CareFirst
Family of health care plans

CareFirst Formulary 2

2021

This formulary is for members of an employer group with 51 or more employees OR individuals or families who have a "grandfathered" plan (purchased before the March 23, 2010 Affordable Care Act date). For your specific prescription benefit plan information, log into your account at carefirst.com.

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

Last updated 12/01/2021—For Fully-Insured Plans Only

Introduction

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

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

Using Your Formulary

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
ADDERALL TAB 5MG	3	PA, QL (120 tabs / month); MNPA
ADDERALL TAB 7.5MG	3	PA, QL (120 tabs / month); MNPA
ADDERALL TAB 10MG	3	PA, QL (120 tabs / month); MNPA
ADDERALL TAB 12.5MG	3	PA, QL (120 tabs / month); MNPA
ADDERALL TAB 15MG	3	PA, QL (60 tabs / month); MNPA
ADDERALL TAB 20MG	3	PA, QL (60 tabs / month); MNPA
ADDERALL TAB 30MG	3	PA, QL (30 tabs / month); MNPA
ADDERALL XR CAP 5MG	1	QL (120 caps / month); Tier 1 with DAW9
ADDERALL XR CAP 10MG	1	QL (120 caps / month); Tier 1 with DAW9
ADDERALL XR CAP 15MG	1	QL (30 caps / month); Tier 1 with DAW9
ADDERALL XR CAP 20MG	1	QL (30 caps / month); Tier 1 with DAW9
ADDERALL XR CAP 25MG	1	QL (30 caps / month); Tier 1 with DAW9
ADDERALL XR CAP 30MG	1	QL (30 caps / month); Tier 1 with DAW9
ADZENYS ER SUS 1.25MG	3	PA, QL (540 mL / month); MNPA
ADZENYS XR TAB 3.1MG	3	PA, QL (60 ea / month); MNPA
ADZENYS XR TAB 6.3MG	3	PA, QL (60 ea / month); MNPA
ADZENYS XR TAB 9.4MG	3	PA, QL (60 ea / month); MNPA
ADZENYS XR TAB 12.5MG	3	PA, QL (30 ea / month); MNPA
ADZENYS XR TAB 15.7 MG	3	PA, QL (30 ea / month); MNPA
ADZENYS XR TAB 18.8MG	3	PA, QL (30 ea / month); MNPA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
amphetamine extended release susp 1.25 mg/ml	1	QL (540 mL / month)
amphetamine sulfate tab 5 mg	1	QL (150 tabs / month)
amphetamine sulfate tab 10 mg	1	QL (150 tabs / month)
amphetamine-dextroamphetamine tab 5 mg	1	QL (120 tabs / month)
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (120 tabs / month)
amphetamine-dextroamphetamine tab 10 mg	1	QL (120 tabs / month)
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (120 tabs / month)
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs / month)
amphetamine-dextroamphetamine tab 20 mg	1	QL (60 tabs / month)
amphetamine-dextroamphetamine tab 30 mg	1	QL (30 tabs / month)
DESOXYN TAB 5MG	3	QL (180 tabs / month)
DEXEDRINE CAP 5MG CR	3	QL (150 caps / month)
DEXEDRINE CAP 10MG CR	3	QL (150 caps / month)
DEXEDRINE CAP 15MG CR	3	QL (60 caps / month)
dextroamphetamine sulfate cap er 24hr 5 mg	1	QL (150 caps / month)
dextroamphetamine sulfate cap er 24hr 10 mg	1	QL (150 caps / month)
dextroamphetamine sulfate cap er 24hr 15 mg	1	QL (60 caps / month)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	QL (1440 mL / month)
dextroamphetamine sulfate tab 2.5 mg	1	QL (150 tabs / month)
dextroamphetamine sulfate tab 5 mg	1	QL (150 tabs / month)
dextroamphetamine sulfate tab 7.5 mg	1	QL (150 tabs / month)
dextroamphetamine sulfate tab 10 mg	1	QL (150 tabs / month)
dextroamphetamine sulfate tab 15 mg	1	QL (60 tabs / month)
dextroamphetamine sulfate tab 20 mg	1	QL (60 tabs / month)
dextroamphetamine sulfate tab 30 mg	1	QL (30 tabs / month)
DYANAVEL XR SUS 2.5MG/ML	3	QL (300 mL / month)
EVEKEO ODT TAB 5MG	3	PA, QL (150 tabs / month); MNPA
EVEKEO ODT TAB 10MG	3	PA, QL (150 tabs / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
EVEKEO ODT TAB 15MG	3	PA, QL (60 tabs / month); MNPA
EVEKEO ODT TAB 20MG	3	PA, QL (60 tabs / month); MNPA
EVEKEO TAB 5MG	3	PA, QL (150 tabs / month); MNPA
EVEKEO TAB 10MG	3	PA, QL (150 tabs / month); MNPA
methamphetamine hcl tab 5 mg	1	QL (180 tabs / month)
MYDAYIS CAP 12.5MG	2	QL (60 caps / month)
MYDAYIS CAP 25MG	2	QL (60 caps / month)
MYDAYIS CAP 37.5MG	2	QL (30 caps / month)
MYDAYIS CAP 50MG	2	QL (30 caps / month)
VYVANSE CAP 10MG	2	QL (60 caps / month)
VYVANSE CAP 20MG	2	QL (60 caps / month)
VYVANSE CAP 30MG	2	QL (60 caps / month)
VYVANSE CAP 40MG	2	QL (30 caps / month)
VYVANSE CAP 50MG	2	QL (30 caps / month)
VYVANSE CAP 60MG	2	QL (30 caps / month)
VYVANSE CAP 70MG	2	QL (30 caps / month)
VYVANSE CHW 10MG	2	QL (60 tabs / month)
VYVANSE CHW 20MG	2	QL (60 tabs / month)
VYVANSE CHW 30MG	2	QL (60 tabs / month)
VYVANSE CHW 40MG	2	QL (30 tabs / month)
VYVANSE CHW 50MG	2	QL (30 tabs / month)
VYVANSE CHW 60MG	2	QL (30 tabs / month)
ZENZEDI TAB 2.5MG	3	PA, QL (150 tabs / month); MNPA
ZENZEDI TAB 7.5MG	3	PA, QL (150 tabs / month); MNPA
ZENZEDI TAB 15MG	3	PA, QL (60 tabs / month); MNPA
ZENZEDI TAB 20MG	3	PA, QL (60 tabs / month); MNPA
ZENZEDI TAB 30MG	3	PA, QL (30 tabs / month); MNPA
ANALEPTICS		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1	
ANTI-OBESITY AGENTS		
WEGOVY INJ 0.5MG	3	Coverage is subject to your plan/benefits

