

CDPHP® Medicare Advantage Group Drug Plans



**A plan for life.**

CDPHP Group Medicare Rx (HMO)

CDPHP Group Medicare Rx (PPO)

# 2021 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00021376, Version Number 21.

This formulary was updated on 8/2/2021. For more recent information or other questions, please contact the Pharmacy Customer Care Center at 866-289-2319. TTY users should call 711. A representative is available 24 hours a day, seven days a week. CDPHP Pharmacy Customer Care Center hours are 8 a.m.–8 p.m., Monday–Friday. Calls will be handled by CVS Caremark during after-hours, on weekends, and on federal holidays. Or, visit <http://www.cdphp.com>.

**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 CDPHP. When it refers to “plan” or “our plan,” it means CDPHP Medicare Advantage Group Drug Plans.

This document includes a list of the drugs (formulary) for our plan which is current as of August 2, 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.



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# What is the CDPHP Medicare Advantage Group Drug Plans Formulary?

A formulary is a list of covered drugs selected by CDPHP Medicare Advantage Group Drug Plans 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. CDPHP Medicare Advantage Group Drug Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CDPHP Medicare Advantage Group Drug Plans network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

## Can the Formulary (drug list) change?

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

- ▶ **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- ▶ **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

If we make 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 CDPHP Group Medicare Advantage Formulary?”

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**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.

The enclosed formulary is current as of 8/2/2021. To get updated information about the drugs covered by CDPHP Medicare Advantage Drug Plans, please contact us. Our contact information appears on the front and back cover pages.

If we make changes to the formulary during the coverage year, you can download the updated document from our website at <http://www.cdphp.com> or call the Pharmacy Customer Care Center to request a copy. Throughout the year, we also post a cumulative *Notice of Formulary Updates* on our website. You can download a copy online, or call member services and we'll mail you one.

## How do I use the Formulary?

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

### ***Medical Condition***

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

### ***Alphabetical Listing***

If you are not sure what category to look under, you should look for your drug in the Index that begins on page IND-1. 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?

CDPHP Medicare Advantage Group Drug Plans 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:** CDPHP Medicare Advantage Group Drug Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CDPHP Medicare Advantage Group Drug Plans before you fill your prescriptions. If you don't get approval, CDPHP Medicare Advantage Group Drug Plans may not cover the drug.

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- ▶ **Quantity Limits:** For certain drugs, CDPHP Medicare Advantage Group Drug Plans limit the amount of the drug that CDPHP Medicare Advantage Group Drug Plans will cover. For example, CDPHP Medicare Advantage Group Drug Plans provides 30 tabs in 30 days per prescription for TOVIAZ. This may be in addition to a standard one-month or three-month supply.
  - ▶ **Step Therapy:** In some cases, CDPHP Medicare Advantage Group Drug Plans 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, CDPHP Medicare Advantage Group Drug Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CDPHP Medicare Advantage Group Drug Plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask CDPHP Medicare Advantage Group Drug Plans 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 CDPHP Medicare Advantage Group Drug Plans formulary?” on page iii 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 CDPHP Medicare Advantage Group Drug Plans does not cover your drug, you have two options:

- ▶ You can ask Member Services for a list of similar drugs that are covered by CDPHP Medicare Advantage Group Drug Plans. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CDPHP Medicare Advantage Group Drug Plans.
- ▶ You can ask CDPHP Medicare Advantage Group Drug Plans 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 CDPHP Medicare Advantage Group Drug Plans’ Formulary?

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

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

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

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

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

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

Members residing in a long-term care facility and members who experience an unplanned change in level of care will be granted a one-time override so they can continue to receive their medication while a formulary exception request is processed. The pharmacy filling the prescription is responsible for obtaining the override from our plan.

## For more information

For more detailed information about your CDPHP Medicare Advantage Group Drug Plans prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about CDPHP Medicare Advantage Group Drug Plans, 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>.

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## CDPHP Medicare Advantage Group Drug Plans' Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by CDPHP Medicare Advantage Group Drug Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page IND-1.

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

The information in the Requirements/Limits column tells you if CDPHP Medicare Advantage Group Drug Plans has any special requirements for coverage of your drug.

PA = Prior Authorization

PA NS = Prior Authorization for New Starts only

QL = Quantity Limits (Specific quantity limits are listed in the Requirements/Limits column of the drug chart.)

B/D = This prescription drug may be covered under our medical benefit. For more recent information or other questions, please contact the Pharmacy Customer Care Center at 866-289-2319. TTY users should call 711. A representative is available 24 hours a day, seven days a week. CDPHP Pharmacy Customer Care Center hours are 8 a.m.–8 p.m., Monday–Friday. Calls will be handled by CVS Caremark during after-hours, on weekends, and on federal holidays.

ST = Step Therapy

ST NS = Step Therapy for New Starts only

SSM35 = This select insulin is included in the Senior Savings Model for INDIVIDUAL members only (this does not apply to members enrolled through an employer group). This means that you can fill a 30 day supply of your insulin prescription for \$35 through the deductible (if applicable), initial coverage and the coverage gap stages. In the catastrophic coverage stage you pay the cost-share listed in your Evidence of Coverage. Note: The information above only applies to insulin covered under the Part D benefit. Insulin that is administered using an insulin pump is covered under the Part B medical benefit. Please see your Evidence of Coverage for more information about drugs covered under Part B.

For more details on your copayments please refer to your Evidence of Coverage. For more recent information or other questions, please contact the Pharmacy Customer Care Center at 866-289-2319. TTY users should call 711. A representative is available 24 hours a day, seven days a week. CDPHP Pharmacy Customer Care Center hours are 8 a.m.–8 p.m., Monday–Friday. Calls will be handled by CVS Caremark during after-hours, on weekends, and on federal holidays.

LA = This prescription may be available only at certain pharmacies. For more information consult our *Pharmacy Directory* or call the Pharmacy Customer Care Center at 866-289-2319. TTY users should call 711. A representative is available 24 hours a day, seven days a week. CDPHP Pharmacy Customer Care Center hours are 8 a.m.–8 p.m. Monday–Friday. Calls will be handled by CVS Caremark during after-hours, on weekends, and on federal holidays.

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## Initial Coverage Period Copayments

Please refer to your *Evidence of Coverage* and *Rider for Group Medicare Pharmacy Coverage* or *Rider for Group Medicare Enhanced Pharmacy Coverage* for your plan's specific copayments and payment information.

This formulary was updated on 8/2/2021. For more recent information or other questions, please contact the Pharmacy Customer Care Center at 866-289-2319. TTY users should call 711. A representative is available 24 hours a day, seven days a week. CDPHP Pharmacy Customer Care Center hours are 8 a.m.–8 p.m., Monday–Friday. Calls will be handled by CVS Caremark during after-hours, on weekends, and on federal holidays. Or, visit <http://www.cdphp.com>.



# 2021 Medicare Group Formulary

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Drug Name	Drug Tier	Requirement/Limits
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	2	QL (120 EA per 30 days)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	2	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	3	ST NS
MITIGARE ORAL CAPSULE 0.6 MG	3	QL (60 EA per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	
<b>NSAIDS</b>		
<i>celecoxib oral capsule 100 mg</i>	3	QL (120 EA per 30 days)
<i>celecoxib oral capsule 200 mg, 400 mg</i>	3	QL (60 EA per 30 days)
<i>celecoxib oral capsule 50 mg</i>	3	QL (240 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (120 EA per 30 days)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	3	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	2	
<i>diflunisal oral tablet 500 mg</i>	3	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	3	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	2	
IBU ORAL TABLET 600 MG, 800 MG	1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	3	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	

You can find information on what the symbols abbreviations on this table mean by going to page V.  
8/2/2021

Drug Name	Drug Tier	Requirement/Limits
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA NS; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 25 mcg/hr</i>	3	PA NS; QL (10 EA per 30 days)
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	2	PA NS; QL (90 ML per 30 days)
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	2	PA NS; QL (450 ML per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	2	PA NS; QL (90 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	3	PA NS; QL (90 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	2	PA NS; QL (90 EA per 30 days)
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	2	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	2	QL (400 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QL (180 EA per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	4	
ENDOCET ORAL TABLET 10-325 MG	3	QL (180 EA per 30 days)
ENDOCET ORAL TABLET 2.5-325 MG	3	QL (360 EA per 30 days)
ENDOCET ORAL TABLET 5-325 MG	2	QL (360 EA per 30 days)
ENDOCET ORAL TABLET 7.5-325 MG	3	QL (240 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal tablet 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	4	QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	2	QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	2	QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	QL (150 EA per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	4	QL (600 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	2	QL (180 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	QL (180 ML per 30 days)

You can find information on what the symbols abbreviations on this table mean by going to page V.  
8/2/2021

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirement/Limits</b>
<i>morphine sulfate (pf) injection solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	4	B vs D
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	4	B vs D
<i>morphine sulfate (pf) intravenous solution 2 mg/ml</i>	4	B vs D
<i>morphine sulfate intravenous solution 1 mg/ml</i>	4	B vs D
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	2	QL (900 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	2	QL (180 EA per 30 days)
<i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>	4	
<i>oxycodone hcl oral capsule 5 mg</i>	3	QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	3	QL (900 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	3	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	3	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	2	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	3	QL (240 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	2	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL (240 EA per 30 days)
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %</i>	2	B vs D
<i>lidocaine hcl injection solution 0.5 %, 1 %, 2 %</i>	2	B vs D
<b>ANTI-INFECTIVES</b>		
<b>ANTIFUNGALS</b>		
<b>ABELCET INTRAVENOUS SUSPENSION 5 MG/ML</b>	4	B vs D
<b>AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG</b>	5	B vs D
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	4	B vs D
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	5	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	3	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	3	

You can find information on what the symbols abbreviations on this table mean by going to page V.  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirement/Limits</b>
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	2	
<i>fluconazole oral tablet 150 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	4	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i>	4	
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	5	
NOXAFIL ORAL SUSPENSION 40 MG/ML	5	QL (630 ML per 30 days)
<i>nystatin oral tablet 500000 unit</i>	2	
<i>posaconazole oral tablet delayed release 100 mg</i>	5	QL (93 EA per 30 days)
<i>terbinafine hcl oral tablet 250 mg</i>	1	QL (90 EA per 365 days)
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	
<i>voriconazole oral tablet 200 mg</i>	5	
<i>voriconazole oral tablet 50 mg</i>	4	
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
<i>albendazole oral tablet 200 mg</i>	5	
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	5	QL (180 ML per 30 days)
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	4	
<i>atovaquone oral suspension 750 mg/5ml</i>	5	
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	4	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	LA
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	2	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	4	
<i>clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%</i>	4	

You can find information on what the symbols abbreviations on this table mean by going to page V.  
8/2/2021

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirement/Limits</b>
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9 gm/60ml, 900 mg/6ml, 9000 mg/60ml</i>	3	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	4	
<i>dapsone oral tablet 100 mg, 25 mg</i>	3	
<i>daptomycin intravenous solution reconstituted 350 mg</i>	5	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	
EMVERM ORAL TABLET CHEWABLE 100 MG	5	QL (12 EA per 365 days)
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4	
<i>fosfomycin tromethamine oral packet 3 gm</i>	3	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	2	
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	2	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	3	
<i>ivermectin oral tablet 3 mg</i>	2	
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	4	
<i>linezolid intravenous solution 600 mg/300ml</i>	4	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5	QL (1800 ML per 30 days)
<i>linezolid oral tablet 600 mg</i>	4	QL (60 EA per 30 days)
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	4	
<i>methenamine hippurate oral tablet 1 gm</i>	3	
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
MONUROL ORAL PACKET 3 GM	3	
<i>neomycin sulfate oral tablet 500 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i>	5	QL (6 EA per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	3	
<i>paromomycin sulfate oral capsule 250 mg</i>	4	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	4	B vs D

