLET 600 MG	5	
ISENTRESS ORAL PACKET 100 MG	5	
ISENTRESS ORAL TABLET 400 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	
JULUCA ORAL TABLET 50-25 MG	5	QL (30 EA per 30 days)
KALETRA ORAL TABLET 100-25 MG	4	
KALETRA ORAL TABLET 200-50 MG	5	
<i>lamivudine oral solution 10 mg/ml</i>	2	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	QL (60 EA per 30 days)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	5	PA; QL (168 EA per 365 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	5	
MAVYRET ORAL TABLET 100-40 MG	5	PA; QL (336 EA per 365 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	2	
<i>nevirapine oral suspension 50 mg/5ml</i>	2	
<i>nevirapine oral tablet 200 mg</i>	2	
NORVIR ORAL PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	3	

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Drug Name	Tier	Requirements/Limits
ODEFSEY ORAL TABLET 200-25-25 MG	5	QL (30 EA per 30 days)
<i>oseltamivir phosphate oral capsule 30 mg</i>	2	QL (168 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	2	QL (84 EA per 365 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	2	QL (110 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	2	QL (1080 ML per 365 days)
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	5	PA
PIFELTRO ORAL TABLET 100 MG	5	
PREZCOBIX ORAL TABLET 800-150 MG	5	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	
PREZISTA ORAL TABLET 150 MG, 75 MG	4	
PREZISTA ORAL TABLET 600 MG, 800 MG	5	
REBETOL ORAL SOLUTION 40 MG/ML	5	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	4	QL (240 EA per 365 days)
RESCRIPTOR ORAL TABLET 200 MG	4	
REYATAZ ORAL PACKET 50 MG	5	
<i>ribasphere oral capsule 200 mg</i>	2	
RIBASPHERE ORAL TABLET 600 MG	5	
RIBASPHERE RIBAPAK ORAL TABLET 600 MG	5	
RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK 400 & 600 MG	5	
<i>ribavirin oral capsule 200 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>rimantadine hcl oral tablet 100 mg</i>	2	
<i>ritonavir oral tablet 100 mg</i>	2	
SELZENTRY ORAL SOLUTION 20 MG/ML	5	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	

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Drug Name	Tier	Requirements/Limits
SELZENTRY ORAL TABLET 25 MG	4	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA; QL (84 EA per 365 days)
SOVALDI ORAL TABLET 400 MG	5	PA; QL (336 EA per 365 days)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	1	GAP
STRIBILD ORAL TABLET 150-150-200-300 MG	5	QL (30 EA per 30 days)
SYMFI LO ORAL TABLET 400-300-300 MG	5	QL (30 EA per 30 days)
SYMFI ORAL TABLET 600-300-300 MG	5	QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	
<i>trifluridine ophthalmic solution 1 %</i>	2	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	QL (30 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	5	QL (30 EA per 30 days)
TYBOST ORAL TABLET 150 MG	3	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	1	GAP; QL (120 EA per 30 days)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	5	
<i>valganciclovir hcl oral tablet 450 mg</i>	5	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	4	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	
VIREAD ORAL POWDER 40 MG/GM	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
ZEPATIER ORAL TABLET 50-100 MG	5	PA; QL (112 EA per 365 days)
<i>zidovudine oral capsule 100 mg</i>	1	GAP
<i>zidovudine oral syrup 50 mg/5ml</i>	1	GAP
<i>zidovudine oral tablet 300 mg</i>	1	GAP
ZIRGAN OPHTHALMIC GEL 0.15 %	4	

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Drug Name	Tier	Requirements/Limits
Anxiolytics		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	GAP; QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	GAP; QL (150 EA per 30 days)
<i>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>	1	GAP
<i>buspirone hcl oral tablet 30 mg</i>	2	
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	GAP; QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	GAP; QL (720 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	GAP; QL (360 EA per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	1	GAP
<i>diazepam oral solution 5 mg/5ml</i>	2	
<i>diazepam oral tablet 10 mg</i>	1	GAP; QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	1	GAP; QL (300 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	GAP; QL (240 EA per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	GAP; QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	GAP; QL (150 EA per 30 days)
<i>meprobamate oral tablet 200 mg, 400 mg</i>	2	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	GAP; QL (30 EA per 30 days)
Bipolar Agents		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	GAP
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	GAP
<i>lithium carbonate oral tablet 300 mg</i>	1	GAP
<i>lithium oral solution 8 meq/5ml</i>	1	GAP
Blood Glucose Regulators		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	GAP
<i>AVANDIA ORAL TABLET 2 MG</i>	4	QL (120 EA per 30 days)
<i>AVANDIA ORAL TABLET 4 MG</i>	4	QL (60 EA per 30 days)
<i>CYCLOSET ORAL TABLET 0.8 MG</i>	4	
<i>glimepiride oral tablet 1 mg</i>	1	GAP; QL (240 EA per 30 days)

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Drug Name	Tier	Requirements/Limits
<i>glimepiride oral tablet 2 mg</i>	1	GAP; QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	GAP; QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	GAP; QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1	GAP; QL (240 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1	GAP; QL (120 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	GAP; QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	GAP; QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	GAP; QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	GAP; QL (120 EA per 30 days)
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	4	
GLUCAGON EMERGENCY INJECTION KIT 1 MG	3	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	2	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	ST; QL (30 EA per 30 days)
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	4	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	4	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	4	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	4	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	4	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	4	

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Drug Name	Tier	Requirements/Limits
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	4	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	4	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	4	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	4	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	4	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	4	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	5	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	5	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG	3	ST; QL (60 EA per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	3	ST; QL (120 EA per 30 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	ST; QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG	3	ST; QL (90 EA per 30 days)
INVOKANA ORAL TABLET 300 MG	3	ST; QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	ST; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	ST; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	ST; QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST
JARDIANCE ORAL TABLET 10 MG	3	ST; QL (60 EA per 30 days)

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Drug Name	Tier	Requirements/Limits
JARDIANCE ORAL TABLET 25 MG	3	ST; QL (30 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	ST; QL (60 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	3	ST; QL (30 EA per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	GAP; QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	GAP; QL (60 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	GAP; QL (60 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	GAP; QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	GAP; QL (90 EA per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	