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
WEGOVY INJ 0.25MG	3	Coverage is subject to your plan/benefits
WEGOVY INJ 1.7MG	3	Coverage is subject to your plan/benefits
WEGOVY INJ 1MG	3	Coverage is subject to your plan/benefits
WEGOVY INJ 2.4MG	3	Coverage is subject to your plan/benefits
ANTIOBESITY AGENTS, INJECTABLE		
SAXENDA INJ 18MG/3ML	2	Coverage is subject to your plan/benefits
ANTIOBESITY AGENTS, ORAL		
ADIPEX-P CAP 37.5MG	3	Coverage is subject to your plan/benefits
ADIPEX-P TAB 37.5MG	3	Coverage is subject to your plan/benefits
benzphetamine hcl tab 25 mg	1	Coverage is subject to your plan/benefits
benzphetamine hcl tab 50 mg	1	Coverage is subject to your plan/benefits
diethylpropion hcl tab 25 mg	1	Coverage is subject to your plan/benefits
diethylpropion hcl tab er 24hr 75 mg	1	Coverage is subject to your plan/benefits
phendimetrazine tartrate cap er 24hr 105 mg	1	Coverage is subject to your plan/benefits
phendimetrazine tartrate tab 35 mg	1	Coverage is subject to your plan/benefits
phentermine hcl cap 15 mg	1	Coverage is subject to your plan/benefits
phentermine hcl cap 30 mg	1	Coverage is subject to your plan/benefits
phentermine hcl cap 37.5 mg	1	Coverage is subject to your plan/benefits
phentermine hcl tab 37.5 mg	1	Coverage is subject to your plan/benefits
QSYMIA CAP 3.75-23	2	Coverage is subject to your plan/benefits
QSYMIA CAP 7.5-46MG	2	Coverage is subject to your plan/benefits
QSYMIA CAP 11.25-69	2	Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
QSYMIA CAP 15-92MG	2	Coverage is subject to your plan/benefits
REGIMEX TAB 25MG	3	Coverage is subject to your plan/benefits
XENICAL CAP 120MG	3	PA; MNPA; Coverage is subject to your plan/benefits
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl cap 10 mg (base equiv)	1	QL (150 caps / month)
atomoxetine hcl cap 18 mg (base equiv)	1	QL (150 caps / month)
atomoxetine hcl cap 25 mg (base equiv)	1	QL (150 caps / month)
atomoxetine hcl cap 40 mg (base equiv)	1	QL (60 caps / month)
atomoxetine hcl cap 60 mg (base equiv)	1	QL (30 caps / month)
atomoxetine hcl cap 80 mg (base equiv)	1	QL (30 caps / month)
atomoxetine hcl cap 100 mg (base equiv)	1	QL (30 caps / month)
clonidine hcl tab er 12hr 0.1 mg	1	
guanfacine hcl tab er 24hr 1 mg (base equiv)	1	
guanfacine hcl tab er 24hr 2 mg (base equiv)	1	
guanfacine hcl tab er 24hr 3 mg (base equiv)	1	
guanfacine hcl tab er 24hr 4 mg (base equiv)	1	
INTUNIV TAB 1MG	3	PA; MNPA
INTUNIV TAB 2MG	3	PA; MNPA
INTUNIV TAB 3MG	3	PA; MNPA
INTUNIV TAB 4MG	3	PA; MNPA
KAPVAY TAB 0.1 MG	3	
QELBREE CAP 100MG ER	3	
QELBREE CAP 150MG ER	3	
QELBREE CAP 200MG ER	3	
STRATTERA CAP 10MG	3	QL (150 caps / month)
STRATTERA CAP 18MG	3	QL (150 caps / month)
STRATTERA CAP 25MG	3	QL (150 caps / month)
STRATTERA CAP 40MG	3	QL (60 caps / month)
STRATTERA CAP 60MG	3	QL (30 caps / month)
STRATTERA CAP 80MG	3	QL (30 caps / month)
STRATTERA CAP 100MG	3	QL (30 caps / month)