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Drug Name	Drug Tier	Requirement/Limits
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	4	
<i>praziquantel oral tablet 600 mg</i>	3	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	5	
SIVEXTRO ORAL TABLET 200 MG	5	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	5	
<i>sulfadiazine oral tablet 500 mg</i>	4	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED 150-350 MG	5	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	B vs D
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	3	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	4	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg</i>	2	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	2	QL (160 EA per 180 days)
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	4	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	3	
COARTEM ORAL TABLET 20-120 MG	4	
<i>mefloquine hcl oral tablet 250 mg</i>	3	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	3	
<i>quinine sulfate oral capsule 324 mg</i>	4	PA
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	3	
<i>abacavir sulfate oral tablet 300 mg</i>	3	

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Drug Name	Drug Tier	Requirement/Limits
APTIVUS ORAL CAPSULE 250 MG	5	
APTIVUS ORAL SOLUTION 100 MG/ML	5	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	4	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	4	
EDURANT ORAL TABLET 25 MG	5	
<i>efavirenz oral capsule 200 mg</i>	5	
<i>efavirenz oral capsule 50 mg</i>	4	
<i>efavirenz oral tablet 600 mg</i>	5	
<i>emtricitabine oral capsule 200 mg</i>	2	
EMTRIVA ORAL SOLUTION 10 MG/ML	3	
<i>etravirine oral tablet 100 mg, 200 mg</i>	5	
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	
INTELENCE ORAL TABLET 100 MG, 200 MG	5	
INTELENCE ORAL TABLET 25 MG	4	
INVIRASE ORAL TABLET 500 MG	5	
ISENTRESS HD ORAL TABLET 600 MG	5	
ISENTRESS ORAL PACKET 100 MG	3	
ISENTRESS ORAL TABLET 400 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	
<i>lamivudine oral solution 10 mg/ml</i>	3	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	3	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	4	
<i>nevirapine oral suspension 50 mg/5ml</i>	4	
<i>nevirapine oral tablet 200 mg</i>	2	
NORVIR ORAL PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
PIFELTRO ORAL TABLET 100 MG	5	
PREZISTA ORAL SUSPENSION 100 MG/ML	5	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	5	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	5	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirement/Limits
PREZISTA ORAL TABLET 75 MG	3	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	5	QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	5	
<i>ritonavir oral tablet 100 mg</i>	3	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	
SELZENTRY ORAL SOLUTION 20 MG/ML	5	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	
SELZENTRY ORAL TABLET 25 MG	3	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	3	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	3	
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	3	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	5	LA
TYBOST ORAL TABLET 150 MG	3	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	4	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	4	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	
VIREAD ORAL POWDER 40 MG/GM	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
<i>zidovudine oral capsule 100 mg</i>	2	
<i>zidovudine oral syrup 50 mg/5ml</i>	2	
<i>zidovudine oral tablet 300 mg</i>	2	
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	3	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	5	
BIKTARVY ORAL TABLET 50-200-25 MG	5	
CIMDUO ORAL TABLET 300-300 MG	5	
COMPLERA ORAL TABLET 200-25-300 MG	5	
DELSTRIGO ORAL TABLET 100-300-300 MG	5	
DESCOVY ORAL TABLET 200-25 MG	5	

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Drug Name	Drug Tier	Requirement/Limits
DOVATO ORAL TABLET 50-300 MG	5	
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	5	
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg</i>	5	QL (60 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg, 200-300 mg</i>	5	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	
GENVOYA ORAL TABLET 150-150-200-10 MG	5	
JULUCA ORAL TABLET 50-25 MG	5	
KALETRA ORAL TABLET 100-25 MG	4	
KALETRA ORAL TABLET 200-50 MG	5	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	4	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	2	
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	5	
ODEFSEY ORAL TABLET 200-25-25 MG	5	
PREZCOBIX ORAL TABLET 800-150 MG	5	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	
TEMIXYS ORAL TABLET 300-300 MG	5	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine oral capsule 250 mg</i>	5	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	3	
<i>isoniazid oral syrup 50 mg/5ml</i>	4	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PASER ORAL PACKET 4 GM	4	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	4	
<i>rifabutin oral capsule 150 mg</i>	4	
<i>rifampin intravenous solution reconstituted 600 mg</i>	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; LA
TRECTOR ORAL TABLET 250 MG	4	

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Drug Name	Drug Tier	Requirement/Limits
<b>ANTIVIRALS</b>		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	4	B vs D
<i>adefovir dipivoxil oral tablet 10 mg</i>	5	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	5	PA
EPIVIR HBV ORAL SOLUTION 5 MG/ML	4	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	4	B vs D
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	5	PA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	5	PA
<i>lamivudine oral tablet 100 mg</i>	4	
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	5	PA
MAVYRET ORAL TABLET 100-40 MG	5	PA
<i>oseltamivir phosphate oral capsule 30 mg</i>	2	QL (168 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	2	QL (84 EA per 365 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	3	QL (84 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	3	QL (1080 ML per 365 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	5	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	3	QL (120 EA per 365 days)
<i>ribavirin oral capsule 200 mg</i>	3	
<i>ribavirin oral tablet 200 mg</i>	4	
<i>rimantadine hcl oral tablet 100 mg</i>	3	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	2	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	2	
<i>valganciclovir hcl oral tablet 450 mg</i>	5	
VEMLIDY ORAL TABLET 25 MG	5	
VOSEVI ORAL TABLET 400-100-100 MG	5	PA

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Drug Name	Drug Tier	Requirement/Limits
<b>CEPHALOSPORINS</b>		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	4	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	4	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	
<i>cefadroxil oral tablet 1 gm</i>	4	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	3	
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	3	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%</i>	4	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	4	
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	3	
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	4	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	4	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	3	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	3	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	3	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	4	
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	3	
<i>ceftriaxone sodium injection solution reconstituted 1 gm</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirement/Limits</b>
<i>ceftriaxone sodium injection solution reconstituted 2 gm, 250 mg, 500 mg</i>	3	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm</i>	2	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm, 2 gm</i>	3	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	3	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	3	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	3	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	3	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM	3	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	3	
<i>azithromycin oral packet 1 gm</i>	3	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	3	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	4	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	3	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	5	
DIFICID ORAL TABLET 200 MG	5	
E.E.S. 400 ORAL TABLET 400 MG	3	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	3	

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Drug Name	Drug Tier	Requirement/Limits
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	3	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	3	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	4	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	3	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	3	
<b>FLUOROQUINOLONES</b>		
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	4	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	3	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	3	
<i>levofloxacin intravenous solution 25 mg/ml</i>	4	
<i>levofloxacin oral solution 25 mg/ml</i>	4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirement/Limits</b>
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>	4	
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	4	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	4	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	2	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>nafcillin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	4	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	5	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	5	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	4	
<i>penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit</i>	4	
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	4	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	4	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT	4	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	4	

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Drug Name	Drug Tier	Requirement/Limits
<b>TETRACYCLINES</b>		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	2	
MONDOXYNE NL ORAL CAPSULE 100 MG	2	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	4	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	5	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	5	B vs D
<i>carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml</i>	3	B vs D
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	3	B vs D
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	5	B vs D
<i>cyclophosphamide intravenous solution 1 gm/5ml, 500 mg/2.5ml</i>	5	B vs D
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	3	B vs D
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	4	B vs D
LEUKERAN ORAL TABLET 2 MG	5	
<i>oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml</i>	4	B vs D
<i>oxaliplatin intravenous solution reconstituted 100 mg, 50 mg</i>	5	B vs D
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	4	B vs D
<b>ANTIBIOTICS</b>		
ADRIAMYCIN INTRAVENOUS SOLUTION 2 MG/ML	4	B vs D
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	4	B vs D

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirement/Limits</b>
<i>doxorubicin hcl liposomal intravenous injectable 2 mg/ml</i>	5	B vs D
<i>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</i>	4	B vs D
<b>ANTIMETABOLITES</b>		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	5	B vs D
<i>azacitidine injection suspension reconstituted 100 mg</i>	5	B vs D
<i>cytarabine injection solution 20 mg/ml</i>	3	B vs D
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	3	B vs D
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	4	B vs D
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg</i>	4	B vs D
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	2	
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NS; LA
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	
TABLOID ORAL TABLET 40 MG	4	
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	5	PA NS
<i>anastrozole oral tablet 1 mg</i>	1	
<i>bicalutamide oral tablet 50 mg</i>	2	
EMCYT ORAL CAPSULE 140 MG	4	
ERLEADA ORAL TABLET 60 MG	5	PA NS; LA
<i>exemestane oral tablet 25 mg</i>	4	
<i>flutamide oral capsule 125 mg</i>	2	
<i>fulvestrant intramuscular solution 250 mg/5ml</i>	5	B vs D
<i>letrozole oral tablet 2.5 mg</i>	1	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	3	

You can find information on what the symbols abbreviations on this table mean by going to page V.  
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Drug Name	Drug Tier	Requirement/Limits
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	5	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	
LYSODREN ORAL TABLET 500 MG	5	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	2	
<i>nilutamide oral tablet 150 mg</i>	5	
NUBEQA ORAL TABLET 300 MG	5	PA NS; LA
ORGOVYX ORAL TABLET 120 MG	5	PA NS; LA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	
<i>toremifene citrate oral tablet 60 mg</i>	5	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	5	
XTANDI ORAL CAPSULE 40 MG	5	PA NS; LA
XTANDI ORAL TABLET 40 MG, 80 MG	5	PA NS; LA
<b>IMMUNOMODULATORS</b>		
POMALYST ORAL CAPSULE 1 MG, 2 MG	5	PA NS; LA; QL (21 EA per 21 days)
POMALYST ORAL CAPSULE 3 MG, 4 MG	5	PA NS; LA; QL (21 EA per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA NS; LA; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA NS; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA NS; QL (56 EA per 28 days)
<b>MISCELLANEOUS</b>		
<i>bexarotene oral capsule 75 mg</i>	5	PA NS
<i>hydroxyurea oral capsule 500 mg</i>	2	
INQOVI ORAL TABLET 35-100 MG	5	PA NS; LA
<i>irinotecan hcl intravenous solution 100 mg/5ml, 500 mg/25ml</i>	4	B vs D
<i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i>	2	B vs D
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA NS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA NS
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA NS

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Drug Name	Drug Tier	Requirement/Limits
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA NS
MATULANE ORAL CAPSULE 50 MG	5	LA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5	PA NS
<i>tretinoin oral capsule 10 mg</i>	5	
<b>MITOTIC INHIBITORS</b>		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	5	B vs D
<i>docetaxel intravenous concentrate 160 mg/8ml, 80 mg/4ml</i>	5	B vs D
<i>docetaxel intravenous concentrate 20 mg/ml</i>	5	B vs D
<i>docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i>	5	B vs D
<i>etoposide intravenous solution 100 mg/5ml, 500 mg/25ml</i>	3	B vs D
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	4	B vs D
TOPOSAR INTRAVENOUS SOLUTION 1 GM/50ML, 100 MG/5ML	3	B vs D
<i>vincristine sulfate intravenous solution 1 mg/ml</i>	2	B vs D
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	3	B vs D
<b>MOLECULAR TARGET AGENTS</b>		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG	5	PA NS; QL (150 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG	5	PA NS; QL (90 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	5	PA NS; QL (60 EA per 30 days)
AFINITOR ORAL TABLET 10 MG	5	PA NS; QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NS; LA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	5	PA NS; LA
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA NS; LA
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5	PA NS; LA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NS; LA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA NS; LA
<i>bortezomib intravenous solution reconstituted 3.5 mg</i>	5	PA NS
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	5	PA NS

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Drug Name	Drug Tier	Requirement/Limits
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NS; LA
BRUKINSA ORAL CAPSULE 80 MG	5	PA NS; LA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA NS; LA; QL (30 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NS; LA
CAPRELSA ORAL TABLET 100 MG, 300 MG	5	PA NS; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA NS; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA NS; LA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA NS; LA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NS; LA
COTELLIC ORAL TABLET 20 MG	5	PA NS; LA
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA NS; LA
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NS; LA
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PA NS; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA NS; QL (90 EA per 30 days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA NS; QL (30 EA per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA NS; LA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NS; LA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	5	PA NS; LA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NS; LA
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	5	PA NS
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	5	PA NS
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA NS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NS; LA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NS; LA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NS; LA
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NS; LA; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	5	PA NS; QL (90 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	5	PA NS; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NS; LA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NS; LA; QL (56 EA per 28 days)

