

PrimeTime Health Plan
2021 Formulary
(List of Covered Drugs)

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

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This formulary was updated on 10/05/2020. For more recent information or other questions, please contact PrimeTime Health Plan at 1-800-577-5084 or, for TTY users, 1-800-617-7446, Monday through Friday, 8:00 a.m. to 8:00 p.m. (October 1 – March 31, we are available 7 days a week, 8:00 a.m. to 8:00 p.m.), or visit www.pthp.com.

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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 PrimeTime Health Plan. When it refers to “plan” or “our plan,” it means PrimeTime Health Plan.

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2021. 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, 2022, and from time to time during the year.

What is the PrimeTime Health Plan Formulary?

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

Can the Formulary (drug list) change?

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

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

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

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to 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

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both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 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 PrimeTime Health Plan’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of January 1, 2021. To get updated information about the drugs covered by PrimeTime Health Plan, please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, PrimeTime Health Plan will contact all utilizing members and advise of the changes and allow appropriate transition. The printed formulary version will be updated on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page number 7. 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 74. 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?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** PrimeTime Health Plan requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from PrimeTime Health Plan before you fill your prescriptions. If you don't get approval, PrimeTime Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, PrimeTime Health Plan limits the amount of the drug that PrimeTime Health Plan will cover. For example, PrimeTime Health Plan provides 9 tablets per prescription for *sumatriptan*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, PrimeTime Health Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, PrimeTime Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, PrimeTime Health Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. 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 PrimeTime Health Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the PrimeTime Health Plan's 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 PrimeTime Health Plan does not cover your drug, you have two options:

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

How do I request an exception to the PrimeTime Health Plan's Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.

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- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, PrimeTime Health Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

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

If you are a current enrollee being admitted to or discharged from a long-term care facility, early refill edits are not used to limit appropriate and necessary access to your Part D benefit. You will be able to access a refill upon admission or discharge.

For more information

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at 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>.

PrimeTime Health Plan's Formulary

The formulary below provides coverage information about the drugs covered by PrimeTime Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 74.

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., *furosemide*).

- **Tier 1** - Preferred Generic drug
- **Tier 2** - Generic drug
- **Tier 3** - Preferred Brand drug
- **Tier 4** - Non-Preferred drug
- **Tier 5** - Specialty drug (Medications indicated by PrimeTime Health Plan that are high-cost injectable, infused, oral, or inhaled drugs that generally require special storage or handling and close monitoring of the patient's drug therapy. Certain medications within this tier must be obtained through a contracted specialty provider.)

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

- **B/D PA:** This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- **NM:** Non-Mail. Drugs not available via your mail order benefit.
- **PA:** Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **QL:** Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.
- **ST:** Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/ Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib oral capsule</i>	2	
<i>diclofenac epolamine transdermal patch</i>	4	PA; QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet</i>	2	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	2	
<i>diclofenac sodium oral tablet delayed release</i>	2	
<i>diclofenac sodium transdermal gel 1 %</i>	2	
<i>diclofenac-misoprostol oral tablet delayed release</i>	2	
<i>diflunisal oral tablet</i>	2	
<i>etodolac er oral tablet extended release 24 hour</i>	2	
<i>etodolac oral capsule</i>	2	
<i>etodolac oral tablet</i>	2	
<i>flurbiprofen oral tablet</i>	2	
<i>ibu oral tablet</i>	2	
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	
<i>ketoprofen er oral capsule extended release 24 hour</i>	2	
<i>ketoprofen oral capsule</i>	2	
<i>meloxicam oral tablet</i>	2	
<i>nabumetone oral tablet</i>	2	
<i>naproxen dr oral tablet delayed release</i>	2	
<i>naproxen oral tablet</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>piroxicam oral capsule</i>	2	
<i>sulindac oral tablet</i>	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine transdermal patch weekly</i>	3	QL (4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour</i>	3	QL (15 EA per 30 days)
<i>methadone hcl intensol oral concentrate</i>	2	
<i>methadone hcl oral concentrate</i>	2	
<i>methadone hcl oral solution</i>	2	
<i>methadone hcl oral tablet</i>	2	
<i>methadose oral concentrate 10 mg/ml</i>	2	
<i>methadose sugar-free oral concentrate</i>	2	
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	2	QL (30 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	2	QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release</i>	2	QL (120 EA per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	4	QL (60 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	3	QL (60 EA per 30 days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour</i>	4	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol hcl er oral tablet extended release 24 hour</i>	4	QL (30 EA per 30 days)
Opioid Analgesics, Short-acting		
<i>acetaminophen-codeine #3 oral tablet</i>	2	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral solution</i>	2	QL (3240 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	2	QL (360 EA per 30 days)
<i>ascomp-codeine oral capsule</i>	2	QL (180 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule</i>	2	QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule</i>	2	QL (180 EA per 30 days)
<i>butorphanol tartrate nasal solution</i>	4	QL (10 ML per 30 days)
CODEINE SULFATE ORAL TABLET 15 MG	2	
<i>endocet oral tablet</i>	2	
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	2	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	QL (5400 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	2	QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	2	
<i>hydromorphone hcl oral liquid</i>	2	
<i>hydromorphone hcl oral tablet</i>	2	QL (180 EA per 30 days)
<i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/5ml</i>	2	
<i>lorcet hd oral tablet 10-325 mg</i>	2	QL (180 EA per 30 days)
<i>lorcet oral tablet 5-325 mg</i>	2	QL (360 EA per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	QL (360 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	
<i>morphine sulfate (pf) intravenous solution 8 mg/ml</i>	2	
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml, 5 mg/ml</i>	2	
<i>morphine sulfate oral solution</i>	2	
<i>morphine sulfate oral tablet</i>	2	QL (180 EA per 30 days)
<i>nalocet oral tablet</i>	2	
NUCYNTA ORAL TABLET	4	QL (180 EA per 30 days)
<i>oxycodone hcl oral capsule</i>	2	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	2	
<i>oxycodone hcl oral solution</i>	2	
<i>oxycodone hcl oral tablet</i>	2	QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>oxycodone-aspirin oral tablet</i>	2	
<i>oxymorphone hcl oral tablet</i>	2	QL (180 EA per 30 days)
<i>pentazocine-naloxone hcl oral tablet</i>	2	
<i>tramadol hcl oral tablet 50 mg</i>	2	
<i>tramadol-acetaminophen oral tablet</i>	2	
Anesthetics		
Local Anesthetics		
<i>glydo external prefilled syringe</i>	2	
<i>lidocaine external ointment</i>	2	
<i>lidocaine external patch 5 %</i>	3	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution</i>	2	
<i>lidocaine hcl urethral/mucosal external gel</i>	2	
<i>lidocaine hcl urethral/mucosal external prefilled syringe</i>	2	
<i>lidocaine-prilocaine external cream</i>	2	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		

Drug Name	Drug Tier	Requirements/ Limits
<i>acamprosate calcium oral tablet delayed release</i>	3	
<i>disulfiram oral tablet</i>	2	
<i>naltrexone hcl oral tablet</i>	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	5	
Opioid Dependence		
BUNAVAIL BUCCAL FILM	4	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	2	QL (360 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	2	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	2	QL (360 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg, 8-2 mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	2	
ZUBSOLV SUBLINGUAL TABLET	4	
Opioid Reversal Agents		
<i>naloxone hcl injection solution</i>	2	
<i>naloxone hcl injection solution cartridge</i>	2	
<i>naloxone hcl injection solution prefilled syringe</i>	2	
NARCAN NASAL LIQUID	3	

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Drug Name	Drug Tier	Requirements/ Limits
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	2	
CHANTIX CONTINUING MONTH PAK ORAL TABLET	4	
CHANTIX ORAL TABLET	4	
CHANTIX STARTING MONTH PAK ORAL TABLET	4	
NICOTROL INHALATION INHALER	3	
NICOTROL NS NASAL SOLUTION	3	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection solution 1 gm/4ml</i>	2	
<i>amikacin sulfate injection solution 500 mg/2ml</i>	4	
<i>gentamicin in saline intravenous solution</i>	2	
<i>gentamicin sulfate external cream</i>	2	
<i>gentamicin sulfate external ointment</i>	2	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	
<i>neomycin sulfate oral tablet</i>	2	
<i>neomycin-polymyxin b gu irrigation solution</i>	2	
<i>paromomycin sulfate oral capsule</i>	4	
<i>streptomycin sulfate intramuscular solution reconstituted</i>	5	

Drug Name	Drug Tier	Requirements/ Limits
<i>tobramycin sulfate injection solution</i>	2	
<i>tobramycin sulfate injection solution reconstituted</i>	2	
Antibacterials, Other		
<i>aztreonam injection solution reconstituted 1 gm</i>	4	
<i>aztreonam injection solution reconstituted 2 gm</i>	2	
<i>cleocin phosphate intravenous solution 300 mg/2ml, 600 mg/4ml</i>	2	
<i>clindamycin hcl oral capsule</i>	2	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	2	
<i>clindamycin phosphate external swab</i>	2	
<i>clindamycin phosphate in d5w intravenous solution</i>	2	
<i>clindamycin phosphate in nacl intravenous solution</i>	2	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml</i>	2	
<i>clindamycin phosphate vaginal cream</i>	2	
<i>colistimethate sodium (cba) injection solution reconstituted</i>	4	
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML	3	
<i>linezolid in sodium chloride intravenous solution</i>	4	
<i>linezolid intravenous solution</i>	4	
<i>linezolid oral suspension reconstituted</i>	4	
<i>linezolid oral tablet</i>	4	
<i>methenamine hippurate oral tablet</i>	4	
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%, 500-0.74 mg/100ml-%</i>	2	
<i>metronidazole oral capsule</i>	4	
<i>metronidazole oral tablet</i>	2	
<i>metronidazole vaginal gel</i>	2	
MONUROL ORAL PACKET	3	
<i>nitrofurantoin macrocrystal oral capsule</i>	2	
<i>nitrofurantoin monohydrate macrocrystals oral capsule</i>	2	
<i>nitrofurantoin oral suspension</i>	2	
<i>polymyxin b sulfate injection solution reconstituted</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	5	
SIVEXTRO ORAL TABLET	5	
SOLOSEC ORAL PACKET	4	
<i>tigecycline intravenous solution reconstituted</i>	5	
<i>tinidazole oral tablet</i>	3	
<i>trimethoprim oral tablet</i>	2	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 500-5 gm/100ml-%</i>	2	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg, 750 mg</i>	2	
<i>vancomycin hcl oral capsule</i>	2	
<i>vancomycin hcl oral solution reconstituted</i>	2	
VANDAZOLE VAGINAL GEL	2	
Beta-lactam, Cephalosporins		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	4	
<i>cefaclor er oral tablet extended release 12 hour</i>	2	
<i>cefaclor oral capsule</i>	2	
<i>cefaclor oral suspension reconstituted</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension reconstituted</i>	2	
<i>cefadroxil oral tablet</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	4	
<i>cefazolin sodium injection solution reconstituted 100 gm, 300 gm</i>	2	
<i>cefazolin sodium intravenous solution reconstituted</i>	2	
<i>cefazolin sodium-dextrose intravenous solution</i>	2	
<i>cefazolin sodium-dextrose intravenous solution reconstituted</i>	2	
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension reconstituted</i>	2	
<i>cefepime hcl injection solution reconstituted</i>	4	
<i>cefepime hcl intravenous solution</i>	4	
<i>cefepime-dextrose intravenous solution reconstituted</i>	4	
<i>cefixime oral capsule</i>	4	
<i>cefixime oral suspension reconstituted</i>	2	
<i>cefotaxime sodium injection solution reconstituted</i>	2	
<i>cefotetan disodium injection solution reconstituted</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefotetan disodium-dextrose intravenous solution reconstituted</i>	2	
<i>cefoxitin sodium injection solution reconstituted</i>	2	
<i>cefoxitin sodium intravenous solution reconstituted</i>	2	
<i>cefoxitin sodium-dextrose intravenous solution reconstituted</i>	2	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	2	
<i>cefpodoxime proxetil oral tablet</i>	2	
<i>cefprozil oral suspension reconstituted</i>	2	
<i>cefprozil oral tablet</i>	2	
<i>ceftazidime and dextrose intravenous solution reconstituted</i>	2	
<i>ceftazidime injection solution reconstituted</i>	2	
<i>ceftriaxone sodium in dextrose intravenous solution</i>	2	
<i>ceftriaxone sodium injection solution reconstituted</i>	2	
<i>ceftriaxone sodium intravenous solution reconstituted</i>	2	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted</i>	2	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection solution reconstituted</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>cefuroxime sodium intravenous solution reconstituted</i>	2	
<i>cephalexin oral capsule</i>	2	
<i>cephalexin oral suspension reconstituted</i>	2	
<i>cephalexin oral tablet</i>	2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	4	
<i>suprax oral tablet chewable</i>	4	
<i>tazicef injection solution reconstituted</i>	3	
<i>tazicef intravenous solution reconstituted</i>	3	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	5	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	5	
Beta-lactam, Penicillins		
<i>amoxicillin oral capsule</i>	2	
<i>amoxicillin oral suspension reconstituted</i>	2	
<i>amoxicillin oral tablet</i>	2	
<i>amoxicillin oral tablet chewable</i>	2	
<i>amoxicillin-potassium clavulanate er oral tablet extended release 12 hour</i>	2	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin-potassium clavulanate oral tablet</i>	2	
<i>amoxicillin-potassium clavulanate oral tablet chewable</i>	2	
<i>ampicillin oral capsule</i>	2	
<i>ampicillin sodium injection solution reconstituted</i>	2	
<i>ampicillin sodium intravenous solution reconstituted</i>	2	
<i>ampicillin-sulbactam sodium injection solution reconstituted</i>	2	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted</i>	2	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	4	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION	4	
<i>dicloxacillin sodium oral capsule</i>	2	
<i>nafcillin sodium in dextrose intravenous solution</i>	2	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>nafcillin sodium intravenous solution reconstituted</i>	2	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	4	
<i>oxacillin sodium injection solution reconstituted</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>oxacillin sodium intravenous solution reconstituted</i>	2	
<i>penicillin g pot in dextrose intravenous solution 20000 unit/ml</i>	4	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML	4	
<i>penicillin g potassium injection solution reconstituted</i>	2	
<i>penicillin g procaine intramuscular suspension</i>	4	
<i>penicillin g sodium injection solution reconstituted</i>	2	
<i>penicillin v potassium oral solution reconstituted</i>	2	
<i>penicillin v potassium oral tablet</i>	2	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted</i>	2	
Carbapenems		
<i>ertapenem sodium injection solution reconstituted</i>	5	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	4	
<i>meropenem intravenous solution reconstituted</i>	4	
<i>meropenem-sodium chloride intravenous solution reconstituted</i>	4	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	4	