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Drug Name	Tier	Requirements/Limits
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	3	ST
<i>pioglitazone hcl oral tablet 15 mg</i>	1	GAP; QL (60 EA per 30 days)
<i>pioglitazone hcl oral tablet 30 mg</i>	1	GAP; QL (45 EA per 30 days)
<i>pioglitazone hcl oral tablet 45 mg</i>	1	GAP; QL (30 EA per 30 days)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	2	QL (45 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	2	QL (90 EA per 30 days)
PROGLYCEM ORAL SUSPENSION 50 MG/ML	5	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	GAP
RIOMET ORAL SOLUTION 500 MG/5ML	4	QL (765 ML per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	5	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	5	PA
<i>tolbutamide oral tablet 500 mg</i>	2	QL (180 EA per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	3	ST; QL (2 ML per 28 days)
Blood Products/Modifiers/Volume Expanders		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	GAP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	5	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	4	PA

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Drug Name	Tier	Requirements/Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	5	PA
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
CABLIVI INJECTION KIT 11 MG	5	PA; QL (30 EA per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	GAP
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	GAP
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	3	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	GAP
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (90 EA per 30 days)
ELIQUIS STARTER PACK ORAL TABLET 5 MG	3	QL (148 EA per 365 days)
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	2	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
EPOGEN INJECTION SOLUTION 20000 UNIT/ML	5	PA
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	5	QL (28 ML per 90 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	2	QL (17.5 ML per 90 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	5	QL (14 ML per 90 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	5	QL (21 ML per 90 days)

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Drug Name	Tier	Requirements/Limits
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML	5	QL (35 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION 12500 UNIT/0.5ML	5	QL (17.5 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION 15000 UNIT/0.6ML	5	QL (21 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION 18000 UNT/0.72ML	5	QL (25.3 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	QL (7 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION 7500 UNIT/0.3ML	5	QL (10.5 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	5	QL (22.8 ML per 90 days)
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	ST
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	ST
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	GAP
<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	GAP
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	5	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	ST
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	ST
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	4	QL (60 EA per 30 days)
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	2	

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Drug Name	Tier	Requirements/Limits
PROCRI ^T INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
PROCRI ^T INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA
PROMACTA ORAL PACKET 12.5 MG	5	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; LA
<i>tranexamic acid oral tablet 650 mg</i>	2	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	GAP
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	QL (102 EA per 365 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	
Cardiovascular Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	GAP
ALDACTAZIDE ORAL TABLET 50-50 MG	4	
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	2	
<i>amiloride hcl oral tablet 5 mg</i>	1	GAP
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	GAP
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	2	
<i>amiodarone hcl oral tablet 200 mg</i>	1	GAP
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	GAP
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	GAP
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	GAP
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	

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Drug Name	Tier	Requirements/Limits
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	GAP
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	GAP
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	GAP
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	GAP
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	GAP
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	GAP
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	GAP
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	GAP
<i>bumetanide injection solution 0.25 mg/ml</i>	1	GAP
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	GAP
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	GAP
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	GAP
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	2	

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Drug Name	Tier	Requirements/Limits
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	1	GAP
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	GAP
<i>cholestyramine light oral powder 4 gm/dose</i>	2	
<i>cholestyramine oral packet 4 gm</i>	2	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	GAP
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	2	
<i>colesevelam hcl oral packet 3.75 gm</i>	2	
<i>colesevelam hcl oral tablet 625 mg</i>	2	
<i>colestipol hcl oral packet 5 gm</i>	2	
<i>colestipol hcl oral tablet 1 gm</i>	2	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA; QL (60 EA per 30 days)
DEM SER ORAL CAPSULE 250 MG	5	
<i>digitek oral tablet 125 mcg</i>	1	GAP; QL (30 EA per 30 days)
<i>digitek oral tablet 250 mcg</i>	1	GAP
<i>digox oral tablet 125 mcg</i>	1	GAP; QL (30 EA per 30 days)
<i>digox oral tablet 250 mcg</i>	1	GAP
<i>digoxin oral solution 0.05 mg/ml</i>	1	GAP
<i>digoxin oral tablet 125 mcg</i>	1	GAP; QL (30 EA per 30 days)
<i>digoxin oral tablet 250 mcg</i>	1	GAP
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	1	GAP
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	GAP
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	GAP
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	GAP
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	GAP
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	

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Drug Name	Tier	Requirements/Limits
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	GAP
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	GAP
<i>ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG</i>	4	QL (60 EA per 30 days)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
<i>eprosartan mesylate oral tablet 600 mg</i>	2	
<i>ezetimibe oral tablet 10 mg</i>	2	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	2	
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	2	PA
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	GAP
<i>fenofibrate micronized oral capsule 130 mg</i>	2	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	GAP
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	GAP
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	2	
<i>fenofibric acid oral tablet 105 mg</i>	2	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	GAP
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	2	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	2	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	GAP
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	GAP
<i>furosemide injection solution 10 mg/ml</i>	1	GAP
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	GAP
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	GAP
<i>gemfibrozil oral tablet 600 mg</i>	1	GAP

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Drug Name	Tier	Requirements/Limits
guanfacine hcl oral tablet 1 mg, 2 mg	1	GAP
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	GAP
hydrochlorothiazide oral capsule 12.5 mg	1	GAP
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	GAP
indapamide oral tablet 1.25 mg, 2.5 mg	1	GAP
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	GAP
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	GAP
ISORDIL TITRADOSE ORAL TABLET 40 MG	5	
isosorbide dinitrate er oral tablet extended release 40 mg	1	GAP
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	GAP
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	GAP
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	GAP
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	5	PA; LA; QL (30 EA per 30 days)
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	GAP
LANOXIN ORAL TABLET 125 MCG	3	QL (30 EA per 30 days)
LANOXIN ORAL TABLET 250 MCG	3	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	GAP
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	GAP
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	GAP
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	GAP
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	GAP
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
methyldopa oral tablet 250 mg, 500 mg	1	GAP

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Drug Name	Tier	Requirements/Limits
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	GAP
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	GAP
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GAP
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	GAP
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	GAP
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	1	GAP
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	GAP
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	GAP
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	GAP
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	2	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	GAP
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	GAP
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	GAP
<i>nimodipine oral capsule 30 mg</i>	5	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	4	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	GAP
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	2	

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Drug Name	Tier	Requirements/Limits
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	5	PA; LA
NYMALIZE ORAL SOLUTION 60 MG/20ML	5	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	GAP
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	GAP
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	2	
<i>pacerone oral tablet 100 mg, 400 mg</i>	2	
<i>pacerone oral tablet 200 mg</i>	1	GAP
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	GAP
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	5	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	GAP
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML	4	PA; LA; QL (2 ML per 28 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	GAP
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	GAP
<i>prevalite oral packet 4 gm</i>	2	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	2	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	1	GAP
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	GAP
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	GAP
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	1	GAP