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Drug Name	Drug Tier	Requirements/Limits
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG	2	
SUNOSI TAB 150MG	2	
STIMULANTS - MISC.		
ADHANSIA XR CAP 25MG	3	PA, QL (60 caps / month); MNPA
ADHANSIA XR CAP 35MG	3	PA, QL (60 caps / month); MNPA
ADHANSIA XR CAP 45MG	3	PA, QL (60 caps / month); MNPA
ADHANSIA XR CAP 55MG	3	PA, QL (30 caps / month); MNPA
ADHANSIA XR CAP 70MG	3	PA, QL (30 caps / month); MNPA
ADHANSIA XR CAP 85MG	3	PA, QL (30 caps / month); MNPA
APTENSIO XR CAP 10MG	3	PA, QL (60 caps / month); MNPA
APTENSIO XR CAP 15MG	3	PA, QL (60 caps / month); MNPA
APTENSIO XR CAP 20MG	3	PA, QL (60 caps / month); MNPA
APTENSIO XR CAP 30MG	3	PA, QL (60 caps / month); MNPA
APTENSIO XR CAP 40MG	3	PA, QL (30 caps / month); MNPA
APTENSIO XR CAP 50MG	3	PA, QL (30 caps / month); MNPA
APTENSIO XR CAP 60MG	3	PA, QL (30 caps / month); MNPA
armodafinil tab 50 mg	1	PA, QL (60 TABLETS PER 30 DAYS)
armodafinil tab 150 mg	1	PA, QL (30 TABLETS PER 30 DAYS)
armodafinil tab 200 mg	1	PA, QL (30 TABLETS PER 30 DAYS)
armodafinil tab 250 mg	1	PA, QL (30 TABLETS PER 30 DAYS)
CONCERTA TAB 18MG	1	QL (60 tabs / month); Tier 1 with DAW9

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Drug Name	Drug Tier	Requirements/Limits
CONCERTA TAB 27MG	1	QL (60 tabs / month); Tier 1 with DAW9
CONCERTA TAB 36MG	1	QL (60 tabs / month); Tier 1 with DAW9
CONCERTA TAB 54MG	1	QL (30 tabs / month); Tier 1 with DAW9
COTEMPLA TAB 8.6MG	3	PA, QL (60 ea / month); MNPA
COTEMPLA TAB 17.3MG	3	PA, QL (60 ea / month); MNPA
COTEMPLA TAB 25.9MG	3	PA, QL (60 ea / month); MNPA
DAYTRANA DIS 10MG/9HR	3	PA, QL (30 patches / month); MNPA
DAYTRANA DIS 15MG/9HR	3	PA, QL (30 patches / month); MNPA
DAYTRANA DIS 20MG/9HR	3	PA, QL (30 patches / month); MNPA
DAYTRANA DIS 30MG/9HR	3	PA, QL (30 patches / month); MNPA
dexmethylphenidate hcl cap er 24 hr 5 mg	1	QL (60 caps / month)
dexmethylphenidate hcl cap er 24 hr 5 mg	1	PA, QL (60 caps / month); MNPA
dexmethylphenidate hcl cap er 24 hr 10 mg	1	QL (60 caps / month)
dexmethylphenidate hcl cap er 24 hr 10 mg	1	PA, QL (60 caps / month); MNPA
dexmethylphenidate hcl cap er 24 hr 15 mg	1	QL (60 caps / month)
dexmethylphenidate hcl cap er 24 hr 15 mg	1	PA, QL (60 caps / month); MNPA
dexmethylphenidate hcl cap er 24 hr 20 mg	1	QL (60 caps / month)
dexmethylphenidate hcl cap er 24 hr 20 mg	1	PA, QL (60 caps / month); MNPA
dexmethylphenidate hcl cap er 24 hr 25 mg	1	QL (30 caps / month)
dexmethylphenidate hcl cap er 24 hr 25 mg	1	PA, QL (30 caps / month); MNPA
dexmethylphenidate hcl cap er 24 hr 30 mg	1	QL (30 caps / month)
dexmethylphenidate hcl cap er 24 hr 30 mg	1	PA, QL (30 caps / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
dexmethylphenidate hcl cap er 24 hr 35 mg	1	QL (30 caps / month)
dexmethylphenidate hcl cap er 24 hr 35 mg	1	PA, QL (30 caps / month); MNPA
dexmethylphenidate hcl cap er 24 hr 40 mg	1	QL (30 caps / month)
dexmethylphenidate hcl cap er 24 hr 40 mg	1	PA, QL (30 caps / month); MNPA
dexmethylphenidate hcl tab 2.5 mg	1	QL (150 tabs / month)
dexmethylphenidate hcl tab 5 mg	1	QL (150 tabs / month)
dexmethylphenidate hcl tab 10 mg	1	QL (60 tabs / month)
FOCALIN TAB 2.5MG	3	QL (150 tabs / month)
FOCALIN TAB 5MG	3	QL (150 tabs / month)
FOCALIN TAB 10MG	3	QL (60 tabs / month)
FOCALIN XR CAP 5MG	3	PA, QL (60 caps / month); MNPA
FOCALIN XR CAP 10MG	3	PA, QL (60 caps / month); MNPA
FOCALIN XR CAP 15MG	3	PA, QL (60 caps / month); MNPA
FOCALIN XR CAP 20MG	3	PA, QL (60 caps / month); MNPA
FOCALIN XR CAP 25MG	3	PA, QL (30 caps / month); MNPA
FOCALIN XR CAP 30MG	3	PA, QL (30 caps / month); MNPA
FOCALIN XR CAP 35MG	3	PA, QL (30 caps / month); MNPA
FOCALIN XR CAP 40MG	3	PA, QL (30 caps / month); MNPA
JORNAY PM CAP 20MG ER	3	PA, QL (60 caps / month); MNPA
JORNAY PM CAP 40MG ER	3	PA, QL (60 caps / month); MNPA
JORNAY PM CAP 60MG ER	3	PA, QL (30 caps / month); MNPA
JORNAY PM CAP 80MG ER	3	PA, QL (30 caps / month); MNPA
JORNAY PM CAP 100MG ER	3	PA, QL (30 caps / month); MNPA
METHYLIN SOL 5MG/5ML	3	QL (2160 mL / month)
METHYLIN SOL 10MG/5ML	3	QL (1080 mL / month)
METHYLPHENID TAB 72MG ER	3	QL (30 tabs / month)