Drug Name	Drug Tier	Requirements/ Limits
Macrolides		
<i>azithromycin intravenous solution reconstituted</i>	2	
AZITHROMYCIN ORAL PACKET	3	
<i>azithromycin oral suspension reconstituted</i>	2	
<i>azithromycin oral tablet</i>	2	
<i>clarithromycin er oral tablet extended release 24 hour</i>	2	
<i>clarithromycin oral suspension reconstituted</i>	2	
<i>clarithromycin oral tablet</i>	2	
DIFICID ORAL TABLET	5	ST
<i>erythrocin lactobionate intravenous solution reconstituted</i>	4	
<i>erythrocin stearate oral tablet</i>	4	
<i>erythromycin base oral capsule delayed release particles</i>	2	
<i>erythromycin base oral tablet</i>	2	
<i>erythromycin base oral tablet delayed release</i>	2	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	2	
<i>erythromycin ethylsuccinate oral tablet</i>	2	
Quinolones		
BAXDELA ORAL TABLET	4	
<i>ciprofloxacin hcl oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin in d5w intravenous solution</i>	2	
<i>levofloxacin in d5w intravenous solution</i>	2	
<i>levofloxacin intravenous solution</i>	2	
<i>levofloxacin oral solution</i>	2	
<i>levofloxacin oral tablet</i>	2	
<i>moxifloxacin hcl in nacl intravenous solution</i>	4	
<i>moxifloxacin hcl intravenous solution</i>	4	
<i>moxifloxacin hcl oral tablet</i>	3	
<i>ofloxacin oral tablet</i>	3	
Sulfonamides		
<i>sulfacetamide sodium (acne) external lotion</i>	2	
<i>sulfadiazine oral tablet</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	
Tetracyclines		
<i>demeclocycline hcl oral tablet</i>	4	
<i>doxy 100 intravenous solution reconstituted</i>	2	
<i>doxycycline hyclate intravenous solution reconstituted</i>	2	
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline monohydrate oral capsule</i>	2	
<i>doxycycline monohydrate oral suspension reconstituted</i>	2	
<i>doxycycline monohydrate oral tablet</i>	2	
<i>doxycycline oral capsule delayed release</i>	4	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 80 mg</i>	4	
<i>minocycline hcl oral capsule</i>	2	
<i>minocycline hcl oral tablet</i>	2	
<i>mondoxyne nl oral capsule</i>	2	
<i>morgidox oral capsule</i>	2	
<i>tetracycline hcl oral capsule</i>	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION	5	
BRIVIACT ORAL TABLET	5	
EPIDIOLEX ORAL SOLUTION	5	PA
<i>felbamate oral suspension</i>	5	
<i>felbamate oral tablet</i>	4	
FINTEPLA ORAL SOLUTION	5	PA
FYCOMPA ORAL SUSPENSION	5	
FYCOMPA ORAL TABLET	5	
LAMICTAL XR ORAL KIT	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>lamotrigine er oral tablet extended release 24 hour</i>	4	
<i>lamotrigine oral kit</i>	2	
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet chewable</i>	2	
<i>lamotrigine oral tablet dispersible</i>	4	
<i>lamotrigine starter kit-blue oral kit</i>	2	
<i>lamotrigine starter kit-green oral kit</i>	2	
<i>lamotrigine starter kit-orange oral kit</i>	2	
<i>levetiracetam er oral tablet extended release 24 hour</i>	4	
<i>levetiracetam oral solution</i>	2	
<i>levetiracetam oral tablet</i>	2	
NAYZILAM NASAL SOLUTION	5	
<i>roweepra oral tablet</i>	2	
<i>roweepra xr oral tablet extended release 24 hour</i>	2	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	4	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	4	
<i>topiramate oral capsule sprinkle</i>	2	
<i>topiramate oral tablet</i>	2	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
<i>valproic acid oral capsule</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>valproic acid oral solution</i>	2	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	4	
XCOPRI ORAL TABLET 200 MG	5	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	5	
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE	4	
<i>ethosuximide oral capsule</i>	2	
<i>ethosuximide oral solution</i>	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam oral suspension</i>	4	
<i>clobazam oral tablet</i>	4	
<i>clonazepam oral tablet</i>	2	
<i>clonazepam oral tablet dispersible</i>	4	
<i>diazepam rectal gel</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	
<i>divalproex sodium oral tablet delayed release</i>	2	
<i>gabapentin oral capsule</i>	2	
<i>gabapentin oral solution 250 mg/5ml</i>	2	
<i>gabapentin oral tablet</i>	2	
<i>phenobarbital oral elixir</i>	2	
<i>phenobarbital oral tablet</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	2	
<i>primidone oral tablet</i>	2	
SYMPAZAN ORAL FILM	5	
<i>tiagabine hcl oral tablet</i>	4	
VALTOCO 10 MG DOSE NASAL LIQUID	4	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	4	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	4	
VALTOCO 5 MG DOSE NASAL LIQUID	4	
<i>vigabatrin oral packet</i>	5	
<i>vigabatrin oral tablet</i>	5	
<i>vigadrone oral packet</i>	5	
Sodium Channel Agents		
APTIOM ORAL TABLET	5	

Drug Name	Drug Tier	Requirements/ Limits
BANZEL ORAL SUSPENSION	5	
BANZEL ORAL TABLET	5	
<i>carbamazepine er oral capsule extended release 12 hour</i>	2	
<i>carbamazepine er oral tablet extended release 12 hour</i>	2	
<i>carbamazepine oral suspension</i>	2	
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet chewable</i>	2	
<i>dilantin oral capsule 30 mg</i>	4	
<i>epitol oral tablet</i>	2	
<i>oxcarbazepine oral suspension</i>	2	
<i>oxcarbazepine oral tablet</i>	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
PEGANONE ORAL TABLET	4	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable</i>	2	
<i>phenytoin sodium extended oral capsule</i>	2	
VIMPAT ORAL SOLUTION	3	
VIMPAT ORAL TABLET	3	
<i>zonisamide oral capsule</i>	2	
Antidementia Agents		
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>donepezil hcl oral tablet dispersible</i>	4	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	4	
<i>galantamine hydrobromide oral solution</i>	4	
<i>galantamine hydrobromide oral tablet</i>	2	
<i>rivastigmine tartrate oral capsule</i>	2	
<i>rivastigmine transdermal patch 24 hour</i>	4	QL (30 EA per 30 days)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl er oral capsule extended release 24 hour</i>	2	QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	QL (60 EA per 30 days)
MEMANTINE HCL ORAL TABLET 28 X 5 MG & 21 X 10 MG	3	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
Antidepressants		
Antidepressants, Other		
ALENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	2	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	4	
<i>bupropion hcl oral tablet</i>	2	
<i>chlordiazepoxide-amitriptyline oral tablet</i>	2	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
<i>maprotiline hcl oral tablet</i>	2	
<i>mirtazapine oral tablet</i>	2	
<i>mirtazapine oral tablet dispersible</i>	2	
<i>olanzapine-fluoxetine hcl oral capsule</i>	4	
<i>perphenazine-amitriptyline oral tablet</i>	4	
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	5	
MARPLAN ORAL TABLET	4	
<i>phenelzine sulfate oral tablet</i>	3	
<i>tranylcypromine sulfate oral tablet</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral solution</i>	2	
<i>citalopram hydrobromide oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	2	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE	4	
<i>duloxetine hcl oral capsule delayed release particles</i>	2	
<i>escitalopram oxalate oral solution</i>	4	
<i>escitalopram oxalate oral tablet</i>	2	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	
<i>fluoxetine hcl (pmdd) oral tablet</i>	2	
<i>fluoxetine hcl oral capsule</i>	2	
<i>fluoxetine hcl oral capsule delayed release</i>	2	
<i>fluoxetine hcl oral solution</i>	2	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	2	
<i>fluoxetine hcl oral tablet 60 mg</i>	4	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	2	
<i>fluvoxamine maleate oral tablet</i>	2	
<i>nefazodone hcl oral tablet</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	2	
<i>paroxetine hcl oral tablet</i>	2	
PAXIL ORAL SUSPENSION	4	
PEXEVA ORAL TABLET	4	
<i>sertraline hcl oral concentrate</i>	2	
<i>sertraline hcl oral tablet</i>	2	
<i>trazodone hcl oral tablet</i>	2	
TRINTELLIX ORAL TABLET	4	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	2	QL (60 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	2	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	2	QL (90 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	2	QL (30 EA per 30 days)
<i>venlafaxine hcl oral tablet</i>	2	QL (90 EA per 30 days)
VIIBRYD ORAL TABLET	4	
VIIBRYD STARTER PACK ORAL KIT	4	
Tricyclics		
<i>amitriptyline hcl oral tablet</i>	2	
<i>amoxapine oral tablet</i>	2	
<i>clomipramine hcl oral capsule</i>	4	
<i>desipramine hcl oral tablet</i>	2	
<i>doxepin hcl oral capsule</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>doxepin hcl oral concentrate</i>	2	
<i>imipramine hcl oral tablet</i>	2	
<i>imipramine pamoate oral capsule</i>	2	
<i>nortriptyline hcl oral capsule</i>	2	
<i>nortriptyline hcl oral solution</i>	2	
<i>protriptyline hcl oral tablet</i>	2	
<i>trimipramine maleate oral capsule</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro rectal suppository</i>	2	
<i>meclizine hcl oral tablet</i>	2	
<i>prochlorperazine maleate oral tablet</i>	2	
<i>prochlorperazine rectal suppository</i>	2	
<i>promethazine hcl oral tablet</i>	2	
<i>promethazine hcl rectal suppository</i>	2	
<i>promethegan rectal suppository 25 mg</i>	2	
<i>scopolamine transdermal patch 72 hour</i>	4	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR	4	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule</i>	2	B/D
<i>dronabinol oral capsule</i>	4	B/D
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>granisetron hcl oral tablet</i>	2	B/D
<i>ondansetron hcl oral solution</i>	4	B/D
<i>ondansetron hcl oral tablet</i>	2	B/D
<i>ondansetron odt oral tablet dispersible</i>	2	B/D
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	4	B/D
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	4	B/D
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	5	B/D
<i>amphotericin b intravenous solution reconstituted</i>	4	B/D
<i>caspofungin acetate intravenous solution reconstituted</i>	5	
<i>clotrimazole external cream</i>	2	
<i>clotrimazole external solution</i>	2	
<i>clotrimazole mouth/throat troche</i>	2	
CRESEMBA ORAL CAPSULE	5	
<i>econazole nitrate external cream</i>	2	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	

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Drug Name	Drug Tier	Requirements/ Limits
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	4	
ERTACZO EXTERNAL CREAM	4	
EXELDERM EXTERNAL CREAM	4	
EXELDERM EXTERNAL SOLUTION	4	
<i>fluconazole in sodium chloride intravenous solution</i>	2	
<i>fluconazole oral suspension reconstituted</i>	2	
<i>fluconazole oral tablet</i>	2	
<i>flucytosine oral capsule</i>	5	
<i>griseofulvin microsize oral suspension</i>	4	
<i>griseofulvin microsize oral tablet</i>	4	
<i>griseofulvin ultramicrosize oral tablet</i>	4	
<i>itraconazole oral capsule</i>	4	
<i>itraconazole oral solution</i>	4	
KERYDIN EXTERNAL SOLUTION	5	
<i>ketoconazole external cream</i>	2	
<i>ketoconazole external foam</i>	2	
<i>ketoconazole external shampoo</i>	2	
<i>ketoconazole oral tablet</i>	2	
<i>ketodan external foam</i>	2	
<i>micafungin sodium intravenous solution reconstituted</i>	5	