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Drug Name	Tier	Requirements/Limits
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	GAP
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	GAP
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	GAP
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	GAP
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	2	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	4	PA; QL (3.5 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	4	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	4	PA; QL (3 ML per 28 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	GAP
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	GAP
<i>simvastatin oral tablet 80 mg</i>	1	PA; GAP
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	1	GAP
<i>sorine oral tablet 240 mg</i>	2	
<i>sotalol hcl (af) oral tablet 120 mg</i>	1	GAP
<i>sotalol hcl oral tablet 120 mg, 160 mg, 80 mg</i>	1	GAP
<i>sotalol hcl oral tablet 240 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	GAP
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	GAP
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	GAP
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	GAP
<i>telmisartanamlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	

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Drug Name	Tier	Requirements/Limits
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	GAP
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	GAP
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	GAP
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	GAP
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	GAP
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	GAP
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	GAP
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	GAP
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	GAP

Central Nervous System Agents

<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	PA; GAP; QL (90 EA per 30 days)
<i>atomoxetine hcl oral capsule 10 mg</i>	2	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (30 EA per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; LA; QL (30 EA per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	PA; QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA; QL (4 EA per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; QL (15 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	2	

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Drug Name	Tier	Requirements/Limits
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	5	PA; QL (60 EA per 30 days)
<i>dextmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days)
<i>dextmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	PA; GAP; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	2	PA; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	2	PA; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	2	PA; QL (60 EA per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	5	PA; QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PA; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; QL (12 ML per 28 days)
<i>metadate er oral tablet extended release 20 mg</i>	2	PA; QL (90 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	PA; QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	2	PA; QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	2	PA; QL (180 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg</i>	2	PA; QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	2	PA; QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	2	PA; QL (30 EA per 30 days)

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Drug Name	Tier	Requirements/Limits
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	2	PA; QL (60 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>	2	PA; QL (60 EA per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	PA; GAP; QL (90 EA per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	5	PA; QL (4 ML per 365 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	5	PA; QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	5	PA; QL (8.4 ML per 365 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	5	PA; QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	5	PA; QL (8.4 ML per 365 days)
<i>relexxii oral tablet extended release 72 mg</i>	2	PA; QL (30 EA per 30 days)
<i>riluzole oral tablet 50 mg</i>	2	PA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	QL (110 EA per 365 days)
TECFIDERA ORAL 120 & 240 MG	5	PA; LA; QL (120 EA per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	5	PA; LA; QL (60 EA per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	5	PA; LA
Dental And Oral Agents		
<i>cevimeline hcl oral capsule 30 mg</i>	2	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	GAP

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Drug Name	Tier	Requirements/Limits
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	GAP
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	
Dermatological Agents		
<i>acitretin oral capsule 10 mg, 25 mg</i>	2	
<i>acitretin oral capsule 17.5 mg</i>	5	
<i>adapalene external cream 0.1 %</i>	2	
<i>adapalene external gel 0.1 %, 0.3 %</i>	2	
<i>ammonium lactate external cream 12 %</i>	1	GAP
<i>ammonium lactate external lotion 12 %</i>	1	GAP
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	2	PA
<i>avita external cream 0.025 %</i>	2	PA
<i>avita external gel 0.025 %</i>	2	PA
<i>azelaic acid external gel 15 %</i>	2	
AZELEX EXTERNAL CREAM 20 %	4	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	GAP
<i>calcipotriene external cream 0.005 %</i>	2	QL (120 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	2	QL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	2	QL (60 ML per 30 days)
<i>calcitriol external ointment 3 mcg/gm</i>	2	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	PA
<i>clindamycin phos-benzoyl peroxy external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	2	
CONDYLOX EXTERNAL GEL 0.5 %	4	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; LA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	5	PA; LA
<i>dapsone external gel 5 %</i>	2	
<i>doxepin hcl external cream 5 %</i>	2	PA; QL (90 GM per 30 days)

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Drug Name	Tier	Requirements/Limits
<i>imiquimod external cream 5 %</i>	2	
<i>imiquimod pump external cream 3.75 %</i>	5	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	PA
<i>methoxsalen rapid oral capsule 10 mg</i>	5	
<i>metronidazole external cream 0.75 %</i>	2	
<i>metronidazole external gel 0.75 %, 1 %</i>	2	
<i>metronidazole external lotion 0.75 %</i>	2	
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	PA
<i>neuac external gel 1.2-5 %</i>	2	
ONEXTON EXTERNAL GEL 1.2-3.75 %	4	
<i>pimecrolimus external cream 1 %</i>	2	
<i>podofilox external solution 0.5 %</i>	1	GAP
RECTIV RECTAL OINTMENT 0.4 %	4	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	
<i>selenium sulfide external lotion 2.5 %</i>	1	GAP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	2	
<i>tazarotene external cream 0.1 %</i>	2	
TAZORAC EXTERNAL CREAM 0.05 %	4	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	4	
<i>tretinooin external cream 0.025 %, 0.05 %, 0.1 %</i>	2	PA
<i>tretinooin external gel 0.01 %, 0.025 %, 0.05 %</i>	2	PA
<i>tretinooin microsphere external gel 0.04 %, 0.1 %</i>	2	PA
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	2	
VEREGEN EXTERNAL OINTMENT 15 %	5	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	PA
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	5	

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Drug Name	Tier	Requirements/Limits
Electrolytes/Minerals/Metals/Vitamins		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	2	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	2	
CARBAGLU ORAL TABLET 200 MG	5	LA
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	3	PA
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	3	PA
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	3	PA
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	3	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	5	PA
DEPEN TITRATABS ORAL TABLET 250 MG	5	
<i>dextrose intravenous solution 10 %, 5 %</i>	1	GAP
<i>dextrose-nacl intravenous solution 10-0.2 %, 10- 0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	1	GAP
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; LA
FERRIPROX ORAL TABLET 500 MG	5	PA; LA
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	3	
ISOLYTE-S INTRAVENOUS SOLUTION	3	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.33 meq/l- %-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40- 5-0.9 meq/l-%-%</i>	1	GAP
<i>kionex oral suspension 15 gm/60ml</i>	1	GAP
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	GAP
<i>klor-con m10 oral tablet extended release 10 meq</i>	1	GAP
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
<i>klor-con m20 oral tablet extended release 20 meq</i>	1	GAP