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Drug Name	Drug Tier	Requirement/Limits
IMBRUVICA ORAL TABLET 140 MG	5	PA NS; LA; QL (112 EA per 28 days)
IMBRUVICA ORAL TABLET 280 MG	5	PA NS; LA; QL (56 EA per 28 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	5	PA NS; LA; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	5	PA NS; LA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NS; LA; QL (120 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NS; LA
IRESSA ORAL TABLET 250 MG	5	PA NS; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NS; LA; QL (60 EA per 30 days)
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	5	B vs D
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA NS
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	5	PA NS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NS
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA NS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA NS; LA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA NS; LA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA NS; LA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA NS; LA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA NS; LA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA NS; LA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA NS; LA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirement/Limits</b>
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA NS; LA
LORBRENA ORAL TABLET 100 MG, 25 MG	5	PA NS; LA
LUMAKRAS ORAL TABLET 120 MG	5	PA NS; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NS; LA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA NS; LA
MEKTOVI ORAL TABLET 15 MG	5	PA NS; LA
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	5	PA NS; LA
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5	PA NS; LA
NERLYNX ORAL TABLET 40 MG	5	PA NS; LA
NEXAVAR ORAL TABLET 200 MG	5	PA NS; LA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NS
ODOMZO ORAL CAPSULE 200 MG	5	PA NS; LA
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA NS
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA NS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NS; LA
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML	5	PA NS; LA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA NS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA NS
QINLOCK ORAL TABLET 50 MG	5	PA NS; LA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	5	PA NS; LA
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA NS; LA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	5	PA NS; LA
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA NS; LA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirement/Limits</b>
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	5	PA NS; LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NS; LA
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA NS
RYDAPT ORAL CAPSULE 25 MG	5	PA NS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	5	PA NS
STIVARGA ORAL TABLET 40 MG	5	PA NS; LA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA NS; QL (30 EA per 30 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NS
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NS; LA
TAGRISO ORAL TABLET 40 MG, 80 MG	5	PA NS; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	5	PA NS; LA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA NS
TAZVERIK ORAL TABLET 200 MG	5	PA NS; LA
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML	5	PA NS; LA
TEPMETKO ORAL TABLET 225 MG	5	PA NS; LA
TIBSOVO ORAL TABLET 250 MG	5	PA NS; LA
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA NS
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	5	PA NS; LA
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	5	PA NS; LA
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA NS; LA
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA NS; LA
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA NS
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA NS; LA
TURALIO ORAL CAPSULE 200 MG	5	PA NS; LA
UKONIQ ORAL TABLET 200 MG	5	PA NS; LA
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	5	PA NS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirement/Limits</b>
VENCLEXTA ORAL TABLET 10 MG	4	PA NS; LA; QL (112 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NS; LA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA NS; LA; QL (112 EA per 28 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA NS; LA; QL (42 EA per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NS; LA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5	PA NS; LA
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NS; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NS; LA
VOTRIENT ORAL TABLET 200 MG	5	PA NS; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NS; LA
XOSPATA ORAL TABLET 40 MG	5	PA NS; LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 50 MG	5	PA NS; LA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	5	PA NS; LA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	5	PA NS; LA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 60 MG	5	PA NS; LA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA NS; LA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	5	PA NS; LA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA NS; LA
ZEJULA ORAL CAPSULE 100 MG	5	PA NS; LA
ZELBORAF ORAL TABLET 240 MG	5	PA NS; LA
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5	PA NS
ZOLINZA ORAL CAPSULE 100 MG	5	PA NS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NS; LA
ZYKADIA ORAL TABLET 150 MG	5	PA NS; LA

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Drug Name	Drug Tier	Requirement/Limits
<b>PROTECTIVE AGENTS</b>		
<i>leucovorin calcium injection solution 500 mg/50ml</i>	4	B vs D
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	4	B vs D
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
MESNEX ORAL TABLET 400 MG	5	
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<b>ACE INHIBITORS</b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	3	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirement/Limits
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	2	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	2	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml</i>	2	
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	3	
<i>amiodarone hcl oral tablet 200 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	4	

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Drug Name	Drug Tier	Requirement/Limits
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	3	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	3	
MULTAQ ORAL TABLET 400 MG	3	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	4	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	1	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	3	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	2	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<b>ANTILIPEMICS, FIBRATES</b>		
<i>fenofibrate micronized oral capsule 200 mg, 67 mg</i>	2	
<i>fenofibrate oral capsule 134 mg</i>	2	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	
<i>gemfibrozil oral tablet 600 mg</i>	1	
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	4	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>simvastatin oral tablet 80 mg</i>	1	QL (30 EA per 30 days)
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine light oral packet 4 gm</i>	2	
<i>cholestyramine light oral powder 4 gm/dose</i>	2	
<i>cholestyramine oral packet 4 gm</i>	2	

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Drug Name	Drug Tier	Requirement/Limits
<i>cholestyramine oral powder 4 gm/dose</i>	2	
<i>colesevelam hcl oral packet 3.75 gm</i>	3	
<i>colesevelam hcl oral tablet 625 mg</i>	3	
<i>colestipol hcl oral granules 5 gm</i>	3	
<i>colestipol hcl oral packet 5 gm</i>	3	
<i>colestipol hcl oral tablet 1 gm</i>	3	
<i>ezetimibe oral tablet 10 mg</i>	2	
<i>icosapent ethyl oral capsule 1 gm</i>	4	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA; LA
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	3	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	3	QL (60 EA per 30 days)
NIACOR ORAL TABLET 500 MG	3	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	3	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	3	PA
PREVALITE ORAL PACKET 4 GM	2	
PREVALITE ORAL POWDER 4 GM/DOSE	2	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	3	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	4	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	

You can find information on what the symbols abbreviations on this table mean by going to page V.  
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Drug Name	Drug Tier	Requirement/Limits
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	4	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	3	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	2	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	3	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	2	

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Drug Name	Drug Tier	Requirement/Limits
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	3	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	3	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	
<i>nimodipine oral capsule 30 mg</i>	3	
NYMALIZE ORAL SOLUTION 6 MG/ML	5	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	2	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	4	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<b>DIURETICS</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>amiloride hcl oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	2	

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Drug Name	Drug Tier	Requirement/Limits
<i>methazolamide oral tablet 25 mg, 50 mg</i>	3	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	2	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<b>MISCELLANEOUS</b>		
ADRENALIN INJECTION SOLUTION 1 MG/ML	4	
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	4	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	4	
CORLANOR ORAL SOLUTION 5 MG/5ML	4	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	
DIGITEK ORAL TABLET 125 MCG	2	QL (30 EA per 30 days)
DIGITEK ORAL TABLET 250 MCG	2	
DIGOX ORAL TABLET 125 MCG	2	QL (30 EA per 30 days)
DIGOX ORAL TABLET 250 MCG	2	
<i>digoxin injection solution 0.25 mg/ml</i>	2	
<i>digoxin oral solution 0.05 mg/ml</i>	2	
<i>digoxin oral tablet 125 mcg</i>	2	QL (30 EA per 30 days)
<i>digoxin oral tablet 250 mcg</i>	2	
<i>droxidopa oral capsule 100 mg</i>	5	PA; QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	5	PA; QL (180 EA per 30 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	2	
<i>hydralazine hcl injection solution 20 mg/ml</i>	4	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	2	
<i>metyrosine oral capsule 250 mg</i>	5	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
NORTHERA ORAL CAPSULE 100 MG	5	PA; LA; QL (90 EA per 30 days)
NORTHERA ORAL CAPSULE 200 MG, 300 MG	5	PA; LA; QL (180 EA per 30 days)
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	3	

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Drug Name	Drug Tier	Requirement/Limits
<b>NITRATES</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>nitroglycerin translingual aerosol solution 400 mcg/spray</i>	3	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	3	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA NS; LA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA NS; LA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg</i>	5	PA NS; LA; QL (60 EA per 30 days)
<i>bosentan oral tablet 62.5 mg</i>	5	PA NS; LA; QL (120 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA NS; LA; QL (30 EA per 30 days)
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	5	PA NS; QL (180 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA NS; QL (90 EA per 30 days)
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	5	B vs D; LA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	5	PA NS
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>ANTI-ANXIETY</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL (150 EA per 30 days)
<i>bupirone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	1	
<i>bupirone hcl oral tablet 30 mg, 7.5 mg</i>	3	

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Drug Name	Drug Tier	Requirement/Limits
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	2	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	2	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	QL (150 EA per 30 days)
<b>ANTICONVULSANTS</b>		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	5	QL (60 EA per 30 days)
BANZEL ORAL TABLET 200 MG, 400 MG	5	
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	4	PA NS
BRIVIACT ORAL SOLUTION 10 MG/ML	5	PA NS; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	PA NS; QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	3	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	3	
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg</i>	1	
CELONTIN ORAL CAPSULE 300 MG	4	
<i>clobazam oral suspension 2.5 mg/ml</i>	3	PA NS; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	3	PA NS; QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (120 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	2	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	3	PA NS; PA if 70 years and older; QL (180 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	5	PA NS; LA
DIACOMIT ORAL PACKET 250 MG, 500 MG	5	PA NS; LA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	4	
<i>diazepam injection solution 5 mg/ml</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirement/Limits</b>
<i>diazepam oral concentrate 5 mg/ml</i>	2	PA NS; PA if 70 years and older; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	2	PA NS; PA if 70 years and older; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	PA NS; PA if 70 years and older; QL (120 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	4	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	3	
DILANTIN ORAL CAPSULE 100 MG, 30 MG	3	
DILANTIN ORAL SUSPENSION 125 MG/5ML	4	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	3	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	3	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NS; LA; QL (600 ML per 30 days)
EPITOL ORAL TABLET 200 MG	1	
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5ml</i>	2	
<i>felbamate oral suspension 600 mg/5ml</i>	5	
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NS; LA; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	PA NS; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	PA NS; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	PA NS; QL (60 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	PA NS; QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg</i>	1	QL (1080 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	2	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	QL (120 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirement/Limits</b>
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	4	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	3	
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml</i>	4	
<i>levetiracetam intravenous solution 500 mg/5ml</i>	4	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	2	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	4	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	
PEGANONE ORAL TABLET 250 MG	4	
<i>phenobarbital oral elixir 20 mg/5ml</i>	4	PA NS; PA if 70 years and older
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	3	PA NS; PA if 70 years and older
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	4	PA NS; PA if 70 years and older
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg</i>	2	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	3	
<i>phenytoin sodium injection solution 50 mg/ml</i>	3	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	QL (120 EA per 30 days)
<i>pregabalin oral capsule 200 mg</i>	3	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	3	QL (900 ML per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
ROWEEPRA ORAL TABLET 500 MG	2	
<i>rufinamide oral suspension 40 mg/ml</i>	5	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	5	PA NS