Drug Name	Drug Tier	Requirements/ Limits
<i>miconazole 3 vaginal suppository</i>	4	
<i>naftifine hcl external cream</i>	2	
<i>naftifine hcl external gel</i>	2	
NOXAFIL ORAL SUSPENSION	5	
<i>nyamyc external powder</i>	2	
<i>nystatin external cream</i>	2	
<i>nystatin external ointment</i>	2	
<i>nystatin external powder</i>	2	
<i>nystatin mouth/throat suspension</i>	2	
<i>nystatin oral tablet</i>	2	
<i>nystop external powder</i>	2	
ORAVIG BUCCAL TABLET	4	
<i>posaconazole oral tablet delayed release</i>	5	
<i>terbinafine hcl oral tablet</i>	2	
<i>terconazole vaginal cream</i>	2	
<i>terconazole vaginal suppository</i>	2	
<i>voriconazole intravenous solution reconstituted</i>	5	
<i>voriconazole oral suspension reconstituted</i>	5	
<i>voriconazole oral tablet 200 mg</i>	5	
<i>voriconazole oral tablet 50 mg</i>	4	
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
COLCHICINE ORAL CAPSULE	4	QL (120 EA per 30 days)
<i>colchicine oral tablet</i>	4	QL (120 EA per 30 days)
<i>colchicine-probenecid oral tablet</i>	2	
<i>febuxostat oral tablet</i>	2	ST
MITIGARE ORAL CAPSULE	4	QL (120 EA per 30 days)
<i>probenecid oral tablet</i>	2	
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate nasal solution</i>	5	QL (24 ML per 30 days)
<i>ergotamine-caffeine oral tablet</i>	2	
<i>migergot rectal suppository</i>	4	
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	4	PA; QL (1 ML per 30 days)
AIMOVIG	4	PA; QL (2 ML per 30 days)
<i>timolol maleate oral tablet</i>	4	
Serotonin (5-HT) Receptor Agonist		
<i>frovatriptan succinate oral tablet</i>	4	QL (12 EA per 30 days)
<i>naratriptan hcl oral tablet</i>	2	QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg</i>	2	QL (30 EA per 30 days)
<i>rizatriptan benzoate oral tablet 5 mg</i>	2	QL (45 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	2	QL (30 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>	2	QL (45 EA per 30 days)
<i>sumatriptan nasal solution</i>	2	QL (12 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate oral tablet</i>	2	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	2	QL (9 ML per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	2	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	2	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	2	QL (9 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	2	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe</i>	2	QL (5 ML per 30 days)
<i>zolmitriptan oral tablet</i>	4	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible</i>	4	QL (6 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
GUANIDINE HCL ORAL TABLET	4	
<i>pyridostigmine bromide er oral tablet extended release</i>	2	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet</i>	2	
<i>rifabutin oral capsule</i>	4	
Antituberculars		
<i>ethambutol hcl oral tablet</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>isoniazid oral syrup</i>	2	
<i>isoniazid oral tablet</i>	2	
<i>paser oral packet</i>	4	
PRIFTIN ORAL TABLET	4	
<i>pyrazinamide oral tablet</i>	2	
<i>rifampin intravenous solution reconstituted</i>	4	
<i>rifampin oral capsule</i>	4	
SIRTURO ORAL TABLET	5	
TRECTOR ORAL TABLET	4	
Antineoplastics		
Alkylating Agents		
<i>carboplatin intravenous solution</i>	4	
<i>cisplatin intravenous solution</i>	4	
<i>cyclophosphamide oral capsule</i>	2	B/D
<i>dacarbazine intravenous solution reconstituted</i>	2	
GLEOSTINE ORAL CAPSULE	3	
<i>ifosfamide intravenous solution</i>	4	
<i>ifosfamide intravenous solution reconstituted</i>	4	
LEUKERAN ORAL TABLET	5	
MATULANE ORAL CAPSULE	5	
<i>oxaliplatin intravenous solution 100 mg/20ml, 50 mg/10ml</i>	4	
<i>oxaliplatin intravenous solution reconstituted</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>paraplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml</i>	4	
VALCHLOR EXTERNAL GEL	5	
Antiandrogens		
<i>abiraterone acetate oral tablet</i>	5	PA
<i>bicalutamide oral tablet</i>	2	
ERLEADA ORAL TABLET	5	PA
<i>flutamide oral capsule</i>	4	
<i>nilutamide oral tablet</i>	5	
NUBEQA ORAL TABLET	5	PA
XTANDI ORAL CAPSULE	5	PA
YONSA ORAL TABLET	5	PA
ZYTIGA ORAL TABLET 500 MG	5	PA
Antiangiogenic Agents		
POMALYST ORAL CAPSULE	5	PA
QINLOCK ORAL TABLET	5	PA
REVLIMID ORAL CAPSULE	5	PA; QL (28 EA per 28 days)
TABRECTA ORAL TABLET	5	PA
THALOMID ORAL CAPSULE	5	PA
Antiestrogens/Modifie rs		
EMCYT ORAL CAPSULE	5	
<i>fulvestrant intramuscular solution</i>	5	
SOLTAMOX ORAL SOLUTION	5	
<i>tamoxifen citrate oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>toremifene citrate oral tablet</i>	5	
Antimetabolites		
<i>cytarabine (pf) injection solution</i>	4	B/D
<i>cytarabine injection solution</i>	4	B/D
DROXIA ORAL CAPSULE	4	
<i>fluorouracil intravenous solution</i>	4	B/D
<i>gemcitabine hcl intravenous solution reconstituted</i>	3	
<i>gemcitabine hcl solution 1 gm/26.3ml intravenous</i>	3	
<i>gemcitabine hcl solution 2 gm/52.6ml intravenous</i>	3	
<i>gemcitabine hcl solution 200 mg/5.26ml intravenous</i>	3	
<i>hydroxyurea oral capsule</i>	2	
<i>mercaptopurine oral tablet</i>	3	
PURIXAN ORAL SUSPENSION	5	
TABLOID ORAL TABLET	3	
Antineoplastics, Other		
<i>adriamycin intravenous solution</i>	4	B/D
<i>adriamycin intravenous solution reconstituted</i>	4	B/D
<i>azacitidine injection suspension reconstituted</i>	5	
<i>bleomycin sulfate injection solution reconstituted</i>	4	B/D
<i>bortezomib intravenous solution reconstituted</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>docetaxel intravenous concentrate</i>	5	
<i>docetaxel intravenous solution</i>	5	
<i>doxorubicin hcl intravenous solution</i>	4	B/D
<i>doxorubicin hcl intravenous solution reconstituted 50 mg</i>	4	B/D
<i>doxorubicin hcl liposomal intravenous injectable</i>	5	
<i>epirubicin hcl intravenous solution</i>	4	
IBRANCE ORAL TABLET	5	PA
<i>idarubicin hcl intravenous solution</i>	4	
IDHIFA ORAL TABLET	5	PA
INREBIC ORAL CAPSULE	5	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA
<i>leucovorin calcium injection solution</i>	4	
<i>leucovorin calcium injection solution reconstituted</i>	4	
<i>leucovorin calcium oral tablet</i>	2	
LONSURF ORAL TABLET	5	PA
NINLARO ORAL CAPSULE	5	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	4	
PEMAZYRE ORAL TABLET	5	PA; QL (30 EA per 30 days)
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	5	
RETEVMO ORAL CAPSULE	5	PA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
TAZVERIK ORAL TABLET	5	PA
TUKYSA ORAL TABLET	5	PA
<i>vinblastine sulfate intravenous solution</i>	4	B/D
<i>vincasar pfs intravenous solution 1 mg/ml</i>	4	B/D
<i>vincristine sulfate intravenous solution</i>	4	B/D
<i>vinorelbine tartrate intravenous solution</i>	4	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA

Drug Name	Drug Tier	Requirements/ Limits
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA
ZOLINZA ORAL CAPSULE	5	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole oral tablet</i>	2	QL (30 EA per 30 days)
<i>exemestane oral tablet</i>	2	
<i>letrozole oral tablet</i>	2	
Enzyme Inhibitors		
<i>etoposide intravenous solution</i>	2	
<i>irinotecan hcl intravenous solution</i>	4	
<i>toposar intravenous solution</i>	2	
Molecular Target Inhibitors		
AFINITOR DISPERZ ORAL TABLET SOLUBLE	5	PA
AFINITOR ORAL TABLET 10 MG	5	PA
ALECENSA ORAL CAPSULE	5	PA
ALUNBRIG ORAL TABLET	5	PA
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA
AYVAKIT ORAL TABLET	5	PA

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Drug Name	Drug Tier	Requirements/ Limits
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)
BOSULIF ORAL TABLET	5	PA
BRAFTOVI ORAL CAPSULE	5	PA
BRUKINSA ORAL CAPSULE	5	PA
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA; QL (30 EA per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA; QL (60 EA per 30 days)
CALQUENCE ORAL CAPSULE	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET	5	PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	5	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	5	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	5	PA
COPIKTRA ORAL CAPSULE	5	PA
COTELLIC ORAL TABLET	5	PA
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60 EA per 30 days)
ERIVEDGE ORAL CAPSULE	5	PA
<i>erlotinib hcl oral tablet</i>	5	PA
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA
FARYDAK ORAL CAPSULE	5	PA

Drug Name	Drug Tier	Requirements/ Limits
GILOTRIF ORAL TABLET	5	PA
IBRANCE ORAL CAPSULE	5	PA
ICLUSIG ORAL TABLET	5	PA
<i>imatinib mesylate oral tablet 100 mg</i>	5	PA; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	5	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE	5	PA
IMBRUVICA ORAL TABLET	5	PA
INLYTA ORAL TABLET	5	PA
INQOVI ORAL TABLET	5	PA
IRESSA ORAL TABLET	5	PA
JAKAFI ORAL TABLET	5	PA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA
KOSELUGO ORAL CAPSULE	5	PA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA

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Drug Name	Drug Tier	Requirements/ Limits
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LORBRENA ORAL TABLET	5	PA
LYNPARZA ORAL TABLET	5	PA
MEKINIST ORAL TABLET	5	PA
MEKTOVI ORAL TABLET	5	PA
NERLYNX ORAL TABLET	5	PA
NEXAVAR ORAL TABLET	5	PA
ODOMZO ORAL CAPSULE	5	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA

Drug Name	Drug Tier	Requirements/ Limits
ROZLYTREK ORAL CAPSULE	5	PA
RUBRACA ORAL TABLET	5	PA
RYDAPT ORAL CAPSULE	5	PA
SPRYCEL ORAL TABLET	5	PA
STIVARGA ORAL TABLET	5	PA
SUTENT ORAL CAPSULE	5	PA
TAFINLAR ORAL CAPSULE	5	PA
TAGRISO ORAL TABLET	5	PA
TALZENNA ORAL CAPSULE	5	PA
TASIGNA ORAL CAPSULE	5	PA
TIBSOVO ORAL TABLET	5	PA
TURALIO ORAL CAPSULE	5	PA
TYKERB ORAL TABLET	5	PA
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA
VENCLEXTA ORAL TABLET 100 MG	5	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	5	PA
VERZENIO ORAL TABLET	5	PA
VITRAKVI ORAL CAPSULE	5	PA
VITRAKVI ORAL SOLUTION	5	PA
VIZIMPRO ORAL TABLET	5	PA
VOTRIENT ORAL TABLET	5	PA

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Drug Name	Drug Tier	Requirements/ Limits
XALKORI ORAL CAPSULE	5	PA
XOSPATA ORAL TABLET	5	PA
ZEJULA ORAL CAPSULE	5	PA
ZELBORAF ORAL TABLET	5	PA
ZYDELIG ORAL TABLET	5	PA
ZYKADIA ORAL CAPSULE 150 MG	5	PA
ZYKADIA ORAL TABLET	5	PA
Retinoids		
<i>bexarotene oral capsule</i>	5	PA
PANRETIN EXTERNAL GEL	5	
TARGETIN EXTERNAL GEL	5	PA
<i>tretinoin oral capsule</i>	5	
Treatment Adjuncts		
MESNEX ORAL TABLET	5	
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet</i>	5	
<i>emverm oral tablet chewable</i>	4	
<i>ivermectin oral tablet</i>	3	
<i>praziquantel oral tablet</i>	4	
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED	5	
ALINIA ORAL TABLET	5	
<i>atovaquone oral suspension</i>	5	
<i>atovaquone-proguanil hcl oral tablet</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>chloroquine phosphate oral tablet</i>	2	
COARTEM ORAL TABLET	4	
<i>hydroxychloroquine sulfate oral tablet</i>	2	
<i>mefloquine hcl oral tablet</i>	2	
<i>pentamidine isethionate inhalation solution reconstituted</i>	4	B/D
<i>pentamidine isethionate injection solution reconstituted</i>	4	
<i>primaquine phosphate oral tablet</i>	2	
<i>pyrimethamine oral tablet</i>	5	
<i>quinine sulfate oral capsule</i>	2	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate oral tablet</i>	2	
<i>trihexyphenidyl hcl oral solution</i>	2	
<i>trihexyphenidyl hcl oral tablet</i>	2	
Antiparkinson Agents, Other		
<i>carbidopa-levodopa-entacapone oral tablet</i>	4	
<i>entacapone oral tablet</i>	3	
<i>tolcapone oral tablet</i>	5	
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	5	
<i>bromocriptine mesylate oral capsule</i>	4	
<i>bromocriptine mesylate oral tablet</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	
<i>pramipexole dihydrochloride oral tablet</i>	2	
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	2	
<i>ropinirole hcl oral tablet</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet</i>	5	
<i>carbidopa-levodopa er oral tablet extended release</i>	2	
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet dispersible</i>	2	
DUOPA ENTERAL SUSPENSION	4	B/D
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate oral tablet</i>	4	
<i>selegiline hcl oral capsule</i>	2	
<i>selegiline hcl oral tablet</i>	2	
ZELAPAR ORAL TABLET DISPERSIBLE	4	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl oral tablet</i>	4	
<i>fluphenazine decanoate injection solution</i>	4	
<i>fluphenazine hcl injection solution</i>	2	
<i>fluphenazine hcl oral concentrate</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluphenazine hcl oral elixir</i>	4	
<i>fluphenazine hcl oral tablet</i>	2	
<i>haloperidol decanoate intramuscular solution</i>	3	
<i>haloperidol lactate injection solution</i>	2	
<i>haloperidol lactate oral concentrate</i>	2	
<i>haloperidol oral tablet</i>	2	
<i>loxapine succinate oral capsule</i>	2	
<i>molindone hcl oral tablet</i>	4	
<i>perphenazine oral tablet</i>	2	
<i>pimozide oral tablet</i>	2	
<i>thioridazine hcl oral tablet</i>	2	
<i>thiothixene oral capsule</i>	4	
<i>trifluoperazine hcl oral tablet</i>	2	
2nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	QL (1 EA per 28 days)
ABILIFY MYCITE ORAL TABLET	5	
<i>aripiprazole oral solution</i>	4	
<i>aripiprazole oral tablet</i>	2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible</i>	4	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	5	