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Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl cap er 10 mg (cd)	1	QL (60 caps / month)
methylphenidate hcl cap er 20 mg (cd)	1	QL (60 caps / month)
methylphenidate hcl cap er 24hr 10 mg (la)	1	QL (60 caps / month)
methylphenidate hcl cap er 24hr 10 mg (xr)	1	QL (60 caps / month)
methylphenidate hcl cap er 24hr 15 mg (xr)	1	QL (60 caps / month)
methylphenidate hcl cap er 24hr 20 mg (la)	1	QL (60 caps / month)
methylphenidate hcl cap er 24hr 20 mg (xr)	1	QL (60 caps / month)
methylphenidate hcl cap er 24hr 30 mg (la)	1	QL (60 caps / month)
methylphenidate hcl cap er 24hr 30 mg (xr)	1	QL (60 caps / month)
methylphenidate hcl cap er 24hr 40 mg (la)	1	QL (30 caps / month)
methylphenidate hcl cap er 24hr 40 mg (xr)	1	QL (30 caps / month)
methylphenidate hcl cap er 24hr 50 mg (xr)	1	QL (30 caps / month)
methylphenidate hcl cap er 24hr 60 mg (la)	1	QL (30 caps / month)
methylphenidate hcl cap er 24hr 60 mg (xr)	1	QL (30 caps / month)
methylphenidate hcl cap er 30 mg (cd)	1	QL (60 caps / month)
methylphenidate hcl cap er 40 mg (cd)	1	QL (30 TABLETS PER month)
methylphenidate hcl cap er 50 mg (cd)	1	QL (30 caps / month)
methylphenidate hcl cap er 60 mg (cd)	1	QL (30 caps / month)
methylphenidate hcl chew tab 2.5 mg	1	QL (210 tabs / month)
methylphenidate hcl chew tab 5 mg	1	QL (210 tabs / month)
methylphenidate hcl chew tab 10 mg	1	QL (210 tabs / month)
methylphenidate hcl soln 5 mg/5ml	1	QL (2160 mL / month)
methylphenidate hcl soln 10 mg/5ml	1	QL (1080 mL / month)
methylphenidate hcl tab 5 mg	1	QL (210 tabs / month)
methylphenidate hcl tab 10 mg	1	QL (210 tabs / month)
methylphenidate hcl tab 20 mg	1	QL (120 tabs / month)
methylphenidate hcl tab er 10 mg	1	QL (120 tabs / month)
methylphenidate hcl tab er 20 mg	1	QL (120 tabs / month)