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Drug Name	Drug Tier	Requirement/Limits
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	4	
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA NS; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA NS; QL (60 EA per 30 days)
TEGRETOL ORAL SUSPENSION 100 MG/5ML	4	
TEGRETOL ORAL TABLET 200 MG	4	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG	3	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproate sodium intravenous solution 100 mg/ml</i>	3	
<i>valproic acid oral capsule 250 mg</i>	2	
<i>valproic acid oral solution 250 mg/5ml</i>	2	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	4	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	4	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	4	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	4	
<i>vigabatrin oral packet 500 mg</i>	5	PA NS; LA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	5	PA NS; LA; QL (180 EA per 30 days)
VIGADRONE ORAL PACKET 500 MG	5	PA NS; LA; QL (180 EA per 30 days)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	5	
VIMPAT ORAL SOLUTION 10 MG/ML	5	QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	5	QL (60 EA per 30 days)
VIMPAT ORAL TABLET 50 MG	4	QL (120 EA per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG, 50 & 200 MG	5	QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	5	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG	5	QL (60 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirement/Limits</b>
XCOPRI ORAL TABLET 50 MG	5	QL (90 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	QL (28 EA per 28 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<b>ANTIDEMENTIA</b>		
<i>donepezil hcl oral tablet 10 mg</i>	1	
<i>donepezil hcl oral tablet 23 mg</i>	4	
<i>donepezil hcl oral tablet 5 mg</i>	1	QL (60 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	1	
<i>donepezil hcl oral tablet dispersible 5 mg</i>	1	QL (60 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	3	QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	4	
<i>galantamine hydrobromide oral tablet 12 mg</i>	3	QL (60 EA per 30 days)
<i>galantamine hydrobromide oral tablet 4 mg</i>	2	QL (180 EA per 30 days)
<i>galantamine hydrobromide oral tablet 8 mg</i>	2	QL (90 EA per 30 days)
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	3	PA; PA if < 30 yrs
<i>memantine hcl oral solution 2 mg/ml</i>	2	PA; PA if < 30 yrs
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	PA; PA if < 30 yrs
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG	4	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	4	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>	4	QL (90 EA per 30 days)
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	4	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	4	QL (30 EA per 30 days)
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	3	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	2	

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Drug Name	Drug Tier	Requirement/Limits
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	2	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	2	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	4	PA NS; PA if 70 years and older
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 50 mg, 75 mg</i>	4	
<i>desipramine hcl oral tablet 25 mg</i>	3	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	3	QL (30 EA per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	3	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	4	PA NS; QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	2	QL (180 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	2	QL (120 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	2	QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	4	ST NS; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG	4	ST NS; QL (180 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	4	ST NS; QL (90 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	ST NS
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirement/Limits</b>
MARPLAN ORAL TABLET 10 MG	4	QL (180 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	3	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	4	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
PAXIL ORAL SUSPENSION 10 MG/5ML	4	QL (900 ML per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	2	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	3	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	2	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	3	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trimipramine maleate oral capsule 100 mg</i>	4	QL (60 EA per 30 days)
<i>trimipramine maleate oral capsule 25 mg</i>	4	QL (240 EA per 30 days)
<i>trimipramine maleate oral capsule 50 mg</i>	4	QL (120 EA per 30 days)
TRINTELLIX ORAL TABLET 10 MG	4	QL (60 EA per 30 days)
TRINTELLIX ORAL TABLET 20 MG	4	QL (30 EA per 30 days)
TRINTELLIX ORAL TABLET 5 MG	4	QL (120 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl oral capsule 100 mg</i>	3	QL (120 EA per 30 days)
<i>amantadine hcl oral syrup 50 mg/5ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	3	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	5	PA; LA; QL (60 ML per 30 days)
<i>benztropine mesylate injection solution 1 mg/ml</i>	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirement/Limits</b>
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	PA NS; PA if 70 years and older
<i>bromocriptine mesylate oral capsule 5 mg</i>	4	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	4	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	3	
<i>entacapone oral tablet 200 mg</i>	4	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	5	LA
INBRIJA INHALATION CAPSULE 42 MG	5	PA; LA
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; QL (150 EA per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>rasagiline mesylate oral tablet 0.5 mg</i>	3	QL (60 EA per 30 days)
<i>rasagiline mesylate oral tablet 1 mg</i>	3	QL (30 EA per 30 days)
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	3	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	5	
<i>selegiline hcl oral capsule 5 mg</i>	3	
<i>selegiline hcl oral tablet 5 mg</i>	3	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	3	PA NS; PA if 70 years and older
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	3	PA NS; PA if 70 years and older

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Drug Name	Drug Tier	Requirement/Limits
<b>ANTIPSYCHOTICS</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	4	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	5	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	QL (3.2 ML per 28 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	3	QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	3	QL (240 EA per 30 days)
<i>asenapine maleate sublingual tablet sublingual 5 mg</i>	3	QL (120 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	4	QL (30 EA per 30 days)
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	2	
<i>chlorpromazine hcl oral tablet 10 mg</i>	3	
<i>chlorpromazine hcl oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>clozapine oral tablet 100 mg</i>	2	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	2	QL (135 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet dispersible 100 mg</i>	4	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	4	
<i>clozapine oral tablet dispersible 150 mg</i>	5	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	5	QL (135 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirement/Limits
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	4	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	4	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml</i>	3	
<i>haloperidol decanoate intramuscular solution 50 mg/ml, 50 mg/ml(1ml)</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	3	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML	5	QL (0.875 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML	5	QL (1.315 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML	5	QL (2.625 ML per 90 days)
LATUDA ORAL TABLET 120 MG, 40 MG	4	QL (30 EA per 30 days)
LATUDA ORAL TABLET 20 MG, 60 MG, 80 MG	4	QL (60 EA per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	

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Drug Name	Drug Tier	Requirement/Limits
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	4	
NUPLAZID ORAL CAPSULE 34 MG	5	PA NS; LA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NS; LA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	4	QL (3 EA per 1 day)
<i>olanzapine oral tablet 10 mg, 15 mg, 20 mg</i>	2	QL (60 EA per 30 days)
<i>olanzapine oral tablet 2.5 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg</i>	2	QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg</i>	4	QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 5 mg</i>	2	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	QL (60 EA per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	3	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	QL (1 EA per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	3	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	4	QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	4	QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 50 mg</i>	4	QL (120 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	4	ST NS; QL (60 EA per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	4	ST NS; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	4	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	2	QL (240 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirement/Limits</b>
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg</i>	4	QL (90 EA per 30 days)
<i>risperidone oral tablet dispersible 1 mg, 2 mg, 3 mg, 4 mg</i>	4	QL (60 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	4	QL (30 EA per 30 days)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	3	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	3	
<i>trifluoperazine hcl oral tablet 1 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine hcl oral tablet 10 mg</i>	3	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	QL (600 ML per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	5	ST NS; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	5	ST NS; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	ST NS
<i>ziprasidone hcl oral capsule 20 mg, 40 mg</i>	4	QL (60 EA per 30 days)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	4	QL (90 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	4	QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	PA NS; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG	5	PA NS; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	5	PA NS; QL (1 EA per 28 days)
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 5 mg</i>	4	QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg</i>	4	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 5 mg, 7.5 mg</i>	3	QL (120 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg, 20 mg</i>	3	QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	3	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	4	QL (120 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	4	QL (30 EA per 30 days)
<i>atomoxetine hcl oral capsule 40 mg</i>	4	QL (60 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirement/Limits</b>
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	2	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	2	QL (120 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	3	QL (30 EA per 30 days)
<b>METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG</b>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	3	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	3	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	3	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	3	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet 20 mg</i>	3	QL (90 EA per 30 days)
<b>HYPNOTICS</b>		
<i>doxepin hcl oral tablet 3 mg</i>	3	QL (60 EA per 30 days)
<i>doxepin hcl oral tablet 6 mg</i>	3	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	4	PA; PA applies if 70 years and older after a 90 day supply in a calendar year; QL (30 EA per 30 days)
<b>HETLIOZ LQ ORAL SUSPENSION 4 MG/ML</b>	5	PA; LA
<b>HETLIOZ ORAL CAPSULE 20 MG</b>	5	PA; LA
<i>ramelteon oral tablet 8 mg</i>	4	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg</i>	2	QL (60 EA per 30 days)
<i>temazepam oral capsule 30 mg</i>	2	
<i>temazepam oral capsule 7.5 mg</i>	2	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	4	PA; PA applies if 70 years and older after a 90 day supply in a calendar year; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	2	PA; PA applies if 70 years and older after a 90 day supply in a calendar year; QL (30 EA per 30 days)
<b>MIGRAINE</b>		
<b>AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML</b>	3	PA; QL (1 ML per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirement/Limits</b>
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	3	QL (180 EA per 30 days)
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	5	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5	PA; QL (8 ML per 30 days)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	3	QL (12 EA per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	3	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	3	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	2	QL (18 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/lact</i>	4	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/lact</i>	4	QL (24 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (12 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	4	QL (9 ML per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	4	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	4	QL (9 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	4	QL (6 ML per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	5	PA; QL (16 EA per 30 days)
<i>zolmitriptan nasal solution 2.5 mg, 5 mg</i>	3	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	3	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	3	QL (12 EA per 30 days)
<b>MISCELLANEOUS</b>		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	5	PA; QL (28 EA per 28 days)
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	

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Drug Name	Drug Tier	Requirement/Limits
<i>lithium oral solution 8 meq/5ml</i>	3	
NUDEXTA ORAL CAPSULE 20-10 MG	4	PA; QL (60 EA per 30 days)
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	
<i>riluzole oral tablet 50 mg</i>	3	
<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)
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	QL (12 ML per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	5	
GILENYA ORAL CAPSULE 0.5 MG	5	QL (28 EA per 28 days)
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; LA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; LA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; LA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; LA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; LA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; LA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; LA
MAYZENT ORAL TABLET 0.25 MG, 2 MG	5	LA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	5	LA
TECFIDERA ORAL 120 & 240 MG	5	LA

You can find information on what the symbols abbreviations on this table mean by going to page V.  
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Drug Name	Drug Tier	Requirement/Limits
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	5	LA
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	5	PA NS; LA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>carisoprodol oral tablet 350 mg</i>	2	PA NS; PA if 70 years and older; QL (252 EA per 365 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	PA NS; PA if 70 years and older
<i>dantrolene sodium oral capsule 100 mg, 25 mg</i>	4	
<i>dantrolene sodium oral capsule 50 mg</i>	3	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	2	
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil oral tablet 150 mg</i>	3	PA; QL (60 EA per 30 days)
<i>armodafinil oral tablet 200 mg, 250 mg</i>	3	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	3	PA; QL (90 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	PA; LA; QL (540 ML per 30 days)
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	2	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	3	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, 4-1 mg, 8-2 mg</i>	2	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	2	QL (120 EA per 30 days)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	2	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	3	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	3	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	2	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	2	

You can find information on what the symbols abbreviations on this table mean by going to page V. 8/2/2021

Drug Name	Drug Tier	Requirement/Limits
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	2	
<i>naltrexone hcl oral tablet 50 mg</i>	2	
NARCAN NASAL LIQUID 4 MG/0.1ML	3	
NICOTROL INHALATION INHALER 10 MG	4	
NICOTROL NS NASAL SOLUTION 10 MG/ML	4	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	
<b>ENDOCRINE AND METABOLIC</b>		
<b>ANDROGENS</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	4	QL (30 EA per 30 days)
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	3	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	2	
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	2	QL (300 GM per 30 days)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	2	QL (150 GM per 30 days)
<b>ANTIDIABETICS, INSULINS</b>		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	3	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	SSM35
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	3	
<i>cvs gauze sterile pad 2"x2"</i>	3	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	3	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	SSM35
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	SSM35
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SSM35
<i>global alcohol prep ease pad 70 %</i>	3	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	4	B vs D; SSM35

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Drug Name	Drug Tier	Requirement/Limits
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	4	SSM35
<i>insulin asp prot &amp; asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	3	SSM35
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	3	SSM35
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	3	SSM35
<i>insulin aspart prot &amp; aspart subcutaneous suspension (70-30) 100 unit/ml</i>	3	SSM35
<i>insulin aspart subcutaneous solution 100 unit/ml</i>	3	SSM35
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	SSM35
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SSM35
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	SSM35
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	SSM35
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	SSM35
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	SSM35
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	SSM35
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	SSM35
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	SSM35
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	SSM35
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	SSM35
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	SSM35
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SSM35
OMNIPOD 10 PACK	3	
OMNIPOD 5 PACK	3	
OMNIPOD DASH 5 PACK PODS	3	