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Drug Name	Drug Tier	Requirements/ Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	5	
CAPLYTA ORAL CAPSULE	5	
FANAPT ORAL TABLET	5	
FANAPT TITRATION PACK ORAL TABLET	4	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	5	PA
LATUDA ORAL TABLET	5	
NUPLAZID ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 17 MG	5	PA
<i>olanzapine intramuscular solution reconstituted</i>	2	
<i>olanzapine oral tablet</i>	2	
<i>olanzapine oral tablet dispersible</i>	4	
<i>paliperidone er oral tablet extended release 24 hour</i>	4	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	5	

Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	3	QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	3	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet</i>	2	
REXULTI ORAL TABLET	5	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG	4	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	
<i>risperidone oral solution</i>	2	
<i>risperidone oral tablet</i>	2	
<i>risperidone oral tablet dispersible</i>	4	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	4	
SECUADO TRANSDERMAL PATCH 24 HOUR	5	
VRAYLAR ORAL CAPSULE	5	
VRAYLAR ORAL CAPSULE THERAPY PACK	4	
<i>ziprasidone hcl oral capsule</i>	2	
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	
Treatment-Resistant		
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet dispersible</i>	4	
VERSACLOZ ORAL SUSPENSION	5	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet</i>	2	
<i>dantrolene sodium oral capsule</i>	4	
<i>tizanidine hcl oral capsule</i>	4	
<i>tizanidine hcl oral tablet</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
PREVYMIS ORAL TABLET	5	
<i>valganciclovir hcl oral solution reconstituted</i>	5	
<i>valganciclovir hcl oral tablet</i>	5	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil oral tablet</i>	5	
BARACLUDE ORAL SOLUTION	5	
<i>entecavir oral tablet</i>	4	
EPIVIR HBV ORAL SOLUTION	3	
<i>lamivudine oral tablet 100 mg</i>	2	
VEMLIDY ORAL TABLET	4	
Anti-hepatitis C (HCV) Agents		

Drug Name	Drug Tier	Requirements/ Limits
EPCLUSA ORAL TABLET	5	PA; QL (28 EA per 28 days)
HARVONI ORAL PACKET	5	PA
HARVONI ORAL TABLET	5	PA
<i>ledipasvir-sofosbuvir oral tablet</i>	5	PA
MAVYRET ORAL TABLET	5	PA; QL (84 EA per 28 days)
REBETOL ORAL SOLUTION 40 MG/ML	4	
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet</i>	2	
<i>sofosbuvir-velpatasvir oral tablet</i>	5	PA; QL (28 EA per 28 days)
VOSEVI ORAL TABLET	5	PA; QL (28 EA per 28 days)
ZEPATIER ORAL TABLET	5	PA
Antiherpetic Agents		
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension</i>	2	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	2	B/D
<i>famciclovir oral tablet</i>	2	
<i>valacyclovir hcl oral tablet</i>	2	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY ORAL TABLET	5	QL (30 EA per 30 days)
DOVATO ORAL TABLET	5	
GENVOYA ORAL TABLET	5	
ISENTRESS HD ORAL TABLET	5	

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Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS ORAL PACKET	5	
ISENTRESS ORAL TABLET	5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	
JULUCA ORAL TABLET	5	
STRIBILD ORAL TABLET	5	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	
TIVICAY PD ORAL TABLET SOLUBLE	4	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
ATRIPLA ORAL TABLET	5	
COMPLERA ORAL TABLET	5	
DELSTRIGO ORAL TABLET	5	
EDURANT ORAL TABLET	5	
<i>efavirenz oral capsule</i>	5	
<i>efavirenz oral tablet</i>	5	
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	5	
INTELENCE ORAL TABLET 100 MG, 200 MG	5	
INTELENCE ORAL TABLET 25 MG	4	
<i>nevirapine er oral tablet extended release 24 hour</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	2	
PIFELTRO ORAL TABLET	5	
SYMFI LO ORAL TABLET	5	
SYMFI ORAL TABLET	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfite oral solution</i>	4	
<i>abacavir sulfite oral tablet</i>	4	
<i>abacavir sulfite-lamivudine oral tablet</i>	4	
<i>abacavir-lamivudine-zidovudine oral tablet</i>	5	
CIMDUO ORAL TABLET	5	
DESCOVY ORAL TABLET	5	QL (30 EA per 30 days)
<i>didanosine oral capsule delayed release 200 mg</i>	2	
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	4	
<i>emtricitabine oral capsule</i>	2	
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	3	
<i>lamivudine oral solution</i>	4	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	4	
<i>lamivudine-zidovudine oral tablet</i>	4	
ODEFSEY ORAL TABLET	5	

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Drug Name	Drug Tier	Requirements/ Limits
<i>stavudine oral capsule</i>	4	
TEMIXYS ORAL TABLET	5	
<i>tenofovir disoproxil fumarate oral tablet</i>	4	
TRIUMEQ ORAL TABLET	5	
TRUVADA ORAL TABLET	5	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG, 200 MG	4	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	4	
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
<i>zidovudine oral capsule</i>	4	
<i>zidovudine oral syrup</i>	4	
<i>zidovudine oral tablet</i>	4	
Anti-HIV Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	5	
SELZENTRY ORAL SOLUTION	5	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	
SELZENTRY ORAL TABLET 25 MG	3	
TYBOST ORAL TABLET	3	

Drug Name	Drug Tier	Requirements/ Limits
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE	5	
APTIVUS ORAL SOLUTION	5	
<i>atazanavir sulfate oral capsule</i>	4	
CRIXIVAN ORAL CAPSULE	3	
EVOTAZ ORAL TABLET	5	
<i>fosamprenavir calcium oral tablet</i>	5	
INVIRASE ORAL TABLET	3	
KALETRA ORAL TABLET	4	
LEXIVA ORAL SUSPENSION	4	
<i>lopinavir-ritonavir oral solution</i>	4	
NORVIR ORAL PACKET	3	
NORVIR ORAL SOLUTION	3	
PREZCOBIX ORAL TABLET	5	
PREZISTA ORAL SUSPENSION	5	
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	5	
PREZISTA ORAL TABLET 75 MG	4	
REYATAZ ORAL PACKET	5	
<i>ritonavir oral tablet</i>	3	
SYMTUZA ORAL TABLET	5	
VIRACEPT ORAL TABLET	5	

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Drug Name	Drug Tier	Requirements/ Limits
Anti-influenza Agents		
<i>amantadine hcl oral capsule</i>	2	
<i>amantadine hcl oral syrup</i>	2	
<i>amantadine hcl oral tablet</i>	2	
<i>oseltamivir phosphate oral capsule</i>	2	
<i>oseltamivir phosphate oral suspension reconstituted</i>	4	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	4	
<i>rimantadine hcl oral tablet</i>	4	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	3	
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl oral tablet</i>	2	
<i>meprobamate oral tablet</i>	2	
Benzodiazepines		
<i>alprazolam er oral tablet extended release 24 hour</i>	2	
<i>alprazolam intensol oral concentrate</i>	4	
<i>alprazolam oral tablet</i>	2	
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	QL (720 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	QL (360 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>diazepam oral concentrate</i>	2	
<i>diazepam oral solution</i>	2	
<i>diazepam oral tablet</i>	2	QL (120 EA per 30 days)
<i>lorazepam intensol oral concentrate</i>	2	
<i>lorazepam oral tablet</i>	2	
<i>oxazepam oral capsule</i>	4	QL (120 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	
<i>lithium carbonate er oral tablet extended release</i>	2	
<i>lithium carbonate oral capsule</i>	2	
<i>lithium carbonate oral tablet</i>	2	
LITHIUM ORAL SOLUTION	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet</i>	2	
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT	4	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	
<i>alogliptin benzoate oral tablet</i>	4	ST; QL (30 EA per 30 days)
ALOGLIPTIN-METFORMIN HCL ORAL TABLET	4	ST; QL (60 EA per 30 days)
<i>alogliptin-pioglitazone oral tablet</i>	4	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	QL (4 ML per 28 days)
BYDUREON PEN	3	QL (4 EA per 28 days)
BYETTA 10 MCG PEN	3	QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN	3	QL (1.2 ML per 30 days)
CYCLOSET ORAL TABLET	4	
<i>glimepiride oral tablet</i>	1	
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet</i>	2	PA; QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>	2	PA; QL (60 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	2	PA; QL (120 EA per 30 days)
<i>glyburide-metformin oral tablet</i>	2	PA
GLYXAMBI ORAL TABLET	3	QL (30 EA per 30 days)
JANUMET ORAL TABLET	3	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG	3	QL (60 EA per 30 days)
JARDIANCE ORAL TABLET 25 MG	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 EA per 30 days)
KAZANO ORAL TABLET	4	ST; QL (60 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	4	ST; QL (60 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	4	ST; QL (30 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour</i>	1	
<i>metformin hcl oral tablet</i>	1	
<i>nateglinide oral tablet</i>	2	
NESINA ORAL TABLET	4	ST; QL (30 EA per 30 days)
ONGLYZA ORAL TABLET	4	ST; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
OSENI ORAL TABLET	4	QL (30 EA per 30 days)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet</i>	2	
<i>pioglitazone hcl-metformin hcl oral tablet</i>	2	
QTERN ORAL TABLET	4	
<i>repaglinide oral tablet</i>	2	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 7.5-1000 MG, 7.5-500 MG	3	QL (60 EA per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	3	QL (120 EA per 30 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
STEGLATRO ORAL TABLET	3	QL (30 EA per 30 days)
STEGLUJAN ORAL TABLET	3	QL (30 EA per 30 days)
SYMLINPEN 120	5	PA
SYMLINPEN 60	5	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG	3	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	3	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	QL (30 EA per 30 days)
<i>tolbutamide oral tablet</i>	2	
TRADJENTA ORAL TABLET	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	4	QL (2 ML per 28 days)
VICTOZA	3	QL (9 ML per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER	3	
BAQSIMI TWO PACK NASAL POWDER	3	
<i>diazoxide oral suspension</i>	2	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	3	
GLUCAGON EMERGENCY KIT INJECTION KIT	3	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	3	

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Drug Name	Drug Tier	Requirements/ Limits
Insulins		
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION	3	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
HUMALOG VIAL SUBCUTANEOUS SOLUTION	3	
HUMALOG VIAL SUBCUTANEOUS SOLUTION CARTRIDGE	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	3	
HUMULIN N KWIKPEN	3	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION	3	
HUMULIN R U-500 KWIKPEN	3	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION	3	
HUMULIN R VIAL INJECTION SOLUTION	3	
LANTUS U-100 SOLOSTAR	3	

Drug Name	Drug Tier	Requirements/ Limits
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION	3	
LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
LEVEMIR U-100 VIAL SUBCUTANEOUS SOLUTION	3	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
TRESIBA SUBCUTANEOUS SOLUTION	3	
Blood Products and Modifiers		
Anticoagulants		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG	3	
ELIQUIS ORAL TABLET	3	
<i>enoxaparin sodium subcutaneous solution</i>	3	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
FRAGMIN SUBCUTANEOUS SOLUTION	4	
<i>heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%</i>	4	
<i>heparin (porcine) in nacl intravenous solution 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	2	
<i>heparin sodium (porcine) injection solution</i>	2	
<i>heparin sodium (porcine) pf injection solution</i>	2	
<i>jantoven oral tablet</i>	1	
<i>warfarin sodium oral tablet</i>	1	
XARELTO ORAL TABLET	3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	3	
ZONTIVITY ORAL TABLET	4	
Blood Products and Modifiers, Other		
<i>anagrelide hcl oral capsule</i>	2	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
GRANIX SUBCUTANEOUS SOLUTION	5	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	