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Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl tab er 24hr 18 mg	1	PA, QL (60 tabs / month); MNPA
methylphenidate hcl tab er 24hr 27 mg	1	PA, QL (60 tabs / month); MNPA
methylphenidate hcl tab er 24hr 36 mg	1	PA, QL (60 tabs / month); MNPA
methylphenidate hcl tab er 24hr 54 mg	1	PA, QL (60 tabs / month); MNPA
modafinil tab 100 mg	1	PA, QL (60 TABLETS PER 30 DAYS)
modafinil tab 200 mg	1	PA, QL (60 TABLETS PER 30 DAYS)
NUVIGIL TAB 50MG	3	PA, QL (60 TABLETS PER 30 DAYS); MNPA
NUVIGIL TAB 150MG	3	PA, QL (30 TABLETS PER 30 DAYS); MNPA
NUVIGIL TAB 200MG	3	PA, QL (30 TABLETS PER 30 DAYS); MNPA
NUVIGIL TAB 250MG	3	PA, QL (30 TABLETS PER 30 DAYS); MNPA
PROVIGIL TAB 100MG	3	PA, QL (60 TABLETS PER 30 DAYS); MNPA
PROVIGIL TAB 200MG	3	PA, QL (60 TABLETS PER 30 DAYS); MNPA
QUILLICHEW CHW 20MG ER	3	QL (60 tabs / month)
QUILLICHEW CHW 30MG ER	3	QL (60 tabs / month)
QUILLICHEW CHW 40MG ER	3	QL (30 tabs / month)
QUILLIVANT SUS 25MG/5ML	3	QL (420 mL / month)
RELEXXII TAB 72MG	3	PA, QL (30 tabs / month); MNPA
RITALIN LA CAP 10MG	3	QL (60 caps / month)
RITALIN LA CAP 20MG	3	QL (60 caps / month)
RITALIN LA CAP 30MG	3	QL (60 caps / month)
RITALIN LA CAP 40MG	3	QL (30 caps / month)
RITALIN TAB 5MG	3	QL (210 tabs / month)
RITALIN TAB 10MG	3	QL (210 tabs / month)
RITALIN TAB 20MG	3	QL (120 tabs / month)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