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Drug Name	Drug Tier	Requirement/Limits
OMNIPOD STARTER KIT	3	
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	3	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	3	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	QL (30 ML per 30 days); SSM35
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	SSM35
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SSM35
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3	QL (15 ML per 30 days); SSM35
<b>ANTIDIABETICS</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	3	QL (3.4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	3	QL (4 EA per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	4	QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	4	QL (1.2 ML per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	QL (90 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
<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, 5 mg</i>	1	QL (90 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 xl oral tablet extended release 24 hour 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (240 EA per 30 days)

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Drug Name	Drug Tier	Requirement/Limits
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
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 100 MG, 25 MG, 50 MG	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 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	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)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	(generic of GLUCOPHAGE XR); QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	(generic of GLUCOPHAGE XR); QL (60 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (75 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 EA per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	QL (90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	QL (1.5 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	3	QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	
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)

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Drug Name	Drug Tier	Requirement/Limits
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)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	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, 3 MG/0.5ML, 4.5 MG/0.5ML	3	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3	QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
<b>CALCIUM REGULATORS</b>		
<i>alendronate sodium oral tablet 10 mg, 35 mg, 40 mg, 5 mg, 70 mg</i>	1	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	3	B vs D
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	5	QL (62.4 ML per 999 days)
<i>ibandronate sodium oral tablet 150 mg</i>	3	B vs D
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5	PA
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>	3	B vs D
<i>pamidronate disodium intravenous solution reconstituted 30 mg, 90 mg</i>	3	B vs D
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	PA; QL (1 ML per 180 days)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	5	QL (62.4 ML per 999 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	QL (39 ML per 999 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA

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Drug Name	Drug Tier	Requirement/Limits
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	3	B vs D
<i>zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml</i>	3	B vs D
<b>CHELATING AGENTS</b>		
CHEMET ORAL CAPSULE 100 MG	4	
CLOVIQUE ORAL CAPSULE 250 MG	5	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	5	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	5	PA
LOKELMA ORAL PACKET 10 GM, 5 GM	3	
<i>penicillamine oral tablet 250 mg</i>	5	
<i>sodium polystyrene sulfonate oral powder</i>	2	
SPS ORAL SUSPENSION 15 GM/60ML	2	
<i>trientine hcl oral capsule 250 mg</i>	5	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	4	PA
<b>CONTRACEPTIVES</b>		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	2	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	2	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	2	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	
APRI ORAL TABLET 0.15-30 MG-MCG	2	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	2	
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	2	
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
AVIANE ORAL TABLET 0.1-20 MG-MCG	2	
AYUNA ORAL TABLET 0.15-30 MG-MCG	2	
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	2	
BEKYREE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	
CAMILA ORAL TABLET 0.35 MG	2	

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Drug Name	Drug Tier	Requirement/Limits
CAZIAN ORAL TABLET 0.1/0.125/0.15 -0.025 MG	2	
CHATEAL ORAL TABLET 0.15-30 MG-MCG	2	
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	2	
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	2	
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	2	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	2	
DASETTA 1/35 ORAL TABLET 1-35 MG-MCG	2	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	2	
DEBLITANE ORAL TABLET 0.35 MG	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	
ELINEST ORAL TABLET 0.3-30 MG-MCG	2	
ELLA ORAL TABLET 30 MG	3	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	4	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	2	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	2	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	
ERRIN ORAL TABLET 0.35 MG	2	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	4	
FALMINA ORAL TABLET 0.1-20 MG-MCG	2	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	2	
GIANVI ORAL TABLET 3-0.02 MG	2	
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
HEATHER ORAL TABLET 0.35 MG	2	
ICLEVIA ORAL TABLET 0.15-0.03 MG	2	
INCASSIA ORAL TABLET 0.35 MG	2	
INTROVALE ORAL TABLET 0.15-0.03 MG	2	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	2	

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Drug Name	Drug Tier	Requirement/Limits
JASMIEL ORAL TABLET 3-0.02 MG	2	
JOLESSA ORAL TABLET 0.15-0.03 MG	2	
JULEBER ORAL TABLET 0.15-30 MG-MCG	2	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	2	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	2	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	2	
KURVELO ORAL TABLET 0.15-30 MG-MCG	2	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	2	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	2	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	
LESSINA ORAL TABLET 0.1-20 MG-MCG	2	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	2	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	2	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	2	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	2	
LILLOW ORAL TABLET 0.15-30 MG-MCG	2	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	2	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	2	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
LORYNA ORAL TABLET 3-0.02 MG	2	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	2	
LUTERA ORAL TABLET 0.1-20 MG-MCG	2	
LYLEQ ORAL TABLET 0.35 MG	2	

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Drug Name	Drug Tier	Requirement/Limits
LYZA ORAL TABLET 0.35 MG	2	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	2	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	2	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	2	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
MILI ORAL TABLET 0.25-35 MG-MCG	2	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	2	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
NIKKI ORAL TABLET 3-0.02 MG	2	
NORA-BE ORAL TABLET 0.35 MG	2	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	2	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	
<i>norethindrone oral tablet 0.35 mg</i>	2	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	2	
NORLYROC ORAL TABLET 0.35 MG	2	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	2	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	2	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	2	
NYMYO ORAL TABLET 0.25-35 MG-MCG	2	
OCELLA ORAL TABLET 3-0.03 MG	2	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	2	

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Drug Name	Drug Tier	Requirement/Limits
PHILITH ORAL TABLET 0.4-35 MG-MCG	2	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	2	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	2	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	2	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	2	
SETLAKIN ORAL TABLET 0.15-0.03 MG	2	
SHAROBEL ORAL TABLET 0.35 MG	2	
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	2	
SRONYX ORAL TABLET 0.1-20 MG-MCG	2	
SYEDA ORAL TABLET 3-0.03 MG	2	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	2	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	2	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	2	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	2	

You can find information on what the symbols abbreviations on this table mean by going to page V. 8/2/2021

Drug Name	Drug Tier	Requirement/Limits
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TULANA ORAL TABLET 0.35 MG	2	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	2	
VESTURA ORAL TABLET 3-0.02 MG	2	
VIENVA ORAL TABLET 0.1-20 MG-MCG	2	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	2	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	2	
WERA ORAL TABLET 0.5-35 MG-MCG	2	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	2	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	2	
ZARAH ORAL TABLET 3-0.03 MG	2	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	2	
ZUMANDIMINE ORAL TABLET 3-0.03 MG	2	
<b>ENDOMETRIOSIS</b>		
<i>danazol oral capsule 100 mg, 200 mg</i>	4	
<i>danazol oral capsule 50 mg</i>	3	
SYNAREL NASAL SOLUTION 2 MG/ML	5	
<b>ESTROGENS</b>		
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	3	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	4	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	3	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	3	

You can find information on what the symbols abbreviations on this table mean by going to page V. 8/2/2021

Drug Name	Drug Tier	Requirement/Limits
<i>estradiol vaginal cream 0.1 mg/gm</i>	3	
<i>estradiol vaginal tablet 10 mcg</i>	3	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	4	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	3	
ESTRING VAGINAL RING 2 MG	4	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	3	
JINTELI ORAL TABLET 1-5 MG-MCG	3	
LOPREEZA ORAL TABLET 1-0.5 MG	3	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	
MIMVEY ORAL TABLET 1-0.5 MG	3	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
YUVAFEM VAGINAL TABLET 10 MCG	3	
<b>GLUCOCORTICOIDS</b>		
<i>cortisone acetate oral tablet 25 mg</i>	4	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	4	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	2	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	2	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	

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Drug Name	Drug Tier	Requirement/Limits
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	B vs D
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	B vs D
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	3	B vs D
<i>prednisolone oral solution 15 mg/5ml</i>	2	B vs D
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	B vs D
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	4	B vs D
<i>prednisone oral solution 5 mg/5ml</i>	2	B vs D
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	B vs D
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG	4	
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide oral suspension 50 mg/ml</i>	5	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	3	
<b>MISCELLANEOUS</b>		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	5	PA; LA
<i>cabergoline oral tablet 0.5 mg</i>	3	
CARBAGLU ORAL TABLET 200 MG	5	PA; LA
CERDELGA ORAL CAPSULE 84 MG	5	PA
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	5	PA; LA
<i>cinacalcet hcl oral tablet 30 mg</i>	4	B vs D; QL (120 EA per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	5	B vs D; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	5	B vs D; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirement/Limits
CYSTADANE ORAL POWDER	5	LA
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA; LA
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	4	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	5	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	5	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	4	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	5	PA; LA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; LA
KORLYM ORAL TABLET 300 MG	5	PA; LA
<i>levocarnitine oral solution 1 gm/10ml</i>	3	B vs D
<i>levocarnitine oral tablet 330 mg</i>	3	B vs D
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	5	PA; LA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	5	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED)	5	
<i>miglustat oral capsule 100 mg</i>	5	PA; QL (90 EA per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	5	PA; LA
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	5	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	5	PA
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	
OSPHENA ORAL TABLET 60 MG	3	
<i>raloxifene hcl oral tablet 60 mg</i>	3	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	5	
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	5	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5	PA

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Drug Name	Drug Tier	Requirement/Limits
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; LA
<i>sodium phenylbutyrate oral powder 3 gml/tsp</i>	5	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	5	
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	LA
STIMATE NASAL SOLUTION 1.5 MG/ML	5	
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	5	PA; QL (360 EA per 30 days)
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	2	QL (360 EA per 30 days)
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	2	QL (360 EA per 30 days)
<i>sevelamer carbonate oral packet 0.8 gm</i>	5	QL (540 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	5	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	3	QL (540 EA per 30 days)
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml</i>	3	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	PA NS; PA if 70 years and older
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<b>THYROID AGENTS</b>		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	3	
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	

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Drug Name	Drug Tier	Requirement/Limits
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<b>VITAMIN D ANALOGS</b>		
<i>calcitriol intravenous solution 1 mcg/ml</i>	4	B vs D
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	B vs D
<i>calcitriol oral solution 1 mcg/ml</i>	2	B vs D
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	B vs D
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	5	
<b>GASTROINTESTINAL</b>		
<b>ANTIEMETICS</b>		
AKYNZEO ORAL CAPSULE 300-0.5 MG	4	B vs D
<i>aprepitant oral capsule 125 mg</i>	4	B vs D
<i>aprepitant oral capsule 40 mg, 80 &amp; 125 mg, 80 mg</i>	3	B vs D
COMPRO RECTAL SUPPOSITORY 25 MG	3	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	B vs D; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	4	B vs D
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	3	
<i>granisetron hcl oral tablet 1 mg</i>	3	B vs D
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	2	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	2	B vs D
<i>ondansetron hcl oral tablet 24 mg</i>	3	B vs D
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B vs D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	B vs D

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Drug Name	Drug Tier	Requirement/Limits
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	4	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	3	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	3	PA NS; PA if 70 years and older
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	2	PA NS; PA if 70 years and older
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	PA NS; PA if 70 years and older
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	4	PA NS; PA if 70 years and older
PROMETHEGAN RECTAL SUPPOSITORY 25 MG	4	PA NS; PA if 70 years and older
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	5	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	QL (10 EA per 30 days)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	4	B vs D
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	2	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	2	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	2	
<i>famotidine intravenous solution 20 mg/2ml, 200 mg/20ml, 40 mg/4ml</i>	2	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>	2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium oral capsule 750 mg</i>	2	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	5	
<i>budesonide oral capsule delayed release particles 3 mg</i>	4	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	2	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	2	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirement/Limits
<i>mesalamine oral capsule delayed release 400 mg</i>	4	QL (180 EA per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	4	QL (120 EA per 30 days)
<i>mesalamine oral tablet delayed release 800 mg</i>	3	
<i>mesalamine rectal enema 4 gm</i>	3	
<i>mesalamine rectal suppository 1000 mg</i>	5	
<i>mesalamine-cleanser rectal kit 4 gm</i>	3	
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	2	
<b>LAXATIVES</b>		
<i>constulose oral solution 10 gm/15ml</i>	2	
<i>enulose oral solution 10 gm/15ml</i>	2	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	2	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	2	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	2	
<i>generlac oral solution 10 gm/15ml</i>	2	
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	3	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	2	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	2	
<i>lactulose oral solution 10 gm/15ml</i>	2	
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM	2	
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	2	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	2	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	4	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	4	
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	2	