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Drug Name	Tier	Requirements/Limits
<i>klor-con oral tablet extended release 8 meq</i>	1	GAP
<i>klor-con sprinkle oral capsule extended release 8 meq</i>	1	GAP
<i>k-tab oral tablet extended release 20 meq</i>	1	GAP
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	5	
<i>magnesium sulfate injection solution 50 %</i>	2	
<i>normosol-m in d5w intravenous solution</i>	1	GAP
<i>normosol-r in d5w intravenous solution</i>	1	GAP
<i>normosol-r ph 7.4 intravenous solution</i>	1	GAP
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	1	GAP
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	GAP
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	GAP
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>	1	GAP
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	GAP
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 40 meq/100ml</i>	1	GAP
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	
<i>prenatal oral tablet 27-1 mg</i>	1	GAP
PROCALAMINE INTRAVENOUS SOLUTION 3 %	3	PA
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	5	

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Drug Name	Tier	Requirements/Limits
<i>sevelamer carbonate oral tablet 800 mg</i>	2	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	2	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	GAP
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	GAP
<i>sodium lactate intravenous solution 5 meq/ml</i>	1	GAP
<i>sodium polystyrene sulfonate oral powder</i>	1	GAP
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	1	GAP
<i>sps oral suspension 15 gm/60ml</i>	1	GAP
<i>tpn electrolytes intravenous solution</i>	1	GAP
<i>trientine hcl oral capsule 250 mg</i>	5	PA

Gastrointestinal Agents

<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	5	PA
<i>AMITIZA ORAL CAPSULE 24 MCG, 8 MCG</i>	4	QL (60 EA per 30 days)
<i>amoxicill-clarithro-lansopraz oral</i>	2	
<i>CARAFATE ORAL SUSPENSION 1 GM/10ML</i>	3	
<i>CHENODAL ORAL TABLET 250 MG</i>	5	LA
<i>CHOLBAM ORAL CAPSULE 250 MG, 50 MG</i>	5	PA
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	GAP
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	GAP
<i>constulose oral solution 10 gm/15ml</i>	1	GAP
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	GAP
<i>dicyclomine hcl oral capsule 10 mg</i>	1	GAP
<i>dicyclomine hcl oral tablet 20 mg</i>	1	GAP
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	GAP
<i>enulose oral solution 10 gm/15ml</i>	1	GAP
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	2	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	2	QL (60 EA per 30 days)

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Drug Name	Tier	Requirements/Limits
famotidine oral suspension reconstituted 40 mg/5ml	2	
famotidine oral tablet 20 mg, 40 mg	1	GAP
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA; LA
gavilyte-c oral solution reconstituted 240 gm	1	GAP
gavilyte-g oral solution reconstituted 236 gm	1	GAP
gavilyte-n with flavor pack oral solution reconstituted 420 gm	1	GAP
generlac oral solution 10 gm/15ml	1	GAP
glycopyrrolate oral tablet 1 mg, 2 mg	1	GAP
KRISTALOSE ORAL PACKET 10 GM, 20 GM	4	
lactulose oral packet 10 gm	2	
lactulose oral solution 10 gm/15ml	1	GAP
lansoprazole oral capsule delayed release 30 mg	1	GAP; QL (60 EA per 30 days)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 EA per 30 days)
loperamide hcl oral capsule 2 mg	1	GAP
metoclopramide hcl oral solution 5 mg/5ml	1	GAP
metoclopramide hcl oral tablet 10 mg, 5 mg	1	GAP
metoclopramide hcl oral tablet dispersible 5 mg	2	
misoprostol oral tablet 100 mcg, 200 mcg	1	GAP
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM	3	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	3	QL (30 EA per 30 days)
nizatidine oral capsule 150 mg, 300 mg	1	GAP
nizatidine oral solution 15 mg/ml	2	
OCALIVA ORAL TABLET 10 MG, 5 MG	5	PA; QL (30 EA per 30 days)
OMECLAMOX-PAK ORAL 500-500-20 MG	4	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	1	GAP; QL (60 EA per 30 days)
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	1	GAP; QL (60 EA per 30 days)

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Drug Name	Tier	Requirements/Limits
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	1	GAP
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	1	GAP
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	GAP
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	2	QL (30 EA per 30 days)
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	1	GAP
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	1	GAP
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	GAP
RELISTOR ORAL TABLET 150 MG	5	ST; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	5	ST; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	5	ST; QL (12 ML per 30 days)
<i>sucralfate oral tablet 1 gm</i>	1	GAP
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	3	
<i>trilyte oral solution reconstituted 420 gm</i>	1	GAP
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	

Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment

CERDELGA ORAL CAPSULE 84 MG	5	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 6000 UNIT	3	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 36000 UNIT	5	
CYSTADANE ORAL POWDER	5	LA
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	LA
KUVAN ORAL PACKET 100 MG	5	PA
KUVAN ORAL PACKET 500 MG	5	PA; LA
KUVAN ORAL TABLET SOLUBLE 100 MG	5	PA; LA

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Drug Name	Tier	Requirements/Limits
<i>miglustat oral capsule 100 mg</i>	5	PA; LA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	LA
ORFADIN ORAL CAPSULE 20 MG	5	
ORFADIN ORAL SUSPENSION 4 MG/ML	5	
RAVICTI ORAL LIQUID 1.1 GM/ML	5	PA; LA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	5	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	

Genitourinary Agents

<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	GAP
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	GAP
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	2	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	GAP
<i>dutasteride oral capsule 0.5 mg</i>	1	GAP
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	2	
ELMIRON ORAL CAPSULE 100 MG	4	
<i>finasteride oral tablet 5 mg</i>	1	GAP
<i>flavoxate hcl oral tablet 100 mg</i>	1	GAP
<i>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG</i>	3	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	GAP
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	1	GAP
<i>oxybutynin chloride oral tablet 5 mg</i>	1	GAP

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Drug Name	Tier	Requirements/Limits
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	GAP
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	GAP
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	2	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	2	
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	2	
<i>trospium chloride oral tablet 20 mg</i>	2	

Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

<i>ala-cort external cream 1 %, 2.5 %</i>	1	GAP
<i>alclometasone dipropionate external cream 0.05 %</i>	1	GAP
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	GAP
<i>amcinonide external cream 0.1 %</i>	2	
<i>amcinonide external lotion 0.1 %</i>	2	
<i>amcinonide external ointment 0.1 %</i>	2	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	GAP
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	GAP
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	
<i>betamethasone dipropionate external cream 0.05 %</i>	1	GAP
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	GAP
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	
<i>betamethasone valerate external cream 0.1 %</i>	1	GAP