Drug Name	Drug Tier	Requirements/ Limits
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	5	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
NEUPOGEN INJECTION SOLUTION	5	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5	
NIVESTYM INJECTION SOLUTION	5	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	5	
PROCRIT INJECTION SOLUTION	3	PA
PROMACTA ORAL PACKET	5	PA
PROMACTA ORAL TABLET	5	PA
RETACRIT INJECTION SOLUTION	3	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	5	
Hemostasis Agents		
<i>tranexamic acid oral tablet</i>	3	
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	2	
BRILINTA ORAL TABLET	4	
<i>cilostazol oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>clopidogrel bisulfate oral tablet</i>	2	
<i>prasugrel hcl oral tablet</i>	2	
TAVALISSE ORAL TABLET	5	PA
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl oral tablet</i>	2	
<i>clonidine transdermal patch weekly</i>	2	
<i>guanfacine hcl oral tablet</i>	2	
<i>methyldopa oral tablet</i>	2	
<i>midodrine hcl oral tablet</i>	2	
NORTHERA ORAL CAPSULE	5	PA
Alpha-adrenergic Blocking Agents		
<i>phenoxybenzamine hcl oral capsule</i>	5	
<i>prazosin hcl oral capsule</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet</i>	2	
<i>irbesartan oral tablet</i>	2	
<i>losartan potassium oral tablet</i>	1	
<i>olmesartan medoxomil oral tablet</i>	2	
<i>telmisartan oral tablet</i>	2	
<i>valsartan oral tablet</i>	2	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl oral tablet</i>	1	
<i>captopril oral tablet</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>enalapril maleate oral tablet</i>	1	
<i>fosinopril sodium oral tablet</i>	1	
<i>lisinopril oral tablet</i>	1	
<i>moexipril hcl oral tablet</i>	2	
<i>perindopril erbumine oral tablet</i>	2	
<i>quinapril hcl oral tablet</i>	2	
<i>ramipril oral capsule</i>	1	
<i>trandolapril oral tablet</i>	2	
Antiarrhythmics		
<i>amiodarone hcl oral tablet</i>	2	
<i>digitek oral tablet 125 mcg</i>	2	QL (30 EA per 30 days)
<i>digitek oral tablet 250 mcg</i>	2	PA
<i>digox oral tablet 125 mcg</i>	2	QL (30 EA per 30 days)
<i>digox oral tablet 250 mcg</i>	2	PA
<i>digoxin oral solution</i>	2	
<i>digoxin oral tablet 125 mcg</i>	2	QL (30 EA per 30 days)
<i>digoxin oral tablet 250 mcg</i>	2	PA
<i>disopyramide phosphate oral capsule</i>	4	
<i>dofetilide oral capsule</i>	2	
<i>flecainide acetate oral tablet</i>	2	
<i>mexiletine hcl oral capsule</i>	4	
MULTAQ ORAL TABLET	3	
<i>pacerone oral tablet 200 mg</i>	2	
<i>propafenone hcl er oral capsule extended release 12 hour</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>propafenone hcl oral tablet</i>	2	
<i>quinidine gluconate er oral tablet extended release</i>	2	
<i>quinidine sulfate oral tablet</i>	2	
<i>sorine oral tablet</i>	2	
<i>sotalol hcl (af) oral tablet</i>	2	
<i>sotalol hcl oral tablet</i>	2	
SOTYLIZE ORAL SOLUTION	4	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule</i>	2	
<i>atenolol oral tablet</i>	1	
<i>bisoprolol fumarate oral tablet</i>	2	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	ST; QL (30 EA per 30 days)
BYSTOLIC ORAL TABLET 20 MG	4	ST; QL (60 EA per 30 days)
<i>carvedilol oral tablet</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	3	
<i>labetalol hcl oral tablet</i>	2	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol oral tablet</i>	2	
<i>pindolol oral tablet</i>	2	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	2	
<i>propranolol hcl oral solution</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>propranolol hcl oral tablet</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet</i>	2	
<i>felodipine er oral tablet extended release 24 hour</i>	2	
<i>nicardipine hcl oral capsule</i>	2	
<i>nifedipine er oral tablet extended release 24 hour</i>	2	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	2	
<i>nimodipine oral capsule</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt oral capsule extended release 24 hour</i>	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	2	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	2	
<i>diltiazem hcl oral tablet</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>dilt-xr oral capsule extended release 24 hour</i>	2	
<i>matzim la oral tablet extended release 24 hour</i>	2	
<i>taztia xt oral capsule extended release 24 hour</i>	2	
<i>tiadyt er oral capsule extended release 24 hour</i>	2	
VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 360 MG	2	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil hcl er oral tablet extended release</i>	2	
<i>verapamil hcl oral tablet</i>	2	
Cardiovascular Agents, Other		
<i>acetazolamide oral tablet 250 mg</i>	2	
<i>aliskiren fumarate oral tablet</i>	3	
<i>amiloride-hydrochlorothiazide oral tablet</i>	2	
<i>amlodipine besylate-benazepril hcl oral capsule</i>	2	
<i>amlodipine besylate-valsartan oral tablet</i>	2	
<i>amlodipine-atorvastatin oral tablet</i>	4	
<i>amlodipine-olmesartan oral tablet</i>	2	
<i>atenolol-chlorthalidone oral tablet</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>benazepril-hydrochlorothiazide oral tablet</i>	2	
BIDIL ORAL TABLET	4	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	2	
<i>candesartan cilexetil-hctz oral tablet</i>	2	
<i>captopril-hydrochlorothiazide oral tablet</i>	2	
CORLANOR ORAL TABLET	4	
DEMSEER ORAL CAPSULE	5	
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	
ENTRESTO ORAL TABLET	3	QL (60 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet</i>	2	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	2	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	
<i>losartan potassium-hctz oral tablet</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet</i>	2	
<i>metoprolol-hydrochlorothiazide oral tablet</i>	2	
<i>metyrosine oral capsule</i>	5	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	2	
<i>olmesartan medoxomil-hctz oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>olmesartan-amlodipine-hctz oral tablet</i>	2	
<i>pentoxifylline er oral tablet extended release</i>	2	
<i>propranolol-hctz oral tablet</i>	2	
<i>quinapril-hydrochlorothiazide oral tablet</i>	2	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg</i>	2	QL (60 EA per 30 days)
<i>ranolazine er oral tablet extended release 12 hour 500 mg</i>	2	QL (90 EA per 30 days)
<i>spironolactone-hctz oral tablet</i>	2	
TEKTURNA HCT ORAL TABLET	3	
<i>telmisartan-amlodipine oral tablet</i>	2	
<i>telmisartan-hctz oral tablet</i>	2	
<i>triamterene-hctz oral capsule</i>	2	
<i>triamterene-hctz oral tablet</i>	2	
<i>valsartan-hydrochlorothiazide oral tablet</i>	2	
<i>vecamyl oral tablet</i>	4	
Diuretics, Loop		
<i>bumetanide injection solution</i>	2	
<i>bumetanide oral tablet</i>	2	
<i>ethacrynic acid oral tablet</i>	4	
<i>furosemide injection solution</i>	2	
<i>furosemide oral solution</i>	2	
<i>furosemide oral tablet</i>	2	
<i>torseamide oral tablet</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
Diuretics, Potassium-sparing		
<i>amiloride hcl oral tablet</i>	2	
<i>eplerenone oral tablet</i>	2	
<i>spironolactone oral tablet</i>	2	
Diuretics, Thiazide		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	2	
<i>chlorthalidone oral tablet</i>	2	
DIURIL ORAL SUSPENSION	4	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	
<i>indapamide oral tablet</i>	2	
<i>metolazone oral tablet</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
ANTARA ORAL CAPSULE	3	
<i>fenofibrate micronized oral capsule 130 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate oral capsule 134 mg</i>	2	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	3	
<i>fenofibrate oral tablet</i>	3	
<i>fenofibric acid oral capsule delayed release</i>	2	
<i>fenofibric acid oral tablet 35 mg</i>	2	
<i>gemfibrozil oral tablet</i>	2	
LIPOFEN ORAL CAPSULE	3	
Dyslipidemics, HMG CoA Reductase Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits
<i>atorvastatin calcium oral tablet</i>	2	
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	4	
<i>fluvastatin sodium oral capsule</i>	4	
<i>lovastatin oral tablet</i>	1	
<i>pravastatin sodium oral tablet</i>	1	
<i>rosuvastatin calcium oral tablet</i>	2	
<i>simvastatin oral tablet</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light oral packet</i>	2	
<i>cholestyramine light oral powder</i>	2	
<i>cholestyramine oral packet</i>	2	
<i>cholestyramine oral powder</i>	2	
<i>colesevelam hcl oral packet</i>	3	
<i>colesevelam hcl oral tablet</i>	3	
<i>colestipol hcl oral granules</i>	2	
<i>colestipol hcl oral packet</i>	2	
<i>colestipol hcl oral tablet</i>	2	
<i>ezetimibe oral tablet</i>	2	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin oral tablet</i>	2	QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE	5	PA
<i>niacin (antihyperlipidemic) oral tablet</i>	2	
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>niacor oral tablet</i>	3	
<i>omega-3-acid ethyl esters oral capsule</i>	2	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
<i>prevalite oral packet</i>	2	
<i>prevalite oral powder</i>	2	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
VASCEPA ORAL CAPSULE	4	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl oral tablet</i>	2	
<i>minoxidil oral tablet</i>	2	
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate oral tablet</i>	2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	2	
<i>isosorbide mononitrate oral tablet</i>	2	
<i>nitro-bid transdermal ointment</i>	3	
<i>nitroglycerin sublingual tablet sublingual</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual solution</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour</i>	2	
<i>amphetamine-dextroamphetamine oral tablet</i>	2	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	2	
<i>dextroamphetamine sulfate oral tablet</i>	2	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hcl oral capsule</i>	2	
<i>clonidine hcl er oral tablet extended release 12 hour</i>	4	
DAYTRANA TRANSDERMAL PATCH	4	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	2	
<i>dexmethylphenidate hcl oral tablet</i>	2	
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>metadate er oral tablet extended release</i>	2	
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	4	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour</i>	4	
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour</i>	4	
<i>methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg</i>	4	
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	4	
<i>methylphenidate hcl oral solution</i>	2	
<i>methylphenidate hcl oral tablet</i>	2	
<i>methylphenidate hcl oral tablet chewable</i>	2	
Central Nervous System, Other		
AUSTEDO ORAL TABLET	5	PA
<i>butalbital-apap-caffeine oral capsule</i>	2	
<i>butalbital-apap-caffeine oral tablet</i>	2	
INGREZZA ORAL CAPSULE	5	PA
INGREZZA ORAL CAPSULE THERAPY PACK	5	PA
NUDEXTA ORAL CAPSULE	5	PA
<i>riluzole oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120 EA per 30 days)
Fibromyalgia Agents		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG	4	QL (30 EA per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG	4	QL (60 EA per 30 days)
SAVELLA ORAL TABLET	4	
SAVELLA TITRATION PACK ORAL	4	
Multiple Sclerosis Agents		
AUBAGIO ORAL TABLET	5	PA
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	
<i>dalfampridine er oral tablet extended release 12 hour</i>	5	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release</i>	5	PA
GILENYA ORAL CAPSULE 0.5 MG	5	PA
<i>glatiramer acetate subcutaneous solution prefilled syringe</i>	5	
<i>glatopa subcutaneous solution prefilled syringe</i>	5	
MAYZENT ORAL TABLET	5	PA

Drug Name	Drug Tier	Requirements/ Limits
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
TECFIDERA STARTER PACK	5	PA
TECFIDERA ORAL CAPSULE DELAYED RELEASE	5	PA
Dental and Oral Agents		
Dental and Oral Agents		
<i>cevimeline hcl oral capsule</i>	4	
<i>chlorhexidine gluconate mouth/throat solution</i>	2	
<i>doxycycline hyclate oral tablet 20 mg</i>	2	
<i>lidocaine hcl mouth/throat solution</i>	2	
<i>lidocaine viscous hcl mouth/throat solution</i>	2	
<i>oralone mouth/throat paste</i>	2	
<i>paroex mouth/throat solution</i>	2	
<i>periogard mouth/throat solution</i>	2	
<i>pilocarpine hcl oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide mouth/throat paste</i>	2	
Dermatological Agents		
Acne and Rosacea Agents		
<i>acitretin oral capsule 10 mg, 25 mg</i>	4	
<i>acitretin oral capsule 17.5 mg</i>	5	
<i>adapalene external cream</i>	2	
<i>adapalene external gel</i>	2	
<i>amnestem oral capsule</i>	4	
AVITA EXTERNAL CREAM	2	
AVITA EXTERNAL GEL	2	
<i>azelaic acid external gel</i>	2	
<i>benzoyl peroxide-erythromycin external gel</i>	2	
<i>claravis oral capsule</i>	4	
<i>clindamycin phos-benzoyl perox external gel</i>	2	
FINACEA EXTERNAL FOAM	4	
<i>isotretinoin oral capsule</i>	4	
<i>metronidazole external cream</i>	2	
<i>metronidazole external gel</i>	2	
<i>metronidazole external lotion</i>	2	
<i>myorisan oral capsule</i>	4	
<i>rosadan external gel</i>	2	
<i>tazarotene external cream</i>	2	
TAZORAC EXTERNAL CREAM 0.05 %	4	