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Drug Name	Drug Tier	Requirement/Limits
<b>MISCELLANEOUS</b>		
<i>alose tron hcl oral tablet 0.5 mg, 1 mg</i>	5	QL (60 EA per 30 days)
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	4	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA; LA
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 EA per 30 days)
<i>loperamide hcl oral capsule 2 mg</i>	2	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
MOVANTIK ORAL TABLET 12.5 MG	3	QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 25 MG	3	QL (30 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	5	QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (0.6ML SYRINGE)	5	QL (16.8 ML per 28 days)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	5	QL (12 ML per 30 days)
<i>sucrafate oral suspension 1 gm/10ml</i>	3	
<i>sucrafate oral tablet 1 gm</i>	2	
TRULANCE ORAL TABLET 3 MG	3	QL (30 EA per 30 days)
<i>ursodiol oral capsule 300 mg</i>	3	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	3	
XIFAXAN ORAL TABLET 550 MG	5	
<b>PANCREATIC ENZYMES</b>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	4	
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	3	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	2	

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Drug Name	Drug Tier	Requirement/Limits
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole sodium intravenous solution reconstituted 40 mg</i>	4	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	2	QL (30 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	2	QL (30 EA per 30 days)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	3	QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	3	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
<b>MISCELLANEOUS</b>		
<i>acetic acid irrigation solution 0.25 %</i>	2	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
ELMIRON ORAL CAPSULE 100 MG	4	
INTRAROSA VAGINAL INSERT 6.5 MG	3	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	3	
<b>URINARY ANTISPASMODICS</b>		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	3	QL (60 EA per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	3	QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	2	QL (60 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	2	QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	4	QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	4	QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	3	

You can find information on what the symbols abbreviations on this table mean by going to page V.  
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Drug Name	Drug Tier	Requirement/Limits
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3	QL (30 EA per 30 days)
<i>tropium chloride oral tablet 20 mg</i>	3	QL (60 EA per 30 days)
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>metronidazole vaginal gel 0.75 %</i>	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
VANDAZOLE VAGINAL GEL 0.75 %	2	
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	3	
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	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	
<i>heparin (porcine) in nacl intravenous solution 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	3	
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	3	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	3	B vs D
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	4	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML	5	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA

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Drug Name	Drug Tier	Requirement/Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	5	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	4	
BERINERT INTRAVENOUS KIT 500 UNIT	5	PA; LA; QL (24 EA per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	5	PA; LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
ENDARI ORAL PACKET 5 GM	5	PA; LA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	5	PA; LA; QL (30 EA per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	5	PA; LA; QL (20 EA per 30 days)
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	5	PA; QL (27 ML per 30 days)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	2	
PROMACTA ORAL PACKET 12.5 MG	5	PA; LA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	5	PA; LA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; LA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; LA; QL (60 EA per 30 days)
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	4	
<i>tranexamic acid oral tablet 650 mg</i>	3	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	4	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	3	

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Drug Name	Drug Tier	Requirement/Limits
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	3	
<b>IMMUNOLOGIC AGENTS</b>		
<b>AUTOIMMUNE AGENTS</b>		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (8.16 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	5	PA; QL (16 EA per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; QL (8 ML per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (6 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (4 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5	PA
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA
HUMIRA PEN-PSOR/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	5	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (6 EA per 28 days)
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA
RENFLXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA; LA

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Drug Name	Drug Tier	Requirement/Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	5	PA; QL (30 EA per 30 days)
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	5	PA; QL (7 EA per 365 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; QL (7 ML per 365 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (7 ML per 365 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; LA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; QL (1 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	5	PA; LA; QL (3 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	5	PA; LA; QL (3 ML per 28 days)
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; QL (240 ML per 24 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	5	PA; QL (30 EA per 30 days)
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	3	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	3	
<i>methotrexate oral tablet 2.5 mg</i>	2	
XATMEP ORAL SOLUTION 2.5 MG/ML	4	
<b>IMMUNOGLOBULINS</b>		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	5	B vs D
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	5	B vs D
GAMASTAN INTRAMUSCULAR INJECTABLE	4	B vs D
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	B vs D
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	5	B vs D

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Drug Name	Drug Tier	Requirement/Limits
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	5	B vs D
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	5	B vs D
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	B vs D
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	5	B vs D
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	B vs D
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	B vs D
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5	PA NS; LA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	5	B vs D
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	5	B vs D
<b>IMMUNOSUPPRESSANTS</b>		
<i>azathioprine oral tablet 50 mg</i>	2	B vs D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	5	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA
<i>cyclosporine intravenous solution 50 mg/ml</i>	4	B vs D
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	3	B vs D
<i>cyclosporine modified oral solution 100 mg/ml</i>	3	B vs D

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Drug Name	Drug Tier	Requirement/Limits
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	4	B vs D
<i>everolimus oral tablet 0.25 mg</i>	4	B vs D
<i>everolimus oral tablet 0.5 mg, 0.75 mg</i>	5	B vs D
GENGRAF ORAL CAPSULE 100 MG, 25 MG	3	B vs D
GENGRAF ORAL SOLUTION 100 MG/ML	3	B vs D
<i>mycophenolate mofetil oral capsule 250 mg</i>	3	B vs D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	B vs D
<i>mycophenolate mofetil oral tablet 500 mg</i>	3	B vs D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	4	B vs D
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	B vs D
NEORAL ORAL SOLUTION 100 MG/ML	3	B vs D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	5	B vs D
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	3	B vs D
PROGRAF ORAL CAPSULE 5 MG	4	B vs D
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	B vs D
RAPAMUNE ORAL SOLUTION 1 MG/ML	5	B vs D
SANDIMMUNE ORAL SOLUTION 100 MG/ML	3	B vs D
<i>sirolimus oral solution 1 mg/ml</i>	5	B vs D
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	4	B vs D
<i>sirolimus oral tablet 2 mg</i>	5	B vs D
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	3	B vs D
<i>tacrolimus oral capsule 5 mg</i>	4	B vs D
ZORTRESS ORAL TABLET 1 MG	5	B vs D
<b>VACCINES</b>		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	3	
<i>bcg vaccine injection injectable</i>	3	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	3	

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Drug Name	Drug Tier	Requirement/Limits
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 Ifu/0.5ml</i>	3	B vs D
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	3	B vs D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	3	B vs D
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	
IPOL INJECTION INJECTABLE	3	
IXIARO INTRAMUSCULAR SUSPENSION	3	
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	3	
MENACTRA INTRAMUSCULAR INJECTABLE	3	
MENQUADFI INTRAMUSCULAR INJECTABLE	3	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	
PEDIARIX INTRAMUSCULAR SUSPENSION	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION	3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	B vs D
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	3	B vs D

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Drug Name	Drug Tier	Requirement/Limits
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	QL (2 EA per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	B vs D
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	3	B vs D
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	
YF-VAX SUBCUTANEOUS INJECTABLE	3	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	3	QL (1 EA per 999 days)
<b>NUTRITIONAL/SUPPLEMENTS</b>		
<b>ELECTROLYTES/MINERALS, INJECTABLE</b>		
<i>dextrose 5%/electrolyte #48 intravenous solution</i>	4	
<i>dextrose in lactated ringers intravenous solution 5 %</i>	2	
<i>dextrose-nacl intravenous solution 10-0.2 %</i>	3	
<i>dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	2	
<i>dextrose-nacl intravenous solution 5-0.3 %</i>	4	
<i>dextrose-sodium chloride intravenous solution 2.5-0.45 %</i>	2	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	
ISOLYTE-S INTRAVENOUS SOLUTION	4	
<i>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-%-%</i>	3	

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Drug Name	Drug Tier	Requirement/Limits
<i>kcl in dextrose-nacl intravenous solution 20-5-0.225 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	4	
<i>lactated ringers intravenous solution</i>	2	
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	3	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	3	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	3	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS SOLUTION	4	
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	2	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%</i>	2	
<i>potassium chloride in nacl intravenous solution 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	2	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	2	
<i>potassium chloride intravenous solution 10 meq/50ml, 20 meq/50ml</i>	4	
<i>sodium chloride injection solution 2.5 meq/ml</i>	3	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	3	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	4	B vs D
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	2	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	
KLOR-CON ORAL PACKET 20 MEQ	4	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	

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Drug Name	Drug Tier	Requirement/Limits
<i>m-natal plus oral tablet 27-1 mg</i>	3	
<i>pnv folic acid + iron oral tablet 27-1 mg</i>	3	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral packet 20 meq</i>	4	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	3	
<i>prenatal oral tablet 27-1 mg</i>	3	
<i>prenatal vitamin plus low iron oral tablet 27-1 mg</i>	3	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	
TRICARE ORAL TABLET	3	
<b>IV NUTRITION</b>		
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	4	B vs D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	4	B vs D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	4	B vs D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	4	B vs D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	4	B vs D
<i>clinimix/dextrose (6/5) intravenous solution 6 %</i>	4	B vs D
<i>clinimix/dextrose (8/10) intravenous solution 8 %</i>	4	B vs D
<i>clinimix/dextrose (8/14) intravenous solution 8 %</i>	4	B vs D
CLINISOL SF INTRAVENOUS SOLUTION 15 %	4	B vs D
CLINOLIPID INTRAVENOUS EMULSION 20 %	4	B vs D
<i>dextrose intravenous solution 10 %, 5 %</i>	2	
<i>dextrose intravenous solution 50 %, 70 %</i>	2	B vs D
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %	4	B vs D
FREAMINE III INTRAVENOUS SOLUTION 10 %	4	B vs D
HEPATAMINE INTRAVENOUS SOLUTION 8 %	4	B vs D
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	B vs D
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	B vs D

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Drug Name	Drug Tier	Requirement/Limits
PLENAMINE INTRAVENOUS SOLUTION 15 %	4	B vs D
PREMASOL INTRAVENOUS SOLUTION 10 %	4	B vs D
PROCALAMINE INTRAVENOUS SOLUTION 3 %	4	B vs D
PROSOL INTRAVENOUS SOLUTION 20 %	4	B vs D
TRAVASOL INTRAVENOUS SOLUTION 10 %	4	B vs D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	B vs D
<b>OPHTHALMIC</b>		
<b>ANTIALLERGICS</b>		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	2	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	3	
BEPREVE OPHTHALMIC SOLUTION 1.5 %	3	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
LASTACAFT OPHTHALMIC SOLUTION 0.25 %	4	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	2	
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	3	
PAZEO OPHTHALMIC SOLUTION 0.7 %	3	
ZERVIAE OPHTHALMIC SOLUTION 0.24 %	4	
<b>ANTIGLAUCOMA</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
AZOPT OPHTHALMIC SUSPENSION 1 %	3	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	3	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	3	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	
<i>brinzolamide ophthalmic suspension 1 %</i>	3	
<i>carteolol hcl ophthalmic solution 1 %</i>	2	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	3	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	2	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	2	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	3	
<i>latanoprost ophthalmic solution 0.005 %</i>	1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	

You can find information on what the symbols abbreviations on this table mean by going to page V.  
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Drug Name	Drug Tier	Requirement/Limits
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	4	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	2	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	2	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	3	
VYZULTA OPHTHALMIC SOLUTION 0.024 %	3	
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	2	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	4	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	3	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	3	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	3	
<b>ANTI-INFECTIVES</b>		
AZASITE OPHTHALMIC SOLUTION 1 %	4	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	3	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	3	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	