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Drug Name	Tier	Requirements/Limits
<i>betamethasone valerate external foam 0.12 %</i>	2	QL (100 GM per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>	1	GAP
<i>betamethasone valerate external ointment 0.1 %</i>	1	GAP
<i>clobetasol propionate e external cream 0.05 %</i>	1	GAP
<i>clobetasol propionate emulsion external foam 0.05 %</i>	2	
<i>clobetasol propionate external cream 0.05 %</i>	1	GAP
<i>clobetasol propionate external foam 0.05 %</i>	2	
<i>clobetasol propionate external gel 0.05 %</i>	1	GAP
<i>clobetasol propionate external lotion 0.05 %</i>	2	
<i>clobetasol propionate external ointment 0.05 %</i>	1	GAP
<i>clobetasol propionate external shampoo 0.05 %</i>	2	
<i>clobetasol propionate external solution 0.05 %</i>	1	GAP
<i>clodan external shampoo 0.05 %</i>	2	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	4	
<i>cortisone acetate oral tablet 25 mg</i>	2	
<i>desonide external cream 0.05 %</i>	1	GAP
<i>desonide external lotion 0.05 %</i>	1	GAP
<i>desonide external ointment 0.05 %</i>	1	GAP
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	2	
<i>desoximetasone external gel 0.05 %</i>	2	
<i>desoximetasone external liquid 0.25 %</i>	2	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	2	
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	1	GAP
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	GAP
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	GAP
<i>diflorasone diacetate external cream 0.05 %</i>	2	
<i>difloracone diacetate external ointment 0.05 %</i>	2	QL (60 GM per 30 days)
<i>fudrocortisone acetate oral tablet 0.1 mg</i>	1	GAP
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	2	

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Drug Name	Tier	Requirements/Limits
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	
<i>fluocinolone acetonide external solution 0.01 %</i>	2	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	2	
<i>fluocinonide emulsified base external cream 0.05 %</i>	1	GAP
<i>fluocinonide external gel 0.05 %</i>	1	GAP
<i>fluocinonide external ointment 0.05 %</i>	2	
<i>fluocinonide external solution 0.05 %</i>	1	GAP
<i>fluticasone propionate external cream 0.05 %</i>	1	GAP
<i>fluticasone propionate external ointment 0.005 %</i>	1	GAP
<i>halobetasol propionate external cream 0.05 %</i>	1	GAP
<i>halobetasol propionate external ointment 0.05 %</i>	1	GAP
<i>hydrocortisone butyrate external cream 0.1 %</i>	2	QL (60 GM per 30 days)
<i>hydrocortisone butyrate external ointment 0.1 %</i>	2	
<i>hydrocortisone butyrate external solution 0.1 %</i>	1	GAP
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	GAP
<i>hydrocortisone external lotion 2.5 %</i>	1	GAP
<i>hydrocortisone external ointment 1 %</i>	1	GAP; QL (100 GM per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>	1	GAP
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	GAP
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	GAP
<i>hydrocortisone valerate external cream 0.2 %</i>	2	QL (60 GM per 30 days)
<i>hydrocortisone valerate external ointment 0.2 %</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg</i>	2	
<i>methylprednisolone oral tablet 4 mg, 8 mg</i>	1	GAP
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	GAP
<i>mometasone furoate external cream 0.1 %</i>	1	GAP
<i>mometasone furoate external ointment 0.1 %</i>	1	GAP
<i>mometasone furoate external solution 0.1 %</i>	1	GAP
<i>prednicarbate external cream 0.1 %</i>	1	GAP
<i>prednicarbate external ointment 0.1 %</i>	1	GAP

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Drug Name	Tier	Requirements/Limits
<i>prednisolone oral solution 15 mg/5ml</i>	1	GAP
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	GAP
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	GAP
<i>prednisone oral solution 5 mg/5ml</i>	1	GAP
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	GAP
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	GAP
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	GAP
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	GAP
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	GAP
<i>triderm external cream 0.1 %</i>	1	GAP

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; LA
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	2	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	5	PA; LA; QL (60 EA per 30 days)
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	5	PA
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG	5	PA
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG	5	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; LA

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Drug Name	Tier	Requirements/Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	5	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION 10 MG/2ML	5	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION 20 MG/2ML	5	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION 5 MG/2ML	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	5	PA
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG	5	PA
SAIZENPREP INJECTION SOLUTION RECONSTITUTED 8.8 MG	5	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA; LA
STIMATE NASAL SOLUTION 1.5 MG/ML	5	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	5	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	4	PA
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG	5	PA; LA

Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)

KORLYM ORAL TABLET 300 MG	5	PA; LA; QL (120 EA per 30 days)
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Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

altavera oral tablet 0.15-30 mg-mcg	1	GAP
alyacen 1/35 oral tablet 1-35 mg-mcg	1	GAP
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
amethia lo oral tablet 0.1-0.02 & 0.01 mg	2	QL (91 EA per 91 days)
amethia oral tablet 0.15-0.03 & 0.01 mg	1	GAP; QL (91 EA per 91 days)
ANADROL-50 ORAL TABLET 50 MG	5	PA

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Drug Name	Tier	Requirements/Limits
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	GAP
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	
<i>ashlyna oral tablet 0.15-0.03 &0.01 mg</i>	1	GAP; QL (91 EA per 91 days)
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	GAP
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	GAP
<i>balziva oral tablet 0.4-35 mg-mcg</i>	1	GAP
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	2	
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	GAP
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	GAP
<i>camila oral tablet 0.35 mg</i>	1	GAP
<i>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	2	QL (91 EA per 91 days)
<i>caziant oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	GAP
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	4	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	3	
CRINONE VAGINAL GEL 8 %	4	PA
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	1	GAP
<i>cyclafem 1/35 oral tablet 1-35 mg-mcg</i>	1	GAP
<i>cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	
<i>cyred oral tablet 0.15-30 mg-mcg</i>	1	GAP
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>deblitane oral tablet 0.35 mg</i>	1	GAP
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	
<i>delyla oral tablet 0.1-20 mg-mcg</i>	1	GAP
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	QL (10 ML per 28 days)
<i>desogestrel-ethinyl estradiol oral tablet 0.15- 0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	1	GAP
<i>dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	

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Drug Name	Tier	Requirements/Limits
<i>drosipренон-этинил эстрадиол орал таблет 3-0.02 мг, 3-0.03 мг</i>	2	
DUAVEE ORAL TABLET 0.45-20 MG	4	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	4	
<i>emoquette oral tablet 0.15-30 mg-mcg</i>	1	GAP
<i>enpresse-28 oral tablet</i>	2	
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	GAP
<i>errin oral tablet 0.35 mg</i>	1	GAP
<i>estarrylla oral tablet 0.25-35 mg-mcg</i>	1	GAP
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	GAP
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	2	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
ESTRING VAGINAL RING 2 MG	4	QL (1 EA per 90 days)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	GAP
<i>falmina oral tablet 0.1-20 mg-mcg</i>	1	GAP
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	4	QL (1 EA per 90 days)
<i>femynor oral tablet 0.25-35 mg-mcg</i>	1	GAP
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>gianvi oral tablet 3-0.02 mg</i>	2	
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	2	
<i>incassia oral tablet 0.35 mg</i>	1	GAP