Drug Name	Drug Tier	Requirements/ Limits
TAZORAC EXTERNAL GEL	4	
<i>tretinoin external cream</i>	2	
<i>tretinoin external gel</i>	2	
<i>tretinoin microsphere external gel</i>	2	
<i>zenatane oral capsule</i>	4	
Dermatitis and Pruitus Agents		
<i>alclometasone dipropionate external cream</i>	2	
<i>alclometasone dipropionate external ointment</i>	2	
<i>ammonium lactate external cream</i>	2	
<i>ammonium lactate external lotion</i>	2	
<i>beseer external lotion</i>	2	
<i>betamethasone dipropionate aug external cream</i>	2	
<i>betamethasone dipropionate aug external gel</i>	2	
<i>betamethasone dipropionate aug external lotion</i>	2	
<i>betamethasone dipropionate aug external ointment</i>	2	
<i>betamethasone dipropionate external cream</i>	2	
<i>betamethasone dipropionate external lotion</i>	2	
<i>betamethasone dipropionate external ointment</i>	2	
<i>betamethasone valerate external cream</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone valerate external foam</i>	2	
<i>betamethasone valerate external lotion</i>	2	
<i>betamethasone valerate external ointment</i>	2	
CAPEX EXTERNAL SHAMPOO	3	
<i>clobetasol propionate e external cream</i>	2	
<i>clobetasol propionate emulsion external foam</i>	2	
<i>clobetasol propionate external cream</i>	2	
<i>clobetasol propionate external gel</i>	2	
<i>clobetasol propionate external ointment</i>	4	
<i>clobetasol propionate external shampoo</i>	2	
<i>clobetasol propionate external solution</i>	2	
DESONATE EXTERNAL GEL	4	
<i>desonide external cream</i>	4	
<i>desonide external gel</i>	2	
<i>desonide external lotion</i>	4	
<i>desonide external ointment</i>	4	
<i>desoximetasone external cream</i>	4	
<i>desoximetasone external gel</i>	4	
<i>desoximetasone external ointment</i>	4	
<i>fluocinolone acetonide body external oil</i>	2	
<i>fluocinolone acetonide external cream</i>	2	
<i>fluocinolone acetonide external ointment</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide external solution</i>	2	
<i>fluocinolone acetonide scalp external oil</i>	4	
<i>fluocinonide emulsified base external cream</i>	2	
<i>fluocinonide external cream</i>	2	
<i>fluocinonide external gel</i>	2	
<i>fluocinonide external ointment</i>	2	
<i>fluocinonide external solution</i>	2	
<i>fluticasone propionate external cream</i>	2	
<i>fluticasone propionate external lotion</i>	2	
<i>fluticasone propionate external ointment</i>	2	
<i>halobetasol propionate external cream</i>	2	
<i>halobetasol propionate external ointment</i>	2	
<i>hydrocortisone butyr lipo base external cream</i>	2	
<i>hydrocortisone butyrate external cream</i>	2	
<i>hydrocortisone butyrate external ointment</i>	2	
<i>hydrocortisone butyrate external solution</i>	2	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 2.5 %</i>	2	
<i>hydrocortisone valerate external cream</i>	2	
<i>hydrocortisone valerate external ointment</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>mometasone furoate external cream</i>	2	
<i>mometasone furoate external ointment</i>	2	
<i>mometasone furoate external solution</i>	2	
<i>prednicarbate external cream 0.1 %</i>	2	
<i>prednicarbate external ointment</i>	2	
<i>selenium sulfide external lotion</i>	2	
<i>tacrolimus external ointment</i>	3	QL (100 GM per 30 days)
<i>tovet external foam</i>	2	
<i>triamcinolone acetonide external aerosol solution</i>	2	
<i>triamcinolone acetonide external cream</i>	2	
<i>triamcinolone acetonide external lotion</i>	2	
<i>triamcinolone acetonide external ointment</i>	2	
<i>trianex external ointment</i>	2	
<i>triderm external cream</i>	2	
Dermatological Agents, Other		
<i>calcipotriene external cream</i>	4	
<i>calcipotriene external ointment</i>	4	
<i>calcipotriene external solution</i>	4	
<i>calcipotriene-betameth diprop external ointment</i>	2	
CALCITRIOL EXTERNAL OINTMENT	2	
CARAC EXTERNAL CREAM	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole-betamethasone external cream</i>	2	
<i>clotrimazole-betamethasone external lotion</i>	2	
CONDYLOX EXTERNAL GEL	4	
CORTISPORIN EXTERNAL OINTMENT	4	
<i>diclofenac sodium transdermal gel 3 %</i>	4	PA
EPIFOAM EXTERNAL FOAM	4	
<i>fluorouracil external cream</i>	4	
<i>fluorouracil external solution</i>	4	
<i>imiquimod external cream</i>	2	
IMIQUIMOD PUMP EXTERNAL CREAM	4	
<i>methoxsalen rapid oral capsule</i>	5	
<i>neo-synalar external cream</i>	4	
<i>nystatin-triamcinolone external cream</i>	4	
<i>nystatin-triamcinolone external ointment</i>	4	
OTEZLA ORAL TABLET	5	
PICATO EXTERNAL GEL	4	
<i>podofilox external solution</i>	2	
REGRANEX EXTERNAL GEL	5	PA
SANTYL EXTERNAL OINTMENT	3	
<i>silver sulfadiazine external cream</i>	2	
SORILUX EXTERNAL FOAM	4	

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Drug Name	Drug Tier	Requirements/ Limits
SSD EXTERNAL CREAM	2	
TOLAK EXTERNAL CREAM	4	
VEREGEN EXTERNAL OINTMENT	4	
Pediculicides/Scabicides		
<i>lindane external shampoo</i>	2	
<i>malathion external lotion</i>	2	
<i>permethrin external cream</i>	2	
SKLICE EXTERNAL LOTION	4	
Topical Anti-infectives		
<i>acyclovir external cream</i>	5	
<i>acyclovir external ointment</i>	4	
<i>ciclopirox external gel</i>	2	
<i>ciclopirox external shampoo</i>	2	
<i>ciclopirox external solution</i>	2	
<i>ciclopirox olamine external cream</i>	2	
<i>ciclopirox olamine external suspension</i>	2	
<i>clindamycin phosphate external gel</i>	2	
<i>clindamycin phosphate external lotion</i>	2	
<i>clindamycin phosphate external solution</i>	2	
<i>dapsone external gel 5 %</i>	2	
DENAVIR EXTERNAL CREAM	5	
<i>ery external pad</i>	2	
<i>erythromycin external gel</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin external pad 2 %</i>	2	
<i>erythromycin external solution</i>	2	
MENTAX EXTERNAL CREAM	4	
<i>mupirocin calcium external cream</i>	4	
<i>mupirocin external ointment</i>	2	
SULFAMYLON EXTERNAL CREAM	4	
Electrolytes/Minerals/ Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INTRAVENOUS SOLUTION	4	B/D
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	4	B/D
CARBAGLU ORAL TABLET	5	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	4	B/D
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	4	B/D
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	4	B/D
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	4	B/D
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	4	B/D

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Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	4	B/D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	4	B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	4	B/D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	4	B/D
<i>clinisol sf intravenous solution</i>	3	B/D
<i>dextrose in lactated ringers intravenous solution</i>	2	
<i>dextrose intravenous solution 10 %, 20 %, 250 mg/ml, 30 %, 40 %, 5 %</i>	2	
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %	2	
<i>dextrose-nacl intravenous solution 5-0.225 %, 5-0.3 %, 5-0.33 %</i>	2	
FREAMINE HBC INTRAVENOUS SOLUTION	4	B/D
FREAMINE III INTRAVENOUS SOLUTION	4	B/D
HEPATAMINE INTRAVENOUS SOLUTION	3	B/D
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	4	

Drug Name	Drug Tier	Requirements/ Limits
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	
ISOLYTE-S INTRAVENOUS SOLUTION	4	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	4	
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 10-5-0.45 MEQ/L-%-%, 20-5-0.2 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-%-%	2	
<i>kcl in dextrose-nacl intravenous solution 20-5-0.225 meq/l-%-%</i>	2	
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION	4	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	2	
<i>klor-con m10 oral tablet extended release</i>	2	
<i>klor-con m15 oral tablet extended release</i>	2	
<i>klor-con m20 oral tablet extended release</i>	2	
<i>klor-con oral packet</i>	2	
KLOR-CON ORAL TABLET EXTENDED RELEASE	2	
<i>klor-con sprinkle oral capsule extended release</i>	2	
MAGNESIUM SULFATE INJECTION SOLUTION 50 %	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>magnesium sulfate injection solution 50 % (10ml syringe)</i>	2	
NEPHRAMINE INTRAVENOUS SOLUTION	4	B/D
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	4	
NORMOSOL-R INTRAVENOUS SOLUTION	4	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	4	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS SOLUTION	4	
<i>plenamine intravenous solution</i>	4	B/D
<i>potassium chloride crys er oral tablet extended release</i>	2	
<i>potassium chloride er oral capsule extended release</i>	2	
<i>potassium chloride er oral tablet extended release</i>	2	
POTASSIUM CHLORIDE IN DEXTROSE INTRAVENOUS SOLUTION	2	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.9 MEQ/L-%, 40-0.9 MEQ/L-%	2	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 20 MEQ/100ML, 40 MEQ/100ML	2	
<i>potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/50ml</i>	2	
<i>potassium chloride oral packet</i>	2	
<i>potassium chloride oral solution</i>	2	
<i>potassium citrate er oral tablet extended release</i>	2	
<i>premasol intravenous solution</i>	4	B/D
PROCALAMINE INTRAVENOUS SOLUTION	4	B/D
PROSOL INTRAVENOUS SOLUTION	4	B/D
<i>sodium chloride injection solution</i>	2	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %</i>	2	
SODIUM CHLORIDE INTRAVENOUS SOLUTION 5 %	2	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	
TRAVASOL INTRAVENOUS SOLUTION	4	B/D

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Drug Name	Drug Tier	Requirements/ Limits
TROPHAMINE INTRAVENOUS SOLUTION	4	B/D
Electrolyte/Mineral/Me tal Modifiers		
CHEMET ORAL CAPSULE	5	
<i>clovique oral capsule</i>	5	
<i>deferasirox granules oral packet</i>	5	PA
<i>deferasirox oral tablet</i>	5	PA
<i>deferasirox oral tablet soluble</i>	5	PA
FERRIPROX ORAL SOLUTION	5	PA
FERRIPROX ORAL TABLET	5	PA
JADENU SPRINKLE ORAL PACKET	5	PA
<i>penicillamine oral capsule</i>	5	
SAMSCA ORAL TABLET 15 MG	5	
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>tolvaptan oral tablet</i>	5	
<i>trientine hcl oral capsule</i>	5	
Phosphate Binders		
AURYXIA ORAL TABLET	5	PA
<i>calcium acetate (phos binder) oral capsule</i>	2	
<i>calcium acetate (phos binder) oral tablet</i>	2	
FOSRENOL ORAL PACKET	4	
<i>lanthanum carbonate oral tablet chewable</i>	5	
PHOSLYRA ORAL SOLUTION	4	
<i>sevelamer carbonate oral packet</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>sevelamer carbonate oral tablet</i>	2	
<i>sevelamer hcl oral tablet</i>	4	
VELPHORO ORAL TABLET CHEWABLE	4	
Potassium Binders		
<i>kionex oral suspension</i>	2	
<i>sodium polystyrene sulfonate oral suspension</i>	2	
<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml</i>	2	
<i>sps oral suspension</i>	2	
VELTASSA ORAL PACKET	4	
Gastrointestinal Agents		
Anti-Constipation Agents		
AMITIZA ORAL CAPSULE 24 MCG	3	QL (60 EA per 30 days)
AMITIZA ORAL CAPSULE 8 MCG	3	QL (180 EA per 30 days)
<i>constulose oral solution</i>	2	
<i>enulose oral solution</i>	2	
<i>generlac oral solution</i>	2	
<i>lactulose encephalopathy oral solution</i>	2	
<i>lactulose oral solution 10 gm/15ml</i>	2	
LINZESS ORAL CAPSULE	3	QL (30 EA per 30 days)
MOVANTIK ORAL TABLET	4	QL (30 EA per 30 days)
RELISTOR ORAL TABLET	5	PA
RELISTOR SUBCUTANEOUS SOLUTION	5	PA

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Drug Name	Drug Tier	Requirements/ Limits
TRULANCE ORAL TABLET	4	
Anti-Diarrheal Agents		
<i>alosetron hcl oral tablet</i>	5	
<i>diphenoxylate-atropine oral liquid</i>	2	
<i>diphenoxylate-atropine oral tablet</i>	2	
<i>loperamide hcl oral capsule</i>	2	
MYTESI ORAL TABLET DELAYED RELEASE	4	
VIBERZI ORAL TABLET	5	PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl intramuscular solution</i>	4	
<i>dicyclomine hcl oral capsule</i>	2	
<i>dicyclomine hcl oral solution</i>	2	
<i>dicyclomine hcl oral tablet</i>	2	
<i>glycopyrrolate oral tablet</i>	2	
Gastrointestinal Agents, Other		
<i>amoxicill-clarithro-lansopraz oral</i>	2	
GATTEX SUBCUTANEOUS KIT	5	PA
<i>gavilyte-c oral solution reconstituted</i>	2	
<i>gavilyte-g oral solution reconstituted</i>	2	
<i>gavilyte-h oral kit</i>	2	
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	4	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	2	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	2	
PYLERA ORAL CAPSULE	4	
RECTIV RECTAL OINTMENT	4	
SUPREP BOWEL PREP KIT ORAL SOLUTION	4	
<i>trilyte oral solution reconstituted</i>	2	
<i>ursodiol oral capsule</i>	2	
<i>ursodiol oral tablet 250 mg</i>	2	
<i>ursodiol oral tablet 500 mg</i>	3	
XIFAXAN ORAL TABLET	5	
ZORBATIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
Histamine2 (H2) Receptor Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
<i>famotidine oral suspension reconstituted</i>	4	
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
<i>nizatidine oral capsule</i>	2	
<i>nizatidine oral solution</i>	4	
Protectants		
<i>misoprostol oral tablet</i>	2	
<i>sucralfate oral suspension</i>	2	
<i>sucralfate oral tablet</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule delayed release</i>	2	QL (30 EA per 30 days)
<i>lansoprazole oral capsule delayed release 15 mg</i>	2	QL (90 EA per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	2	QL (30 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg</i>	2	QL (90 EA per 30 days)
<i>omeprazole oral capsule delayed release 40 mg</i>	2	QL (30 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	1	QL (90 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	1	QL (30 EA per 30 days)
<i>rabeprazole sodium oral tablet delayed release</i>	2	QL (30 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		

Drug Name	Drug Tier	Requirements/ Limits
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
CHOLBAM ORAL CAPSULE	5	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
<i>cromolyn sodium oral concentrate</i>	2	
CYSTADANE ORAL POWDER	5	
GLASSIA INTRAVENOUS SOLUTION	5	PA
KEVEYIS ORAL TABLET	5	
KUVAN ORAL PACKET	5	PA
KUVAN ORAL TABLET SOLUBLE	5	PA
<i>miglustat oral capsule</i>	5	PA
<i>nitisinone oral capsule</i>	5	
ORFADIN ORAL CAPSULE 20 MG	5	
ORFADIN ORAL SUSPENSION	5	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES	4	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	4	
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	5	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>sodium phenylbutyrate oral powder</i>	5	
VIOKACE ORAL TABLET	4	
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	4	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	4	QL (30 EA per 30 days)
<i>flavoxate hcl oral tablet</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	2	QL (60 EA per 30 days)
<i>oxybutynin chloride oral syrup</i>	2	
<i>oxybutynin chloride oral tablet</i>	2	
<i>solifenacin succinate oral tablet</i>	4	QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	2	QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet</i>	2	QL (60 EA per 30 days)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	QL (30 EA per 30 days)
<i>tropium chloride er oral capsule extended release 24 hour</i>	2	QL (30 EA per 30 days)
<i>tropium chloride oral tablet</i>	2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	2	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
<i>doxazosin mesylate oral tablet</i>	2	
<i>dutasteride oral capsule</i>	2	
<i>dutasteride-tamsulosin hcl oral capsule</i>	4	
<i>finasteride oral tablet 5 mg</i>	2	
<i>silodosin oral capsule</i>	4	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	2	
<i>terazosin hcl oral capsule</i>	2	
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet</i>	2	
<i>penicillamine oral tablet</i>	5	
THIOLA ORAL TABLET	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR INJECTION GEL	5	PA
<i>cortisone acetate oral tablet</i>	4	
<i>dexamethasone intensol oral concentrate</i>	4	
<i>dexamethasone oral elixir</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone sodium phosphate pf injection solution</i>	2	
<i>dexamethasone sodium phosphate injection solution</i>	2	
<i>fludrocortisone acetate oral tablet</i>	2	
<i>hydrocortisone oral tablet</i>	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone oral tablet therapy pack</i>	2	
<i>methylprednisolone sodium succ injection solution reconstituted</i>	2	
<i>millipred oral tablet</i>	4	
<i>prednisolone oral solution</i>	2	
<i>prednisolone sodium phosphate oral solution</i>	2	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	4	
<i>prednisone intensol oral concentrate</i>	4	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	2	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48)</i>	4	
<i>prednisone oral tablet therapy pack 5 mg (21), 5 mg (48)</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin ace spray refrig nasal solution</i>	2	
<i>desmopressin acetate oral tablet</i>	2	
<i>desmopressin acetate spray nasal solution</i>	2	
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	PA
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	4	PA
HUMATROPE INJECTION SOLUTION RECONSTITUTED	5	PA
INCRELEX SUBCUTANEOUS SOLUTION	5	