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Drug Name	Drug Tier	Requirement/Limits
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	2	
GENTAK OPHTHALMIC OINTMENT 0.3 %	2	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	2	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	3	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	2	
NATACYN OPHTHALMIC SUSPENSION 5 %	4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	
<i>tobramycin ophthalmic solution 0.3 %</i>	2	
<i>trifluridine ophthalmic solution 1 %</i>	3	
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
<b>ANTI-INFLAMMATORIES</b>		
ALREX OPHTHALMIC SUSPENSION 0.2 %	3	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	4	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	4	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	
DUREZOL OPHTHALMIC EMULSION 0.05 %	3	
FLAREX OPHTHALMIC SUSPENSION 0.1 %	4	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	3	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	2	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	2	
LOTEMAX OPHTHALMIC GEL 0.5 %	3	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	3	

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Drug Name	Drug Tier	Requirement/Limits
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	3	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	3	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	2	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	3	
PROLENSA OPHTHALMIC SOLUTION 0.07 %	3	
<b>MISCELLANEOUS</b>		
<i>atropine sulfate ophthalmic solution 1 %</i>	3	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	5	LA
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA; LA
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	5	PA
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	2	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	QL (60 EA per 30 days)
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	3	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION 160-9-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION 160-9-4.8 MCG/ACT	3	QL (23.6 GM per 28 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	QL (8 GM per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	B vs D
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH	3	QL (60 EA per 30 days)
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	QL (25.8 GM per 30 days)

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Drug Name	Drug Tier	Requirement/Limits
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	B vs D
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	2	
<b>ANTIHISTAMINES</b>		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	2	
<i>cetirizine hcl oral solution 1 mg/ml</i>	1	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	3	PA NS; PA if 70 years and older
<i>cyproheptadine hcl oral tablet 4 mg</i>	3	PA NS; PA if 70 years and older
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	3	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	4	PA NS; PA if 70 years and older
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	3	PA NS; PA if 70 years and older
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	PA NS; PA if 70 years and older
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	2	PA NS; PA if 70 years and older
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	2	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	2	
<b>BETA AGONISTS</b>		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	(generic of Proair HFA); QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	2	(generic of Ventolin HFA); QL (36 GM per 30 days)
<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 vs D
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	3	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	2	B vs D
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	2	QL (30 GM per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	3	QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	4	
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION 108 (90 BASE) MCG/ACT	3	QL (36 GM per 30 days)

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Drug Name	Drug Tier	Requirement/Limits
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION 108 (90 BASE) MCG/ACT	3	QL (48 GM per 30 days)
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium oral packet 4 mg</i>	3	
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	3	
<b>MISCELLANEOUS</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	B vs D
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	5	PA; LA
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	2	B vs D
DALIRESP ORAL TABLET 250 MCG, 500 MCG	4	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	2	(generic of Adrenaclick)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	2	(generic of Adrenaclick)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	(generic of EpiPen)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	3	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	3	
ESBRIET ORAL CAPSULE 267 MG	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)
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	5	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; QL (60 EA per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; LA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; LA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; LA
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; QL (60 EA per 30 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; QL (112 EA per 28 days)

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Drug Name	Drug Tier	Requirement/Limits
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	5	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; LA
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	B vs D
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA; LA; QL (56 EA per 28 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	4	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	4	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	2	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	
<i>theophylline oral solution 80 mg/15ml</i>	2	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	5	PA; LA; QL (84 EA per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA; LA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; LA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; LA
<b>NASAL STEROIDS</b>		
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	QL (75 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	2	QL (16 GM per 30 days)
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	2	B vs D
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST	3	QL (240 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/BLIST	3	QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirement/Limits
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	3	QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	3	QL (3 EA per 30 days)
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	3	QL (60 EA per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	2	QL (10.2 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	3	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	3	QL (10.2 GM per 30 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	QL (60 EA per 30 days)
<b>TOPICAL</b>		
<b>DERMATOLOGY, ACNE</b>		
ACUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG	2	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	4	
AVITA EXTERNAL CREAM 0.025 %	3	PA; QL (45 GM per 30 days)
AVITA EXTERNAL GEL 0.025 %	3	PA; QL (45 GM per 30 days)
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	3	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
CLINDACIN-P EXTERNAL SWAB 1 %	2	
<i>clindamycin phosphate external gel 1 %</i>	2	QL (75 GM per 30 days)

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Drug Name	Drug Tier	Requirement/Limits
<i>clindamycin phosphate external lotion 1 %</i>	2	QL (60 ML per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	1	QL (60 ML per 30 days)
<i>clindamycin phosphate external swab 1 %</i>	2	
<i>ery external pad 2 %</i>	2	
<i>erythromycin external gel 2 %</i>	4	
<i>erythromycin external solution 2 %</i>	1	QL (60 ML per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	3	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	3	PA; QL (45 GM per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	3	PA; QL (45 GM per 30 days)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate external cream 0.1 %</i>	2	QL (30 GM per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	2	
<i>mupirocin external ointment 2 %</i>	1	QL (220 GM per 30 days)
<i>silver sulfadiazine external cream 1 %</i>	2	
SSD EXTERNAL CREAM 1 %	2	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	4	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox external gel 0.77 %</i>	4	QL (100 GM per 30 days)
<i>ciclopirox external shampoo 1 %</i>	3	QL (120 ML per 30 days)
<i>ciclopirox external solution 8 %</i>	2	
<i>ciclopirox olamine external cream 0.77 %</i>	3	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	3	QL (60 ML per 30 days)
<i>clotrimazole external cream 1 %</i>	2	QL (45 GM per 30 days)
<i>clotrimazole external solution 1 %</i>	2	QL (30 ML per 30 days)
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	QL (45 GM per 30 days)
<i>ketconazole external cream 2 %</i>	2	QL (60 GM per 30 days)
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	2	QL (60 GM per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	2	QL (30 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	2	QL (30 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	2	QL (60 GM per 30 days)

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Drug Name	Drug Tier	Requirement/Limits
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	2	QL (60 GM per 30 days)
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	
<i>calcipotriene external cream 0.005 %</i>	4	QL (120 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	4	QL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	4	QL (120 ML per 30 days)
CALCITRENE EXTERNAL OINTMENT 0.005 %	4	QL (120 GM per 30 days)
<i>tazarotene external cream 0.1 %</i>	3	QL (60 GM per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %	4	QL (60 GM per 30 days)
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole external shampoo 2 %</i>	1	QL (120 ML per 30 days)
<i>selenium sulfide external lotion 2.5 %</i>	1	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort external cream 1 %, 2.5 %</i>	1	
<i>alclometasone dipropionate external cream 0.05 %</i>	3	
<i>alclometasone dipropionate external ointment 0.05 %</i>	3	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	2	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	2	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	
<i>betamethasone dipropionate external cream 0.05 %</i>	2	
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	
<i>betamethasone valerate external cream 0.1 %</i>	2	
<i>betamethasone valerate external lotion 0.1 %</i>	2	
<i>betamethasone valerate external ointment 0.1 %</i>	2	
<i>clobetasol propionate e external cream 0.05 %</i>	3	QL (60 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	4	QL (60 GM per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	4	QL (60 GM per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	4	QL (60 GM per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	3	QL (50 ML per 30 days)
<i>desonide external cream 0.05 %</i>	3	QL (60 GM per 30 days)
<i>desonide external lotion 0.05 %</i>	4	QL (118 ML per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirement/Limits</b>
<i>desonide external ointment 0.05 %</i>	3	QL (60 GM per 30 days)
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	4	QL (100 GM per 30 days)
<i>desoximetasone external gel 0.05 %</i>	2	QL (60 GM per 30 days)
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	4	QL (100 GM per 30 days)
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	4	QL (120 GM per 30 days)
<i>fluocinolone acetonide body external oil 0.01 %</i>	3	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	2	
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	
<i>fluocinolone acetonide external solution 0.01 %</i>	3	QL (90 ML per 30 days)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	3	
<i>fluocinonide emulsified base external cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide external cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide external cream 0.1 %</i>	3	QL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>	2	QL (60 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	2	QL (60 GM per 30 days)
<i>fluocinonide external solution 0.05 %</i>	2	QL (60 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	2	
<i>fluticasone propionate external ointment 0.005 %</i>	2	
<i>halobetasol propionate external cream 0.05 %</i>	3	QL (50 GM per 30 days)
<i>halobetasol propionate external ointment 0.05 %</i>	3	QL (50 GM per 30 days)
<i>hydrocortisone butyrate external cream 0.1 %</i>	3	QL (45 GM per 30 days)
<i>hydrocortisone butyrate external ointment 0.1 %</i>	3	QL (45 GM per 30 days)
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 2.5 %</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	4	QL (60 GM per 30 days)
<i>hydrocortisone valerate external ointment 0.2 %</i>	4	QL (60 GM per 30 days)
<i>mometasone furoate external cream 0.1 %</i>	2	
<i>mometasone furoate external ointment 0.1 %</i>	2	
<i>mometasone furoate external solution 0.1 %</i>	2	
TEXACORT EXTERNAL SOLUTION 2.5 %	4	
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	1	
<i>triamcinolone acetonide external cream 0.1 %</i>	1	QL (454 GM per 30 days)

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Drug Name	Drug Tier	Requirement/Limits
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
TRIDERM EXTERNAL CREAM 0.5 %	1	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	2	QL (30 ML per 30 days)
<i>lidocaine external ointment 5 %</i>	4	QL (200 GM per 30 days)
<i>lidocaine external patch 5 %</i>	4	PA; QL (3 EA per 1 day)
<i>lidocaine hcl external solution 4 %</i>	3	QL (50 ML per 30 days)
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	3	QL (30 ML per 30 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	B vs D; QL (30 GM per 30 days)
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>ammonium lactate external cream 12 %</i>	2	
<i>ammonium lactate external lotion 12 %</i>	2	
<i>diclofenac sodium external gel 1 %</i>	3	QL (1000 GM per 30 days)
<i>doxepin hcl external cream 5 %</i>	4	QL (45 GM per 30 days)
<i>fluorouracil external cream 5 %</i>	4	QL (40 GM per 30 days)
<i>fluorouracil external solution 2 %, 5 %</i>	3	QL (10 ML per 30 days)
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	
<i>imiquimod external cream 5 %</i>	3	QL (24 EA per 30 days)
<i>metronidazole external cream 0.75 %</i>	2	
<i>metronidazole external gel 0.75 %</i>	2	
<i>metronidazole external lotion 0.75 %</i>	2	
PANRETIN EXTERNAL GEL 0.1 %	5	QL (60 GM per 30 days)
PICATO EXTERNAL GEL 0.015 %	3	QL (3 EA per 30 days)
PICATO EXTERNAL GEL 0.05 %	3	QL (2 EA per 30 days)
<i>podofilox external solution 0.5 %</i>	3	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	2	
PROCTO-PAK EXTERNAL CREAM 1 %	2	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	2	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	2	
RECTIV RECTAL OINTMENT 0.4 %	4	QL (30 GM per 30 days)
ROSADAN EXTERNAL CREAM 0.75 %	2	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	4	QL (100 GM per 30 days)

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Drug Name	Drug Tier	Requirement/Limits
TARGRETIN EXTERNAL GEL 1 %	5	PA NS; QL (60 GM per 30 days)
VALCHLOR EXTERNAL GEL 0.016 %	5	PA NS; LA; QL (60 GM per 30 days)
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>malathion external lotion 0.5 %</i>	4	
<i>permethrin external cream 5 %</i>	3	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGRANEX EXTERNAL GEL 0.01 %	5	QL (30 GM per 30 days)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sterile water for irrigation irrigation solution</i>	2	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl oral capsule 30 mg</i>	4	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
CLINPRO 5000 DENTAL PASTE 1.1 %	2	
<i>clotrimazole mouth/throat troche 10 mg</i>	3	QL (150 EA per 30 days)
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	2	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	2	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	
PAROEX MOUTH/THROAT SOLUTION 0.12 %	1	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	3	
<i>sf 5000 plus dental cream 1.1 %</i>	2	
<i>sf dental gel 1.1 %</i>	2	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	
<b>OTIC</b>		
<i>acetic acid otic solution 2 %</i>	2	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	2	
FLAC OTIC OIL 0.01 %	4	
<i>fluocinolone acetonide otic oil 0.01 %</i>	4	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	2	
<i>ofloxacin otic solution 0.3 %</i>	3	

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**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-248-6522 (TTY: 711).