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Drug Name	Tier	Requirements/Limits
<i>introvale oral tablet 0.15-0.03 mg</i>	1	GAP; QL (91 EA per 91 days)
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	GAP
<i>jasmiel oral tablet 3-0.02 mg</i>	2	
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	GAP
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	GAP
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	1	GAP
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	GAP
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	GAP
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	2	
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	GAP
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	GAP
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	1	GAP
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	GAP
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	GAP
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	1	GAP
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	GAP
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	GAP
<i>larissa oral tablet 0.1-20 mg-mcg</i>	1	GAP
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	GAP
<i>levonest oral tablet</i>	2	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i>	2	QL (91 EA per 91 days)
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	1	GAP; QL (91 EA per 91 days)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	GAP
<i>levonorg-eth estrad triphasic oral tablet</i>	2	
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	1	GAP
<i>lopreeza oral tablet 1-0.5 mg</i>	2	
<i>loryna oral tablet 3-0.02 mg</i>	2	

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Drug Name	Tier	Requirements/Limits
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	GAP
<i>lutera oral tablet 0.1-20 mg-mcg</i>	1	GAP
<i>lyza oral tablet 0.35 mg</i>	1	GAP
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	GAP
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	GAP; QL (1 ML per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	1	GAP; QL (1 ML per 90 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	GAP
<i>megestrol acetate oral suspension 40 mg/ml</i>	1	PA; GAP
<i>megestrol acetate oral suspension 625 mg/5ml</i>	2	PA
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	PA; GAP
<i>MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG</i>	4	
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	GAP
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	1	GAP
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	GAP
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	GAP
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	GAP
<i>mimvey lo oral tablet 0.5-0.1 mg</i>	2	
<i>mimvey oral tablet 1-0.5 mg</i>	2	
<i>mononessa oral tablet 0.25-35 mg-mcg</i>	1	GAP
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	GAP
<i>nikki oral tablet 3-0.02 mg</i>	2	
<i>nora-be oral tablet 0.35 mg</i>	1	GAP
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</i>	2	
<i>norethindrone acetate oral tablet 5 mg</i>	1	GAP
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	1	GAP
<i>norethindrone oral tablet 0.35 mg</i>	1	GAP

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Drug Name	Tier	Requirements/Limits
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	2	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	GAP
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	GAP
<i>norlyroc oral tablet 0.35 mg</i>	1	GAP
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	GAP
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	GAP
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	GAP
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	
<i>ocella oral tablet 3-0.03 mg</i>	2	
<i>ogestrel oral tablet 0.5-50 mg-mcg</i>	1	GAP
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	1	GAP
OSPHENA ORAL TABLET 60 MG	4	PA; QL (30 EA per 30 days)
<i>oxandrolone oral tablet 10 mg</i>	5	PA; QL (60 EA per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; QL (240 EA per 30 days)
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	GAP
<i>pirmella 1/35 oral tablet 1-35 mg-mcg</i>	1	GAP
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	GAP
PREFEST ORAL TABLET 1/1-0.09 MG (15/15)	4	
PREMARIN VAGINAL CREAM 0.625 MG/GM	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>previfem oral tablet 0.25-35 mg-mcg</i>	1	GAP
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	GAP
<i>raloxifene hcl oral tablet 60 mg</i>	2	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	GAP
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	GAP; QL (91 EA per 91 days)
<i>sharobel oral tablet 0.35 mg</i>	1	GAP

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Drug Name	Tier	Requirements/Limits
sprintec 28 oral tablet 0.25-35 mg-mcg	1	GAP
sronyx oral tablet 0.1-20 mg-mcg	1	GAP
syeda oral tablet 3-0.03 mg	2	
tarina 24 fe oral tablet 1-20 mg-mcg(24)	2	
tarina fe 1/20 oral tablet 1-20 mg-mcg	1	GAP
testosterone cypionate intramuscular solution 100 mg/ml	1	PA; GAP
testosterone enanthate intramuscular solution 200 mg/ml	2	PA
testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	2	PA
tri-estarrylla oral tablet 0.18/0.215/0.25 mg-35 mcg	1	GAP
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	2	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	1	GAP
tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	1	GAP
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	1	GAP
trivora (28) oral tablet	2	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	1	GAP
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	1	GAP
vienna oral tablet 0.1-20 mg-mcg	1	GAP
vyfemla oral tablet 0.4-35 mg-mcg	1	GAP
vylibra oral tablet 0.25-35 mg-mcg	1	GAP
wymzya fe oral tablet chewable 0.4-35 mg-mcg	2	
xulane transdermal patch weekly 150-35 mcg/24hr	2	
yuvafem vaginal tablet 10 mcg	2	
zarah oral tablet 3-0.03 mg	2	
zovia 1/35e (28) oral tablet 1-35 mg-mcg	1	GAP
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	GAP

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Drug Name	Tier	Requirements/Limits
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	GAP
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	GAP
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	GAP

Hormonal Agents, Suppressant (Adrenal)

LYSODREN ORAL TABLET 500 MG	5
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Hormonal Agents, Suppressant (Pituitary)

<i>cabergoline oral tablet 0.5 mg</i>	2	
ELIGARD SUBCUTANEOUS KIT 22.5 MG	4	PA; QL (1 EA per 84 days)
ELIGARD SUBCUTANEOUS KIT 30 MG	4	PA; QL (1 EA per 112 days)
ELIGARD SUBCUTANEOUS KIT 45 MG	4	PA; QL (1 EA per 168 days)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	4	PA; QL (1 EA per 28 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG	5	PA; QL (4 EA per 365 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA; QL (1 EA per 28 days)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	5	PA
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG	5	PA; QL (1 EA per 84 days)
LUPANETA PACK COMBINATION KIT 3.75 & 5 MG	5	PA; QL (1 EA per 28 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA; QL (1 EA per 28 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA; QL (1 EA per 84 days)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA; QL (1 EA per 112 days)

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Drug Name	Tier	Requirements/Limits
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA; QL (1 EA per 168 days)
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML	5	PA; QL (60 ML per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.6 MG/ML, 0.9 MG/ML	5	PA; LA; QL (60 ML per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	5	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; LA
SYNAREL NASAL SOLUTION 2 MG/ML	5	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	5	PA; QL (1 EA per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	5	PA; QL (1 EA per 168 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG	5	PA; QL (1 EA per 28 days)
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	GAP
<i>propylthiouracil oral tablet 50 mg</i>	1	GAP
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-Injector 162 MG/0.9ML	5	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	5	PA; QL (3.6 ML per 28 days)
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5	PA; LA