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Drug Name	Drug Tier	Requirements/ Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML	4	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 15 MG/1.5ML, 30 MG/3ML	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	4	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
SAIZEN INJECTION SOLUTION RECONSTITUTED	5	PA
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	5	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
STIMATE NASAL SOLUTION	5	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	5	PA

Drug Name	Drug Tier	Requirements/ Limits
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM ORAL TABLET	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
ANADROL-50 ORAL TABLET	3	
<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 (120 EA per 30 days)
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	4	
<i>danazol oral capsule</i>	4	
<i>methitest oral tablet</i>	5	
<i>methyltestosterone oral capsule</i>	4	
<i>testosterone cypionate intramuscular solution</i>	2	
<i>testosterone enanthate intramuscular solution</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	4	
testosterone transdermal solution	4	
Estrogens		
alyacen 1/35 oral tablet	2	
amabelz oral tablet	2	
amethia lo oral tablet	2	
amethia oral tablet	2	
apri oral tablet	2	
aranelle oral tablet	2	
ashlyna oral tablet	2	
aubra eq oral tablet	2	
aviane oral tablet	2	
balziva oral tablet	2	
blisovi 24 fe oral tablet	2	
blisovi fe 1.5/30 oral tablet	2	
briellyn oral tablet	2	
camrese lo oral tablet	2	
caziant oral tablet	2	
cryselle-28 oral tablet	2	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	
dotti transdermal patch twice weekly	2	
drospirenone-ethinyl estradiol oral tablet	2	
eluryng vaginal ring	4	
emoquette oral tablet	2	
enpresse-28 oral tablet	2	

Drug Name	Drug Tier	Requirements/ Limits
estradiol oral tablet	2	
estradiol transdermal patch twice weekly	2	
estradiol transdermal patch weekly	2	
estradiol vaginal cream	2	
estradiol vaginal tablet	2	
estradiol valerate intramuscular oil	2	
estradiol-norethindrone acet oral tablet	2	
ethynodiol diac-eth estradiol oral tablet	2	
etonogestrel-ethinyl estradiol vaginal ring	4	
falmina oral tablet	2	
fayosim oral tablet	2	
femynor oral tablet	2	
fyavolv oral tablet	2	
gianvi oral tablet	2	
isibloom oral tablet	2	
jinteli oral tablet	2	
juleber oral tablet	2	
junel 1.5/30 oral tablet	2	
junel 1/20 oral tablet	2	
junel fe 1.5/30 oral tablet	2	
junel fe 1/20 oral tablet	2	
junel fe 24 oral tablet	2	
kaitlib fe oral tablet chewable	2	
kariva oral tablet	2	
kelnor 1/35 oral tablet	2	
kelnor 1/50 oral tablet	2	
larin fe 1.5/30 oral tablet	2	
larin fe 1/20 oral tablet	2	
larissia oral tablet	2	
levonest oral tablet	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgest-eth est & eth est oral tablet</i>	2	
<i>levonorgest-eth estrad 91-day oral tablet</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	2	
<i>levonorg-eth estrad triphasic oral tablet</i>	2	
<i>levora 0.15/30 (28) oral tablet</i>	2	
<i>low-ogestrel oral tablet</i>	2	
<i>microgestin 1.5/30 oral tablet</i>	2	
<i>microgestin 1/20 oral tablet</i>	2	
<i>microgestin fe 1.5/30 oral tablet</i>	2	
<i>microgestin fe 1/20 oral tablet</i>	2	
<i>mimvey oral tablet</i>	2	
<i>nikki oral tablet</i>	2	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	
<i>norethindrone-eth estradiol oral tablet</i>	2	
<i>norgestimate-eth estradiol oral tablet</i>	2	
<i>norgestimate-ethinyl estradiol triphasic oral tablet</i>	2	
<i>ocella oral tablet</i>	2	
<i>orsythia oral tablet</i>	2	
PREMARIN VAGINAL CREAM	3	
PREMPHASE ORAL TABLET	3	
PREMPRO ORAL TABLET	3	
<i>previfem oral tablet</i>	2	
<i>rivelsa oral tablet</i>	2	
<i>setlakin oral tablet</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>sprintec 28 oral tablet</i>	2	
<i>sronyx oral tablet</i>	2	
<i>tarina 24 fe oral tablet</i>	2	
<i>tarina fe 1/20 eq oral tablet</i>	2	
<i>tri-legest fe oral tablet</i>	2	
<i>tri-lo-estarylla oral tablet</i>	2	
<i>tri-lo-sprintec oral tablet</i>	2	
<i>tri-previfem oral tablet</i>	2	
<i>tri-sprintec oral tablet</i>	2	
<i>trivora (28) oral tablet</i>	2	
<i>vienva oral tablet</i>	2	
<i>yuvaferm vaginal tablet</i>	2	
<i>zarah oral tablet</i>	2	
<i>zovia 1/35e (28) oral tablet</i>	2	
Progestins		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	
<i>hydroxyprogesterone caproate intramuscular solution</i>	2	
<i>medroxyprogesterone acetate intramuscular suspension</i>	2	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	2	
<i>medroxyprogesterone acetate oral tablet</i>	2	
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>megestrol acetate oral tablet</i>	4	
<i>norethindrone acetate oral tablet</i>	2	
<i>norethindrone oral tablet</i>	2	
<i>progesterone micronized oral capsule</i>	2	
Selective Estrogen Receptor Modifying Agents		
OSPHENA ORAL TABLET	3	PA; QL (30 EA per 30 days)
<i>raloxifene hcl oral tablet</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
EUTHYROX ORAL TABLET	2	
LEVO-T ORAL TABLET	2	
<i>levothyroxine sodium intravenous solution</i>	2	
<i>levothyroxine sodium oral tablet</i>	1	
LEVOXYL ORAL TABLET	4	
<i>liothyronine sodium oral tablet</i>	2	
SYNTHROID ORAL TABLET	3	
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	2	
<i>unithroid oral tablet 137 mcg</i>	2	
Hormonal Agents, Suppressant (Adrenal)		

Drug Name	Drug Tier	Requirements/ Limits
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET	5	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet</i>	2	
ELIGARD SUBCUTANEOUS KIT	4	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	
<i>leuprolide acetate injection kit</i>	4	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	5	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	5	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT	5	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT	5	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	5	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	5	

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Drug Name	Drug Tier	Requirements/ Limits
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	3	
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	
SIGNIFOR SUBCUTANEOUS SOLUTION	5	
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	5	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
SYNAREL NASAL SOLUTION	5	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	5	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet</i>	2	
<i>propylthiouracil oral tablet</i>	2	
Immunological Agents		
Angioedema Agents		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
<i>icatibant acetate subcutaneous solution</i>	5	PA
Immunoglobulins		

Drug Name	Drug Tier	Requirements/ Limits
BIVIGAM INTRAVENOUS SOLUTION	5	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	5	PA
GAMMAGARD INJECTION SOLUTION	5	PA
GAMMAKED INJECTION SOLUTION	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 20 GM/400ML, 5 GM/50ML	5	PA
GAMUNEX-C INJECTION SOLUTION	5	PA
PRIVIGEN INTRAVENOUS SOLUTION	5	PA
VARIZIG INTRAMUSCULAR SOLUTION	5	
Immunological Agents, Other		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA

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Drug Name	Drug Tier	Requirements/ Limits
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA

Drug Name	Drug Tier	Requirements/ Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
OTEZLA ORAL TABLET THERAPY PACK	5	
RIDAURA ORAL CAPSULE	5	
STELARA INTRAVENOUS SOLUTION	5	
STELARA SUBCUTANEOUS SOLUTION	5	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
XELJANZ ORAL TABLET	5	
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	
INTRON A INJECTION SOLUTION	3	
INTRON A INJECTION SOLUTION RECONSTITUTED	3	

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Drug Name	Drug Tier	Requirements/ Limits
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION	5	
PEGASYS SUBCUTANEOUS SOLUTION	5	
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	
Immunosuppressants		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	B/D
<i>azasan oral tablet</i>	4	B/D
<i>azathioprine oral tablet</i>	2	B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
CIMZIA PREFILLED KIT SUBCUTANEOUS KIT	5	PA
CIMZIA STARTER KIT SUBCUTANEOUS KIT	5	PA
CIMZIA SUBCUTANEOUS KIT	5	PA
<i>cyclosporine modified oral capsule</i>	2	B/D
<i>cyclosporine modified oral solution</i>	2	B/D
<i>cyclosporine oral capsule</i>	2	B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	5	
ENBREL SUBCUTANEOUS SOLUTION	5	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	

Drug Name	Drug Tier	Requirements/ Limits
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	B/D
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	5	B/D
<i>gengraf oral capsule</i>	2	B/D
<i>gengraf oral solution</i>	2	B/D
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	5	
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	5	
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	5	
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	5	
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	5	
<i>leflunomide oral tablet</i>	2	
<i>methotrexate oral tablet</i>	2	
<i>methotrexate sodium (pf) injection solution</i>	2	
<i>methotrexate sodium injection solution</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>methotrexate sodium injection solution reconstituted</i>	2	
<i>mycophenolate mofetil oral capsule</i>	2	B/D
<i>mycophenolate mofetil oral suspension reconstituted</i>	2	B/D
<i>mycophenolate mofetil oral tablet</i>	2	B/D
<i>mycophenolate sodium oral tablet delayed release</i>	2	B/D
OTREXUP SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	
PROGRAF ORAL PACKET	4	B/D
SANDIMMUNE ORAL SOLUTION	4	B/D
SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
<i>sirolimus oral solution</i>	2	B/D
<i>sirolimus oral tablet</i>	2	B/D
<i>tacrolimus oral capsule</i>	2	B/D
<i>trexall oral tablet</i>	4	
XATMEP ORAL SOLUTION	4	
ZORTRESS ORAL TABLET 1 MG	5	B/D
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	

Drug Name	Drug Tier	Requirements/ Limits
ADACEL INTRAMUSCULAR SUSPENSION	3	
BCG VACCINE INJECTION INJECTABLE	3	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5- 18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	3	
DAPTACEL INTRAMUSCULAR SUSPENSION	3	
DIPHThERIA- TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	3	
ENGERIX-B INJECTION SUSPENSION	3	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
HAVRIX INTRAMUSCULAR SUSPENSION	3	
HIBERIX INJECTION SOLUTION RECONSTITUTED	3	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	3	
INFANRIX INTRAMUSCULAR SUSPENSION	3	
IPOL INJECTION INJECTABLE	3	

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Drug Name	Drug Tier	Requirements/ Limits
IXIARO INTRAMUSCULAR SUSPENSION	3	
KINRIX INTRAMUSCULAR SUSPENSION	3	
MENACTRA INTRAMUSCULAR INJECTABLE	3	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	
PEDIARIX INTRAMUSCULAR SUSPENSION	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION	3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
RECOMBIVAX HB INJECTION SUSPENSION	3	B/D
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	

Drug Name	Drug Tier	Requirements/ Limits
TDVAX INTRAMUSCULAR SUSPENSION	3	
TENIVAC INTRAMUSCULAR INJECTABLE	3	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
VAQTA INTRAMUSCULAR SUSPENSION	3	
VARIVAX SUBCUTANEOUS INJECTABLE	3	
YF-VAX SUBCUTANEOUS INJECTABLE	3	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	3	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium oral capsule</i>	2	
DIPENTUM ORAL CAPSULE	5	
<i>mesalamine er oral capsule extended release 24 hour</i>	3	
<i>mesalamine oral capsule delayed release</i>	3	
<i>mesalamine oral tablet delayed release</i>	3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>mesalamine rectal enema</i>	3	
<i>mesalamine rectal suppository</i>	3	
<i>mesalamine-cleanser rectal kit</i>	2	
PENTASA ORAL CAPSULE EXTENDED RELEASE	3	
<i>sulfasalazine oral tablet</i>	2	
<i>sulfasalazine oral tablet delayed release</i>	2	
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour</i>	5	
<i>budesonide oral capsule delayed release particles</i>	4	
<i>hydrocortisone (perianal) external cream</i>	2	
<i>hydrocortisone rectal enema</i>	2	
<i>procto-med hc external cream</i>	2	
<i>procto-pak external cream</i>	2	
<i>proctosol hc external cream</i>	2	
<i>proctozone-hc external cream</i>	2	
UCERIS RECTAL FOAM	4	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral solution</i>	4	
<i>alendronate sodium oral tablet</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>calcitonin (salmon) nasal solution</i>	2	
<i>calcitriol oral capsule</i>	2	
<i>calcitriol oral solution</i>	2	
<i>cinacalcet hcl oral tablet 30 mg</i>	4	
<i>cinacalcet hcl oral tablet 60 mg, 90 mg</i>	5	
<i>doxercalciferol oral capsule</i>	2	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	
<i>ibandronate sodium intravenous solution</i>	2	
<i>ibandronate sodium oral tablet</i>	2	
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml</i>	4	
<i>pamidronate disodium intravenous solution 90 mg/10ml</i>	2	
<i>pamidronate disodium intravenous solution reconstituted</i>	4	
<i>paricalcitol oral capsule</i>	4	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	4	
<i>risedronate sodium oral tablet</i>	2	
<i>risedronate sodium oral tablet delayed release</i>	2	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	