**تنبيه:** إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. اتصل برقم 1-888-248-6522 (رقم هاتف الصم والبكم: 711)

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-248-6522 (ATS : 711).

**خبردار:** اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں. 1-888-248-6522 (TTY: 711).

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-248-6522 (TTY: 711).

**ΠΡΟΣΟΧΗ:** Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-888-248-6522 (TTY: 711)

**KUJDES:** Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-248-6522 (TTY: 711)

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This formulary was updated on 8/2/2021. For more recent information or other questions, please contact the Pharmacy Customer Care Center at 1-866-289-2319. TTY users should call 711. A representative is available 24 hours a day, seven days a week. CDPHP Pharmacy Customer Care Center hours are 8 a.m.–8 p.m., Monday–Friday. Calls will be handled by CVS Caremark after hours, on weekends, and on federal holidays. Or, visit <http://www.cdphp.com>.

CDPHP® Medicare Advantage Group Drug Plans



**A plan for life.**

CDPHP Group Medicare Rx (HMO)

CDPHP Group Medicare Rx (PPO)

Plans with Five-Tier Enhanced Pharmacy Coverage

# 2021 Enhanced Drug Formulary

(Sample List of Covered Non-Part D Drugs)

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

**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.

This document includes a partial formulary as of August 1, 2021. This is not a complete list of Non-Part D drugs covered by the plan. For an up-to-date list, please call member services at (518) 641-3950 or 1-888-248-6522. TTY/TDD users may call 711. Our hours are 8 a.m.–8 p.m. seven days a week, October 1–March 31. From April 1–September 30, Monday–Friday, our hours are 8 a.m.–8 p.m. A voice messaging service is used weekends, after-hours, and federal holidays. Calls will be returned within one business day. Or, visit <http://www.cdphp.com>.

Last updated: 08/2021

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The 2021 Enhanced Drug Formulary is applicable to the CDPHP® Medicare Advantage Group Drug Plans with five-tier enhanced prescription drug riders. Our plans, offered by the Capital District Physicians' Health Plan, Inc. and CDPHP Universal Benefits,® Inc. (referred to collectively herein as CDPHP), are health plans with a Medicare contract. Enrollment in CDPHP Medicare Advantage depends on contract renewal.

## What Is The Enhanced Formulary?

The enhanced formulary includes additional coverage for select non-Part D prescription drugs in the following categories: drugs used for anorexia, weight loss, or weight gain; drugs used to promote fertility; drugs used for the symptomatic relief of cough or colds; prescription vitamins and mineral products; certain drugs when used for the treatment of sexual or erectile dysfunction; and certain drugs (labeled DESI drugs) identified by the FDA that lack substantial evidence of effectiveness and are subject by the FDA to a Notice of Opportunity for Hearing (NOOH). The enhanced formulary also includes coverage for several non-prescription, Over the Counter (OTC) drugs that are not covered under Part D.

Devices and drugs used for cosmetic purposes are not covered on this enhanced formulary.

## Can The Enhanced Formulary Change?

The prescription drug categories covered on the enhanced formulary are reviewed by the CDPHP Pharmacy and Therapeutics (P&T) committee. The P&T committee's primary purpose is to ensure that the most clinically appropriate and cost-effective drugs will be available on the formulary. The tier of the drugs on the enhanced formulary may change as a result of the P&T meetings.

## How Do I Use The Enhanced Formulary Drug List?

The following drug list is a sample of drugs covered on the enhanced formulary. This drug list is not inclusive nor does it guarantee coverage. For more information, please call member services.

CDPHP Medicare Advantage Group Drug Plans cover 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.

The drugs are listed in alphabetical order. Brand-name drugs are capitalized (e.g., XENICAL) and generic drugs are listed in lower-case italics (e.g., *benzonatate*). The drug tier is listed to the right of each drug. If a restriction (PA, QL) applies to any of the drugs on the enhanced formulary drug list, this will be noted to the right of the tier information.

Please see your *Rider for Group Medicare Enhanced Pharmacy Coverage* for specific drug tier copayment/coinsurance, initial coverage limit, coverage gap, and/or deductible information.

If you do not see your non-Part D drug listed here, please call member services at (518) 641-3950 or 1-888-248-6522 to find out your drug's coverage tier and any applicable restrictions. TTY/TDD users may call 711. Our hours are 8 a.m.–8 p.m. seven days a week, October 1–March 31. From April 1–September 30, Monday–Friday, our hours are 8 a.m.–8 p.m. A voice messaging service is used weekends, after-hours, and federal holidays. Calls will be returned within one business day. Or, visit <http://www.cdphp.com>.

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## Are There Any Other Restrictions On Coverage?

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

**Prior Authorization (PA):** CDPHP Medicare Advantage Group Drug Plans require you 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, CDPHP Medicare Advantage Group Drug Plans may not cover the drug.

**Quantity Limits (QL):** For certain drugs, CDPHP Medicare Advantage Group Drug Plans limit the amount of the drug that will be covered.

You can ask CDPHP to make an exception to these restrictions or limits by having your physician submit a statement supporting your request. Generally, we must make our decision within 72 hours of your request.

## For More Information

For more detailed information about your CDPHP Medicare Advantage Group Drug Plan enhanced prescription drug coverage, please review your *Evidence of Coverage, Rider for Group Medicare Enhanced Pharmacy Coverage*, and other plan materials.

If you have questions about your CDPHP Medicare Advantage Group Drug Plan, please call member services at (518) 641-3950 or 1-888-248-6522. TTY/TDD users may call 711. Our hours are 8 a.m.–8 p.m. seven days a week, October 1–March 31. From April 1–September 30, Monday–Friday, our hours are 8 a.m.–8 p.m. A voice messaging service is used weekends, after-hours, and federal holidays. Calls will be returned within one business day. Or, visit <http://www.cdphp.com>.

## 2021 Enhanced Drug Formulary

Drug	Tier	Restriction
ANALPRAM HC 2.5%-1% CREAM	Tier 4	
<i>B-complex w/C and folic acid 1mg (various products)</i>	Tier 2	
<i>B-complex w/C and folic acid 5mg (various products)</i>	Tier 2	
<i>benzonatate cap</i>	Tier 2	
<i>bromfed-DM syrup</i>	Tier 2	
CAVERJECT	Tier 4	QL+

OTC Over the counter.

QL 30 tablets/capsules per 30 days.

QL+ 6 units per 30 days; limited to males 18 years of age or older; cumulative by class.

QL^ 4 tablets/capsules per 30 days; limited to males 18 years of age or older; cumulative by class.

PA Prior Authorization Required.

QL\*PA Coverage limited to 6 cycles, alone or in any combination, to achieve pregnancy. Infertility drugs resulting in a live birth, or an established pregnancy (fetal heart rate is detected) resulting in a miscarriage, will renew the six cycle limit.

<b>Drug</b>	<b>Tier</b>	<b>Restriction</b>
CETROTIDE	Tier 3	QL*PA
<i>chlordiazepoxide/clidinium</i>	Tier 2	
<i>clomiphene citrate (for female infertility)</i>	Tier 2	
CRINONE	Tier 3	QL*PA
CONTRACE TAB	Tier 4	PA
<i>cyanocobalamin injection (B-12)</i>	Tier 2	
DAILYVITE TAB ZINC	Tier 4	
<i>diethylpropion tab, er tab</i>	Tier 2	PA
EDEX	Tier 4	QL+
ENDOMETRIN	Tier 4	QL*PA
<i>ergocalciferol (D2)</i>	Tier 2	
<i>esomeprazole magnesium delayed release caps 20mg OTC</i>	Tier 1	
<i>esterified estrogens/methyltestosterone (various products)</i>	Tier 2	
<i>ferrex forte plus 150</i>	Tier 3	
<i>folic acid 1 mg</i>	Tier 2	
<i>folic acid/pyridoxine/cyanocobalamin tab 2.5-25-2mg (various products)</i>	Tier 2	
<i>folic acid/vit B6/vit B12 tab 2.2-25-0.5mg (various products)</i>	Tier 2	
FOLLISTIM AQ	Tier 3	QL*PA
GANIRELIX	Tier 3	QL*PA
GONAL-F, GONAL-F RFF	Tier 3	QL*PA
<i>guaifenesin/codeine syrup (various products)</i>	Tier 2	
<i>hydrocodone/chlorpheniramine suspension</i>	Tier 2	
<i>hydrocodone/homatropine (various products)</i>	Tier 2	
<i>hydrocortisone acetate suppository (various products)</i>	Tier 2	
<i>hydrocortisone 1%/iodoquinol 1% cream (various products)</i>	Tier 2	
<i>hydroxycobalamin inj 1000mcg/ml</i>	Tier 2	
<i>hyoscyamine hcl ER tab 0.375mg (various products)</i>	Tier 2	
<i>lansoprazole delayed release caps 15mg OTC</i>	Tier 1	
MENOPUR	Tier 3	QL*PA
MEPHYTON	Tier 3	
MUSE	Tier 4	QL+
NEPHPLEX RX TAB	Tier 4	
NEPHROCAPS	Tier 4	
NEPHRO-VITE RX	Tier 4	
NEXIUM 24HR CAP 20MG OTC	Tier 1	

OTC Over the counter.

QL 30 tablets/capsules per 30 days.

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QL^ 4 tablets/capsules per 30 days; limited to males 18 years of age or older; cumulative by class.

PA Prior Authorization Required.

QL\*PA Coverage limited to 6 cycles, alone or in any combination, to achieve pregnancy. Infertility drugs resulting in a live birth, or an established pregnancy (fetal heart rate is detected) resulting in a miscarriage, will renew the six cycle limit.



<b>Drug</b>	<b>Tier</b>	<b>Restriction</b>
NEXIUM 24HR TAB 20MG OTC	Tier 1	
<i>nitroglycerin caps</i>	Tier 2	
<i>omeprazole-sodium bicarbonate caps 20-1100mg OTC</i>	Tier 1	
OVIDREL	Tier 3	QL*PA
<i>phenazopyridine tab</i>	Tier 2	
<i>phentermine tabs/caps</i>	Tier 2	PA
<i>polyethylene glycol 3350 (generic Miralax)</i>	Tier 2	
<i>promethazine DM syrup</i>	Tier 2	
<i>promethazine w/codeine syrup</i>	Tier 2	
<i>promethazine VC w/codeine syrup</i>	Tier 2	
PRAMOXINE-HC CREAM 1%-2.5%	Tier 2	
PREVACID 24HR CAP 15MG OTC	Tier 1	
QSYMIA	Tier 4	PA
SAXENDA	Tier 4	PA
<i>sildenafil 25mg, 50mg, 100mg</i>	Tier 4	QL^
<i>sodium sulfacetamide/sulfur emulsion 10%/5%</i>	Tier 2	
<i>sodium sulfacetamide/sulfur 10%/5% cream, lotion</i>	Tier 2	
SSKI	Tier 4	
<i>tadalafil (for erectile dysfunction) 2.5mg, 5mg, 10mg, 20mg</i>	Tier 4	QL^
<i>vardeafil 2.5mg, 5mg, 10mg, 20mg</i>	Tier 4	QL^
<i>vardeafil odt 10mg tab</i>	Tier 4	QL^
<i>vitamin d caps 50,000 units</i>	Tier 2	
WEGOVY	Tier 4	PA
XENICAL	Tier 3	PA
ZEGERID CAPS 20-1100MG OTC	Tier 1	

OTC Over the counter.

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QL^ 4 tablets/capsules per 30 days; limited to males 18 years of age or older; cumulative by class.

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Capital District Physicians' Health Plan, Inc.  
CDPHP Universal Benefits,<sup>®</sup> Inc.  
500 Patroon Creek Boulevard, Albany, NY 12206-1057  
(518) 641-3950 or 1-888-248-6522  
<http://www.cdphp.com>