ORALAIR SUB 300 IR	2	
PALFORZIA CAP ESCALAT	3	PA; MNPA
PALFORZIA CAP LEVEL 1	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
PALFORZIA CAP LEVEL 2	3	PA; MNPA
PALFORZIA CAP LEVEL 3	3	PA; MNPA
PALFORZIA CAP LEVEL 4	3	PA; MNPA
PALFORZIA CAP LEVEL 5	3	PA; MNPA
PALFORZIA CAP LEVEL 6	3	PA; MNPA
PALFORZIA CAP LEVEL 7	3	PA; MNPA
PALFORZIA CAP LEVEL 8	3	PA; MNPA
PALFORZIA CAP LEVEL 9	3	PA; MNPA
PALFORZIA CAP LEVEL 10	3	PA; MNPA
PALFORZIA POW LEVEL 11	3	PA; MNPA
AMEBICIDES		
AMEBICIDES		
SOLOSEC GRA 2GM	3	PA; MNPA
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
ARIKAYCE SUS	3	PA
BETHKIS NEB 300/4ML	2	PA, QL (56 AMPULES PER 28 DAYS)
KITABIS PAK NEB 300/5ML	3	PA, QL (56 AMPULES PER 28 DAYS); MNPA
neomycin sulfate tab 500 mg	1	
paromomycin sulfate cap 250 mg	1	
tobramycin nebu soln 300 mg/4ml	1	PA, QL (56 AMPULES PER 28 DAYS)
tobramycin nebu soln 300 mg/5ml	1	PA, QL (56 AMPULES PER 28 DAYS); MNPA
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ 10/0.1ML	2	PA, QL (2 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJ 20/0.2ML	2	PA, QL (2 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA INJ 40/0.4ML	2	PA, QL (4 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA KIT 40MG/0.8	2	PA, QL (6 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEDIA INJ CROHNS	2	PA, QL (3 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJ 40/0.4ML	2	PA, QL (4 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ 40MG/0.8	2	PA, QL (4 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ 80/0.8ML	2	PA, QL (3 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ CD/UC/HS	2	PA, QL (4 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJ PS/UV	2	PA, QL (4 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN KIT CD/UC/HS	2	PA, QL (3 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN KIT PED UC	2	PA, QL (4 PENS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN KIT PS/UV	2	PA, QL (3 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TAB 15MG ER	2	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ SOL 1MG/ML	2	PA, QL (240ML PER 24 DAYS)
XELJANZ TAB 5MG	2	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ TAB 10MG	2	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TAB 11MG	2	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ XR TAB 22MG	2	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO INJ 7.5MG	2	PA, QL (4 inj per 28 days)
RASUVO INJ 10MG	2	PA, QL (4 inj per 28 days)
RASUVO INJ 12.5MG	2	PA, QL (4 inj per 28 days)
RASUVO INJ 15MG	2	PA, QL (4 inj per 28 days)
RASUVO INJ 17.5MG	2	PA, QL (4 inj per 28 days)
RASUVO INJ 20MG	2	PA, QL (4 inj per 28 days); MNPA
RASUVO INJ 22.5MG	2	PA, QL (4 inj per 28 days)
RASUVO INJ 25MG	2	PA, QL (4 inj per 28 days)
RASUVO INJ 30MG	2	PA, QL (4 inj per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
REDITREX INJ 7.5/.3ML	3	PA, QL (4 SYRINGES PER 28 DAYS); MNPA
REDITREX INJ 10/.4ML	3	PA, QL (4 SYRINGES PER 28 DAYS); MNPA
REDITREX INJ 12.5/0.5	3	PA, QL (4 SYRINGES PER 28 DAYS); MNPA
REDITREX INJ 15/.6ML	3	PA, QL (4 SYRINGES PER 28 DAYS); MNPA
REDITREX INJ 17.5/0.7	3	PA, QL (4 SYRINGES PER 28 DAYS); MNPA
REDITREX INJ 20/.8ML	3	PA, QL (4 SYRINGES PER 28 DAYS); MNPA
REDITREX INJ 22.5/0.9	3	PA, QL (4 SYRINGES PER 28 DAYS); MNPA
REDITREX INJ 25MG/ML	3	PA, QL (4 SYRINGES PER 28 DAYS); MNPA
GOLD COMPOUNDS		
RIDAURA CAP 3MG	3	
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ 220MG	3	PA, QL (8 VIALS PER 28 DAYS)
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ 150/1.14	2	PA, QL (2 SYRINGES PER 4 WEEKS); Must try 2 preferred agents for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 200/1.14	2	PA, QL (2 SYRINGES PER 4 WEEKS); Must try 2 preferred agents for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ARTHROTEC 50 TAB	3	PA; MNPA
ARTHROTEC 75 TAB	3	PA; MNPA
CELEBREX CAP 50MG	3	PA; MNPA
CELEBREX CAP 100MG	3	PA; MNPA
CELEBREX CAP 200MG	3	PA; MNPA
CELEBREX CAP 400MG	3	PA; MNPA
celecoxib cap 50 mg	1	
celecoxib cap 100 mg	1	
celecoxib cap 200 mg	1	
celecoxib cap 400 mg	1	
DAYPRO TAB 600MG	3	
DICLOFENAC CAP 35MG	3	PA; MNPA
diclofenac potassium tab 50 mg	1	
diclofenac sodium tab delayed release 25 mg	1	
diclofenac sodium tab delayed release 50 mg	1	
diclofenac sodium tab delayed release 75 mg	1	
diclofenac sodium tab er 24hr 100 mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	
DUEXIS TAB 800-26.6	3	
EC-NAPROSYN TAB 375MG	3	
EC-NAPROSYN TAB 500MG	3	
EC-NAPROXEN TAB 375MG	1	
EC-NAPROXEN TAB 500MG	1	
etodolac cap 200 mg	1	
etodolac cap 300 mg	1	
etodolac tab 400 mg	1	
etodolac tab 500 mg	1	
etodolac tab er 24hr 400 mg	1	
etodolac tab er 24hr 500 mg	1	
etodolac tab er 24hr 600 mg	1	
FELDENE CAP 10MG	3	
FELDENE CAP 20MG	3	
fenoprofen calcium cap 200 mg	1	PA; MNPA
fenoprofen calcium cap 400 mg	1	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
fenoprofen calcium tab 600 mg	1	PA; MNPA
FENOPROFEN CAP 200MG	3	PA; MNPA
FENORTHO CAP 200MG	3	PA; MNPA
flurbiprofen tab 50 mg	1	
flurbiprofen tab 100 mg	1	
ibuprofen susp 100 mg/5ml	1	
ibuprofen tab 400 mg	1	
ibuprofen tab 600 mg	1	
ibuprofen tab 800 mg	1	
INDOCIN SUP 50MG	3	PA; MNPA
INDOCIN SUS 25MG/5ML	3	PA; MNPA
indomethacin cap 20 mg	1	PA; MNPA
indomethacin cap 25 mg	1	
indomethacin cap 50 mg	1	
indomethacin cap er 75 mg	1	
ketoprofen cap 25 mg	1	PA; MNPA
ketoprofen cap 50 mg	1	
ketoprofen cap 75 mg	1	
ketoprofen cap er 24hr 200 mg	1	PA; MNPA
KETOR TROMET SPR 15.75MG	3	PA; MNPA
ketorolac tromethamine tab 10 mg	1	
LODINE TAB 400MG	3	PA; MNPA
meclofenamate sodium cap 50 mg	1	
meclofenamate sodium cap 100 mg	1	
mefenamic acid cap 250 mg	1	PA; MNPA
meloxicam cap 5 mg	1	PA; MNPA
meloxicam cap 10 mg	1	PA; MNPA
meloxicam tab 7.5 mg	1	
meloxicam tab 15 mg	1	
MOBIC TAB 7.5MG	3	
MOBIC TAB 15MG	3	
nabumetone tab 500 mg	1	
nabumetone tab 500 mg	1	PA; MNPA
nabumetone tab 750 mg	1	
nabumetone tab 750 mg	1	PA; MNPA
NALFON CAP 400MG	3	
NALFON TAB 600MG	3	
NAPRELAN TAB 375MG CR	3	PA; MNPA
NAPRELAN TAB 500MG CR	3	PA; MNPA
NAPRELAN TAB 750MG CR	3	PA; MNPA
NAPROSYN SUS 125/5ML	3	