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Drug Name	Tier	Requirements/Limits
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	3	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA; LA
AZASAN ORAL TABLET 100 MG, 75 MG	4	PA
<i>azathioprine oral tablet 50 mg</i>	1	PA; GAP
BCG Vaccine Injection Injectable	3	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA
BERINERT INTRAVENOUS KIT 500 UNIT	5	PA
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML	5	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	PA
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	PA
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	PA
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	
Diphtheria-Tetanus Toxoids DT Intramuscular Suspension 25-5 LFU/0.5ML	3	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	5	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	3	PA
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	4	PA

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Drug Name	Tier	Requirements/Limits
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	5	PA
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	5	PA; LA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	5	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	PA
<i>gengraf oral solution 100 mg/ml</i>	2	PA
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5	PA

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Drug Name	Tier	Requirements/Limits
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	5	PA
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	3	PA
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	
IPOL INJECTION INJECTABLE	3	
IXIARO INTRAMUSCULAR SUSPENSION	3	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA
KINRIX INTRAMUSCULAR SUSPENSION	3	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	
MENACTRA INTRAMUSCULAR INJECTABLE	3	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
<i>methotrexate oral tablet 2.5 mg</i>	1	GAP
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	GAP
<i>methotrexate sodium injection solution 50 mg/2ml</i>	2	
M-M-R II SUBCUTANEOUS INJECTABLE	3	
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	PA
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	PA
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	PA
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	2	PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	5	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	5	PA

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Drug Name	Tier	Requirements/Limits
OTEZLA ORAL TABLET 30 MG	5	PA; LA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	5	PA; LA
PEDIARIX INTRAMUSCULAR SUSPENSION	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	PA
PROGRAF ORAL PACKET 0.2 MG, 1 MG	5	PA
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION	3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	PA
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	PA
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTAQUE ORAL SOLUTION	3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	4	PA
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	QL (2 EA per 365 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	5	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	5	PA
<i>sirolimus oral solution 1 mg/ml</i>	5	PA
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	2	PA
<i>sirolimus oral tablet 2 mg</i>	5	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	PA
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	

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Drug Name	Tier	Requirements/Limits
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	3	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	3	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	
XATMEP ORAL SOLUTION 2.5 MG/ML	4	
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	5	PA
YF-VAX SUBCUTANEOUS INJECTABLE	3	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	3	QL (1 EA per 365 days)
Inflammatory Bowel Disease Agents		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	3	
<i>balsalazide disodium oral capsule 750 mg</i>	2	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	5	
<i>budesonide oral capsule delayed release particles 3 mg</i>	2	
<i>colocort rectal enema 100 mg/60ml</i>	1	GAP
DIPENTUM ORAL CAPSULE 250 MG	5	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	2	
<i>mesalamine rectal enema 4 gm</i>	2	
<i>mesalamine rectal suppository 1000 mg</i>	5	

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Drug Name	Tier	Requirements/Limits
<i>sulfasalazine oral tablet 500 mg</i>	1	GAP
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	GAP
Metabolic Bone Disease Agents		
<i>alendronate sodium oral solution 70 mg/75ml</i>	1	GAP
<i>alendronate sodium oral tablet 10 mg, 35 mg, 40 mg, 5 mg</i>	1	GAP
<i>alendronate sodium oral tablet 70 mg</i>	1	GAP; QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	QL (3.7 ML per 30 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	GAP
<i>calcitriol oral solution 1 mcg/ml</i>	2	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	5	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	5	PA
<i>ibandronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5	PA; LA; QL (2 EA per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	2	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	QL (2 ML per 365 days)
<i>risedronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	2	
<i>risedronate sodium oral tablet 35 mg</i>	2	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	2	QL (4 EA per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA
Miscellaneous Therapeutic Agents		
AMINOSYN II INTRAVENOUS SOLUTION 10 %	3	PA

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Drug Name	Tier	Requirements/Limits
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %, 7 %	3	PA
<i>assure id insulin safety syr 29g x 1/2" 1 ml</i>	1	GAP; QL (200 EA per 30 days)
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5	PA; LA
<i>comfort assist insulin syringe 29g x 1/2" 1 ml</i>	1	GAP; QL (200 EA per 30 days)
<i>exel comfort point pen needle 29g x 12mm</i>	1	GAP; QL (200 EA per 30 days)
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %	3	PA
<i>global alcohol prep ease pad 70 %</i>	1	GAP
<i>intralipid intravenous emulsion 20 %</i>	1	PA; GAP
KEVEYIS ORAL TABLET 50 MG	5	PA; QL (120 EA per 30 days)
<i>levocarnitine oral solution 1 gm/10ml</i>	1	GAP
<i>levocarnitine oral tablet 330 mg</i>	1	GAP
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	5	PA; LA
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %	3	PA
<i>nutrilipid intravenous emulsion 20 %</i>	1	PA; GAP
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	1	GAP; QL (200 EA per 30 days)
PREMASOL INTRAVENOUS SOLUTION 10 %	3	PA
<i>reli-on insulin syringe 29g 0.3 ml</i>	1	GAP; QL (200 EA per 30 days)
<i>sodium chloride irrigation solution 0.9 %</i>	1	GAP
TRAVASOL INTRAVENOUS SOLUTION 10 %	3	PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	PA
Ophthalmic Agents		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	GAP
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	GAP
ALOCRIL OPHTHALMIC SOLUTION 2 %	4	
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	4	

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Drug Name	Tier	Requirements/Limits
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
ALREX OPHTHALMIC SUSPENSION 0.2 %	4	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	2	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	GAP
AZOPT OPHTHALMIC SUSPENSION 1 %	3	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	GAP
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	2	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	GAP
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 %	4	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	3	
<i>bimatoprost ophthalmic solution 0.03 %</i>	2	QL (5 ML per 30 days)
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	3	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	GAP
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	2	
<i>carteolol hcl ophthalmic solution 1 %</i>	1	GAP
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	4	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	GAP
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA; QL (60 ML per 28 days)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	GAP
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	GAP
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	GAP
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	1	GAP