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Drug Name	Drug Tier	Requirements/ Limits
XGEVA SUBCUTANEOUS SOLUTION	5	PA
<i>zoledronic acid intravenous concentrate</i>	2	B/D
<i>zoledronic acid intravenous solution 4 mg/100ml</i>	2	B/D
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	2	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
<i>acetylcysteine intravenous solution</i>	2	
<i>alcohol prep pads pad 70 %</i>	3	
<i>cvs gauze sterile pad 2"x2"</i>	3	
<i>insulin pen needles 29g x 12mm</i>	3	
<i>insulin syringes 28g x 1/2" 0.5 ml, 29g 0.3 ml, 29g x 1/2" 1 ml</i>	3	
INTRALIPID INTRAVENOUS EMULSION	3	B/D
<i>levocarnitine oral solution</i>	2	
LEVOCARNITINE ORAL TABLET	2	
NUTRILIPID INTRAVENOUS EMULSION	3	B/D
SODIUM CHLORIDE IRRIGATION SOLUTION	2	
Ophthalmic Agents		
Ophthalmic Agents, Other		

Drug Name	Drug Tier	Requirements/ Limits
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	2	
<i>bacitracin-polymyxin b ophthalmic ointment</i>	2	
<i>bacitra-neomycin- polymyxin-hc ophthalmic ointment</i>	2	
BLEPHAMIDE OPHTHALMIC SUSPENSION	3	
<i>blephamide s.o.p. ophthalmic ointment</i>	3	
COMBIGAN OPHTHALMIC SOLUTION	4	
CORTISPORIN EXTERNAL CREAM	4	
CYSTARAN OPHTHALMIC SOLUTION	5	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	2	
<i>neomycin-bacitracin zn- polymyx ophthalmic ointment 5-400-10000</i>	2	
<i>neomycin-polymyxin- dexameth ophthalmic ointment</i>	2	
<i>neomycin-polymyxin- dexameth ophthalmic suspension 3.5-10000- 0.1</i>	2	
<i>neomycin-polymyxin- gramicidin ophthalmic solution</i>	2	
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	2	
<i>neo-polycin hc ophthalmic ointment</i>	2	
<i>neo-polycin ophthalmic ointment</i>	2	
<i>polycin ophthalmic ointment</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>polymyxin b-trimethoprim ophthalmic solution</i>	2	
RESTASIS OPHTHALMIC EMULSION	3	
SIMBRINZA OPHTHALMIC SUSPENSION	4	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
TOBRADEX OPHTHALMIC OINTMENT	3	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	4	
XIIDRA OPHTHALMIC SOLUTION	4	
Ophthalmic Anti-allergy Agents		
ALOCRIAL OPHTHALMIC SOLUTION	3	
<i>azelastine hcl ophthalmic solution</i>	2	
<i>cromolyn sodium ophthalmic solution</i>	2	
<i>epinastine hcl ophthalmic solution</i>	2	
<i>olopatadine hcl ophthalmic solution</i>	2	
Ophthalmic Anti-Infectives		
AZASITE OPHTHALMIC SOLUTION	4	
<i>bacitracin ophthalmic ointment</i>	2	
BESIVANCE OPHTHALMIC SUSPENSION	4	
<i>ciprofloxacin hcl ophthalmic solution</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin ophthalmic ointment</i>	2	
<i>gentak ophthalmic ointment</i>	2	
<i>gentamicin sulfate ophthalmic solution</i>	2	
<i>levofloxacin ophthalmic solution</i>	4	
<i>moxifloxacin hcl (2x day) ophthalmic solution</i>	2	
<i>moxifloxacin hcl ophthalmic solution</i>	2	
NATACYN OPHTHALMIC SUSPENSION	3	
<i>ofloxacin ophthalmic solution</i>	2	
<i>sulfacetamide sodium ophthalmic ointment</i>	4	
<i>sulfacetamide sodium ophthalmic solution</i>	2	
<i>tobramycin ophthalmic solution</i>	2	
<i>trifluridine ophthalmic solution</i>	2	
ZIRGAN OPHTHALMIC GEL	4	
Ophthalmic Anti-inflammatories		
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	2	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	4	
<i>diclofenac sodium ophthalmic solution</i>	2	
DUREZOL OPHTHALMIC EMULSION	4	
<i>fluorometholone ophthalmic suspension</i>	2	
<i>flurbiprofen sodium ophthalmic solution</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
FML FORTE OPHTHALMIC SUSPENSION	3	
FML OPHTHALMIC OINTMENT	3	
<i>ketorolac tromethamine ophthalmic solution</i>	2	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
<i>loteprednol etabonate ophthalmic suspension</i>	2	
MAXIDEX OPHTHALMIC SUSPENSION	4	
<i>prednisolone acetate ophthalmic suspension</i>	2	
<i>prednisolone sodium phosphate ophthalmic solution</i>	2	
Ophthalmic Beta- Adrenergic Blocking Agents		
<i>betaxolol hcl ophthalmic solution</i>	2	
BETIMOL OPHTHALMIC SOLUTION	4	
BETOPTIC-S OPHTHALMIC SUSPENSION	4	
<i>carteolol hcl ophthalmic solution</i>	2	
<i>levobunolol hcl ophthalmic solution</i>	2	
<i>timolol maleate ophthalmic gel forming solution</i>	2	
<i>timolol maleate ophthalmic solution</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er oral capsule extended release 12 hour</i>	2	
<i>acetazolamide oral tablet 125 mg</i>	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	4	
<i>apraclonidine hcl ophthalmic solution</i>	2	
AZOPT OPHTHALMIC SUSPENSION	3	
BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.15 %	2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	
<i>dorzolamide hcl ophthalmic solution</i>	2	
<i>methazolamide oral tablet</i>	2	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	4	
<i>pilocarpine hcl ophthalmic solution</i>	2	
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>bimatoprost ophthalmic solution</i>	4	ST
<i>latanoprost ophthalmic solution</i>	2	
LUMIGAN OPHTHALMIC SOLUTION	3	ST
<i>travoprost (bak free) ophthalmic solution</i>	3	ST

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Drug Name	Drug Tier	Requirements/ Limits
ZIOPTAN OPHTHALMIC SOLUTION	4	ST
Otic Agents		
Otic Agents		
<i>acetic acid otic solution</i>	2	
CIPRO HC OTIC SUSPENSION	4	
CIPRODEX OTIC SUSPENSION	3	
<i>ciprofloxacin- dexamethasone otic suspension</i>	2	
<i>flac otic oil</i>	2	
<i>fluocinolone acetonide otic oil</i>	2	
<i>hydrocortisone-acetic acid otic solution</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	
<i>neomycin-polymyxin-hc otic suspension</i>	2	
<i>ofloxacin otic solution</i>	2	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	2	
<i>carbinoxamine maleate oral solution</i>	2	
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	
<i>clemastine fumarate oral tablet 2.68 mg</i>	2	
<i>cyproheptadine hcl oral syrup</i>	4	
<i>cyproheptadine hcl oral tablet</i>	4	
<i>desloratadine oral tablet</i>	2	
<i>desloratadine oral tablet dispersible</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>diphenhydramine hcl injection solution</i>	4	
<i>hydroxyzine hcl oral syrup</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	
<i>hydroxyzine pamoate oral capsule</i>	2	
<i>levocetirizine dihydrochloride oral solution</i>	2	
<i>levocetirizine dihydrochloride oral tablet</i>	2	
<i>olopatadine hcl nasal solution</i>	2	
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
<i>budesonide inhalation suspension</i>	4	B/D
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
FLOVENT HFA INHALATION AEROSOL	3	
<i>flunisolide nasal solution</i>	2	
<i>fluticasone propionate nasal suspension</i>	2	
<i>mometasone furoate nasal suspension</i>	4	
QNASL CHILDRENS NASAL AEROSOL SOLUTION	4	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED	3	

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Drug Name	Drug Tier	Requirements/ Limits
Antileukotrienes		
<i>montelukast sodium oral packet</i>	2	
<i>montelukast sodium oral tablet</i>	2	
<i>montelukast sodium oral tablet chewable</i>	2	
<i>zafirlukast oral tablet</i>	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION	3	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
<i>ipratropium bromide inhalation solution</i>	2	B/D
<i>ipratropium bromide nasal solution</i>	2	
SEEBRI NEOHALER INHALATION CAPSULE	4	
SPIRIVA HANDIHALER INHALATION CAPSULE	3	QL (90 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (4 GM per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	4	
<i>albuterol sulfate hfa inhalation aerosol solution</i>	2	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	2	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate oral syrup</i>	4	
<i>albuterol sulfate oral tablet</i>	4	
ARCAPTA NEOHALER INHALATION CAPSULE	4	
BROVANA INHALATION NEBULIZATION SOLUTION	4	B/D
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	3	
<i>epinephrine injection solution auto-injector</i>	3	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	
<i>levalbuterol hcl inhalation nebulization solution</i>	4	B/D
<i>levalbuterol hfa inhalation aerosol 45 mcg/act</i>	4	
<i>metaproterenol sulfate oral syrup</i>	4	
PERFORMIST INHALATION NEBULIZATION SOLUTION	4	B/D
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
PROAIR HFA INHALATION AEROSOL SOLUTION	3	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	4	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	3	
VENTOLIN HFA INHALATION AEROSOL SOLUTION	3	
XOPENEX HFA INHALATION AEROSOL	4	
Cystic Fibrosis Agents		
BETHKIS INHALATION NEBULIZATION SOLUTION	5	B/D
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	
KALYDECO ORAL PACKET	5	PA
KALYDECO ORAL TABLET	5	PA
ORKAMBI ORAL PACKET	5	PA
ORKAMBI ORAL TABLET	5	PA
PULMOZYME INHALATION SOLUTION	5	B/D
SYMDEKO ORAL TABLET THERAPY PACK	5	PA
TOBI PODHALER INHALATION CAPSULE	5	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	2	B/D
TRIKAFTA ORAL TABLET THERAPY PACK	5	PA
Mast Cell Stabilizers		

Drug Name	Drug Tier	Requirements/ Limits
<i>cromolyn sodium inhalation nebulization solution</i>	5	B/D
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP ORAL TABLET	4	QL (30 EA per 30 days)
<i>theo-24 oral capsule extended release 24 hour</i>	4	
<i>theophylline er oral tablet extended release 12 hour</i>	2	
<i>theophylline er oral tablet extended release 24 hour</i>	2	
<i>theophylline oral solution</i>	2	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET	5	PA
<i>alyq oral tablet</i>	5	PA
<i>ambrisentan oral tablet</i>	5	PA
<i>bosentan oral tablet</i>	5	PA
OPSUMIT ORAL TABLET	5	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA
<i>sildenafil citrate oral suspension reconstituted</i>	5	PA
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA
<i>tadalafil (pah) oral tablet</i>	5	PA
TRACLEER 32 MG	5	PA
UPTRAVI ORAL TABLET	5	PA

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Drug Name	Drug Tier	Requirements/ Limits
UPTRAVI ORAL TABLET THERAPY PACK	5	PA
VENTAVIS INHALATION SOLUTION	5	B/D
Pulmonary Fibrosis Agents		
ESBRIET ORAL CAPSULE	5	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; QL (90 EA per 30 days)
OFEV ORAL CAPSULE	5	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution</i>	2	B/D
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
BEVESPI AEROSPHERE INHALATION AEROSOL	4	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	3	
DULERA INHALATION AEROSOL	4	
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA

Drug Name	Drug Tier	Requirements/ Limits
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>ipratropium-albuterol inhalation solution</i>	2	B/D
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	4	
SYMBICORT INHALATION AEROSOL	3	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	3	
UTIBRON NEOHALER INHALATION CAPSULE	4	
<i>wixela inhub inhalation aerosol powder breath activated</i>	2	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>chlorthalidone oral tablet 500 mg</i>	4	PA
<i>cyclobenzaprine hcl oral tablet</i>	2	PA
Sleep Disorder Agents		

Drug Name	Drug Tier	Requirements/ Limits
Sleep Promoting Agents		
BELSOMRA ORAL TABLET	4	QL (30 EA per 30 days)
<i>doxepin hcl oral tablet</i>	4	QL (30 EA per 30 days)
<i>eszopiclone oral tablet</i>	2	QL (30 EA per 30 days)
HETLIOZ ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
<i>ramelteon oral tablet</i>	2	
<i>temazepam oral capsule</i>	2	
<i>zaleplon oral capsule</i>	2	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release</i>	2	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	2	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil oral tablet</i>	2	PA
<i>modafinil oral tablet 100 mg</i>	2	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (60 EA per 30 days)
XYREM ORAL SOLUTION	5	PA; QL (540 ML per 30 days)

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This formulary was updated on 10/05/2020. For more recent information or other questions, please contact PrimeTime Health Plan at 1-800-577-5084 or, for TTY users, 1-800-617-7446, Monday through Friday, 8:00 a.m. to 8:00 p.m. (October 1 – March 31, we are available 7 days a week, 8:00 a.m. to 8:00 p.m.), or visit www.pthp.com.