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Drug Name	Drug Tier	Requirements/Limits
NAPROSYN TAB 500MG	3	
naproxen sodium tab 275 mg	1	
naproxen sodium tab 550 mg	1	
naproxen sodium tab er 24hr 375 mg (base equiv)	1	PA; MNPA
naproxen sodium tab er 24hr 500 mg (base equiv)	1	PA; MNPA
naproxen sodium tab er 24hr 750 mg (base equiv)	1	PA; MNPA
naproxen susp 125 mg/5ml	1	PA; MNPA
naproxen tab 250 mg	1	
naproxen tab 375 mg	1	
naproxen tab 500 mg	1	
naproxen tab ec 375 mg	1	
naproxen tab ec 500 mg	1	
naproxen-esomeprazole magnesium tab dr 375-20 mg	1	PA; MNPA
naproxen-esomeprazole magnesium tab dr 500-20 mg	1	PA; MNPA
oxaprozin tab 600 mg	1	
piroxicam cap 10 mg	1	
piroxicam cap 20 mg	1	
QMIIZ ODT TAB 7.5MG	3	PA; MNPA
QMIIZ ODT TAB 15 MG	3	PA; MNPA
RELAFEN DS TAB 1000MG	3	PA; MNPA
SPRIX SPR 15.75MG	3	PA; MNPA
sulindac tab 150 mg	1	
sulindac tab 200 mg	1	
TIVORBEX CAP 20MG	3	PA; MNPA
tolmetin sodium cap 400 mg	1	
tolmetin sodium tab 600 mg	1	
VIMOVO TAB 375-20MG	3	
VIMOVO TAB 500-20MG	3	
VIVLODEX CAP 5MG	3	PA; MNPA
VIVLODEX CAP 10MG	3	PA; MNPA
ZIPSOR CAP 25MG	3	
ZORVOLEX CAP 18MG	3	PA; MNPA
ZORVOLEX CAP 35MG	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30	2	PA, QL (55 TABLETS PER 28 DAYS); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
OTEZLA TAB 30MG	2	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA TAB 10MG	2	
ARAVA TAB 20MG	2	
leflunomide tab 10 mg	1	
leflunomide tab 20 mg	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML	2	PA, QL (4 INJ PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
ORENCIA INJ 50/0.4ML	2	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 87.5/0.7	2	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 125MG/ML	2	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	2	PA, QL (4 SYRINGES PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
ENBREL INJ 25MG	2	PA, QL (4 VIALS PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL INJ 50MG/ML	2	PA, QL (4 SYRINGES PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL MINI INJ 50MG/ML	2	PA, QL (4 INJ PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SRCLK INJ 50MG/ML	2	PA, QL (4 INJ PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
ALLZITAL TAB 25-325MG	3	PA; MNPA
BUT/ASA/CAF TAB	3	PA; MNPA
butalbital-acetaminophen cap 50-300 mg	1	
butalbital-acetaminophen tab 25-325 mg	1	
butalbital-acetaminophen tab 50-300 mg	1	PA; MNPA
butalbital-acetaminophen tab 50-325 mg	1	
butalbital-acetaminophen-caffeine cap 50-300-40 mg	1	PA; MNPA
butalbital-acetaminophen-caffeine cap 50-325-40 mg	1	PA; MNPA
butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml	1	
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	
butalbital-aspirin-caffeine cap 50-325-40 mg	1	
ESGIC TAB	3	
FIORICET CAP	3	PA; MNPA
SALICYLATES		
aspirin chew tab 81 mg	0	
aspirin chew tab 81 mg	0	OTC; $0 copay-age and gender restrictions apply
aspirin tab delayed release 81 mg	0	
aspirin tab delayed release 81 mg	0	OTC; $0 copay-age and gender restrictions apply
diflunisal tab 500 mg	1	
salsalate tab 500 mg	1	
salsalate tab 750 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - OPIOID		
OPIOID AGONISTS		
ACTIQ LOZ 200MCG	3	PA
ACTIQ LOZ 400MCG	3	PA
ACTIQ LOZ 600MCG	3	PA
ACTIQ LOZ 800MCG	3	PA
ACTIQ LOZ 1200MCG	3	PA
ACTIQ LOZ 1600MCG	3	PA
CODEINE SULF TAB 15MG	3	PA, QL (1 tab per day)
CODEINE SULF TAB 30MG	1	PA, QL (1 tab per day)
CODEINE SULF TAB 60MG	3	PA, QL (1 tab per day)
CONZIP CAP 100MG	3	PA, QL (1 cap per day)
CONZIP CAP 200MG	3	PA, QL (1 cap per day)
CONZIP CAP 300MG	3	PA, QL (1 cap per day)
DILAUDID LIQ 1MG/ML	3	PA, QL (24 mL per day)
DILAUDID TAB 2MG	3	PA, QL (7 tabs per day)
DILAUDID TAB 4MG	3	PA, QL (6 tabs per day)
DILAUDID TAB 8MG	3	PA, QL (2 tabs per day)
DURAGESIC DIS 12MCG/HR	3	PA, QL (10 patches per month)
DURAGESIC DIS 25MCG/HR	3	PA, QL (10 patches per month)
DURAGESIC DIS 50MCG/HR	3	PA
DURAGESIC DIS 75MCG/HR	3	PA
DURAGESIC DIS 100MCG/H	3	PA
fentanyl citrate buccal tab 100 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 200 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 400 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 600 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 800 mcg (base equiv)	1	PA
fentanyl citrate lozenge on a handle 200 mcg	1	PA
fentanyl citrate lozenge on a handle 400 mcg	1	PA
fentanyl citrate lozenge on a handle 600 mcg	1	PA