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Drug Name	Tier	Requirements/Limits
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml</i>	1	GAP
<i>epinastine hcl ophthalmic solution 0.05 %</i>	2	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	GAP
FML OPHTHALMIC OINTMENT 0.1 %	3	
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	1	GAP
LASTACAFT OPHTHALMIC SOLUTION 0.25 %	4	
<i>latanoprost ophthalmic solution 0.005 %</i>	1	GAP; QL (2.5 ML per 25 days)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	GAP
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	3	QL (14 GM per 365 days)
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	QL (2.5 ML per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	GAP
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	GAP
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	GAP
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	GAP
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	2	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	3	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	GAP
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	GAP
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	3	

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Drug Name	Tier	Requirements/Limits
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	GAP
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	GAP
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	1	GAP
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	QL (60 EA per 30 days)
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	4	ST; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	
<i>sulacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	GAP
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	2	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)</i>	1	GAP
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	4	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	
XIIDRA OPHTHALMIC SOLUTION 5 %	4	QL (60 EA per 30 days)
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	4	ST; QL (30 EA per 30 days)
Otic Agents		
<i>acetic acid otic solution 2 %</i>	1	GAP
CIPRO HC OTIC SUSPENSION 0.2-1 %	3	
<i>flac otic oil 0.01 %</i>	2	
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	GAP
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	GAP
Respiratory Tract/Pulmonary Agents		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	PA; GAP
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; LA; QL (90 EA per 30 days)

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Drug Name	Tier	Requirements/Limits
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (24 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	1	PA; GAP; QL (525 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	1	PA; GAP; QL (100 EA per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	1	PA; GAP; QL (375 ML per 30 days)
ALYQ ORAL TABLET 20 MG	5	PA; QL (60 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; QL (30 EA per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	3	QL (60 EA per 30 days)
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; LA
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG	4	QL (30 EA per 30 days)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	3	QL (25.8 GM per 30 days)
<i>azelastine hcl nasal solution 0.1 %</i>	1	GAP; QL (60 ML per 30 days)
<i>azelastine hcl nasal solution 0.15 %</i>	2	QL (60 ML per 30 days)
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	5	PA; QL (120 ML per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	2	PA; QL (120 ML per 30 days)
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	GAP
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	GAP
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA; LA
<i>cetirizine hcl oral solution 1 mg/ml</i>	1	GAP
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	GAP
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	3	QL (8 GM per 30 days)

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Drug Name	Tier	Requirements/Limits
cromolyn sodium inhalation nebulization solution 20 mg/2ml	1	PA; GAP
cyproheptadine hcl oral syrup 2 mg/5ml	1	GAP
cyproheptadine hcl oral tablet 4 mg	1	GAP
DALIRESP ORAL TABLET 250 MCG, 500 MCG	4	PA
desloratadine oral tablet 5 mg	2	
desloratadine oral tablet dispersible 2.5 mg, 5 mg	2	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	3	QL (17.6 GM per 30 days)
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml	2	
EPINEPHrine Injection Solution Auto-Injector 0.3 MG/0.3ML	3	
ESBRIET ORAL CAPSULE 267 MG	5	PA; LA
ESBRIET ORAL TABLET 267 MG, 801 MG	5	PA
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	3	QL (240 EA per 30 days)
flunisolide nasal solution 25 mcg/act (0.025%)	1	GAP; QL (50 ML per 30 days)
fluticasone propionate nasal suspension 50 mcg/act	1	GAP
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	2	QL (60 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	2	QL (1 EA per 30 days)
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	5	PA; LA
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	2	
ipratropium bromide inhalation solution 0.02 %	1	PA; GAP; QL (312.5 ML per 30 days)

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Drug Name	Tier	Requirements/Limits
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1	GAP
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	PA; GAP; QL (540 ML per 30 days)
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	5	PA
KALYDECO ORAL TABLET 150 MG	5	PA
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml</i>	2	PA; QL (540 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	2	PA; QL (90 EA per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	2	PA; QL (270 ML per 30 days)
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	2	QL (30 GM per 30 days)
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	1	GAP
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	GAP
<i>montelukast sodium oral packet 4 mg</i>	2	
<i>montelukast sodium oral tablet 10 mg</i>	1	GAP
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	GAP
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; QL (3 EA per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; LA
OPSUMIT ORAL TABLET 10 MG	5	PA; LA; QL (30 EA per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; LA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG	5	PA; QL (112 EA per 28 days)
ORKAMBI ORAL TABLET 200-125 MG	5	PA; LA; QL (112 EA per 28 days)
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	5	PA; QL (120 ML per 30 days)

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Drug Name	Tier	Requirements/Limits
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	QL (17 GM per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	QL (2 EA per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; LA
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	3	QL (21.2 GM per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	3	QL (60 EA per 30 days)
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	5	PA
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; QL (90 EA per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	3	QL (8 GM per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	3	QL (8 GM per 28 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	4	QL (4 GM per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT	3	QL (12 GM per 30 days)
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT	3	QL (13.8 GM per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	5	PA; QL (60 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	GAP
<i>theophylline er oral tablet extended release 24 hour 400 mg</i>	1	GAP
<i>theophylline er oral tablet extended release 24 hour 600 mg</i>	2	

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Drug Name	Tier	Requirements/Limits
<i>theophylline oral solution 80 mg/15ml</i>	1	GAP
TOBI PODHALER INHALATION CAPSULE 28 MG	5	LA; QL (224 EA per 56 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	PA
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	4	ST; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; LA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	5	PA; LA; QL (400 EA per 365 days)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	5	PA; LA; QL (270 ML per 30 days)
<i>wixela inhale inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	QL (60 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; LA
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; LA
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	2	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	GAP
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	PA; GAP
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	2	PA; QL (60 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	QL (30 EA per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	5	PA; LA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	2	PA; QL (30 EA per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	4	QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	PA; LA; QL (540 ML per 30 days)

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Drug Name	Tier	Requirements/Limits
<i>zaleplon oral capsule 10 mg</i>	1	GAP; QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	GAP; QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	2	QL (90 EA per 365 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	1	GAP; QL (90 EA per 365 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

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The formulary and the pharmacy network may change at any time. You will receive notice when necessary.

KelseyCare Advantage can give you information in Braille, in large print or other alternate formats upon request. This information is available for free in other languages. Please contact our Member Services number at 713-442-CARE (2273) or toll free at 1-866-535-8343 for additional information. From October 1 through March 31, hours are 8:00 a.m. to 8:00 p.m., seven days a week. During this period on Thanksgiving Day and Christmas Day, calls are handled by our voicemail system. From April 1 through September 30, hours are 8:00 a.m. to 8:00 p.m., Monday through Friday. During this period on Saturdays, Sundays, and holidays, calls are handled by our voicemail system. (TTY users should call 1-866-302-9336).

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