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Drug Name	Drug Tier	Requirements/Limits
fentanyl citrate lozenge on a handle 800 mcg	1	PA
fentanyl citrate lozenge on a handle 1200 mcg	1	PA
fentanyl citrate lozenge on a handle 1600 mcg	1	PA
fentanyl td patch 72hr 12 mcg/hr	1	PA, QL (10 patches per month)
fentanyl td patch 72hr 25 mcg/hr	1	PA, QL (10 patches per month)
fentanyl td patch 72hr 37.5 mcg/hr	1	PA, QL (10 patches per month)
fentanyl td patch 72hr 50 mcg/hr	1	PA, QL (10 patches per month)
fentanyl td patch 72hr 62.5 mcg/hr	1	PA, QL (10 patches per month)
fentanyl td patch 72hr 75 mcg/hr	1	PA, QL (10 patches per month)
fentanyl td patch 72hr 87.5 mcg/hr	1	PA, QL (10 patches per month)
fentanyl td patch 72hr 100 mcg/hr	1	PA, QL (10 patches per month)
FENTORA TAB 100MCG	3	PA
FENTORA TAB 200MCG	3	PA
FENTORA TAB 400MCG	3	PA
FENTORA TAB 600MCG	3	PA
FENTORA TAB 800MCG	3	PA
hydrocodone bitartrate cap er 12hr 10 mg	1	PA, QL (2 caps per day)
hydrocodone bitartrate cap er 12hr 15 mg	1	PA, QL (2 caps per day)
hydrocodone bitartrate cap er 12hr 20 mg	1	PA, QL (2 caps per day)
hydrocodone bitartrate cap er 12hr 30 mg	1	PA, QL (2 caps per day)
hydrocodone bitartrate cap er 12hr 40 mg	1	PA, QL (2 caps per day)
hydrocodone bitartrate cap er 12hr 50 mg	1	PA, QL (2 caps per day)
hydrocodone bitartrate tab er 24hr deter 20 mg	1	PA, QL (1 tab per day)
hydrocodone bitartrate tab er 24hr deter 30 mg	1	PA, QL (1 tab per day)
hydrocodone bitartrate tab er 24hr deter 40 mg	1	PA, QL (1 tab per day)
hydrocodone bitartrate tab er 24hr deter 60 mg	1	PA, QL (1 tab per day)
hydrocodone bitartrate tab er 24hr deter 80 mg	1	PA, QL (1 tab per day)

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Drug Name	Drug Tier	Requirements/Limits
hydrocodone bitartrate tab er 24hr deter 100 mg	1	PA, QL (1 tab per day)
hydrocodone bitartrate tab er 24hr deter 120 mg	1	PA, QL (1 tab per day)
HYDROMORPHON SUP 3MG	3	PA, QL (4 supps per day)
hydromorphone hcl liqd 1 mg/ml	1	PA, QL (24 mL per day)
hydromorphone hcl tab 2 mg	1	PA, QL (7 tabs per day)
hydromorphone hcl tab 4 mg	1	PA, QL (6 tabs per day)
hydromorphone hcl tab 8 mg	1	PA, QL (2 tabs per day)
hydromorphone hcl tab er 24hr 8 mg	1	PA, QL (1 tab per day)
hydromorphone hcl tab er 24hr 12 mg	1	PA, QL (1 tab per day)
hydromorphone hcl tab er 24hr 16 mg	1	PA, QL (1 tab per day)
hydromorphone hcl tab er 24hr 32 mg	1	PA
HYSINGLA ER TAB 20 MG	3	PA, QL (1 tab per day); MNPA
HYSINGLA ER TAB 30 MG	3	PA, QL (1 tab per day); MNPA
HYSINGLA ER TAB 40 MG	3	PA, QL (1 tab per day); MNPA
HYSINGLA ER TAB 60 MG	3	PA, QL (1 tab per day); MNPA
HYSINGLA ER TAB 80 MG	3	PA, QL (1 tab per day); MNPA
HYSINGLA ER TAB 100 MG	3	PA; MNPA
HYSINGLA ER TAB 120 MG	3	PA; MNPA
LAZANDA SPR 100MCG	3	PA; MNPA
LAZANDA SPR 400MCG	3	PA; MNPA
levorphanol tartrate tab 2 mg	1	PA, QL (4 tabs per day); MNPA
levorphanol tartrate tab 3 mg	1	PA, QL (2 tabs per day); MNPA
meperidine hcl oral soln 50 mg/5ml	1	PA
meperidine hcl tab 50 mg	1	PA
methadone hcl conc 10 mg/ml	1	QL (2 mL per day)
methadone hcl conc 10 mg/ml	1	PA, QL (2 mL per day)
methadone hcl soln 5 mg/5ml	1	PA, QL (18 mL per day)
methadone hcl soln 10 mg/5ml	1	PA, QL (12 mL per day)
methadone hcl tab 5 mg	1	PA, QL (3 tabs per day)
methadone hcl tab 10 mg	1	PA, QL (2 Tabs per day)
methadone hcl tab for oral susp 40 mg	1	
METHADOSE CON 10MG/ML	3	QL (2 mL per day)

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Drug Name	Drug Tier	Requirements/Limits
METHADOSE SF CON 10MG/ML	3	QL (2 mL per day)
morphine sulfate beads cap er 24hr 30 mg	1	PA, QL (1 cap per day)
morphine sulfate beads cap er 24hr 45 mg	1	PA, QL (1 cap per day)
morphine sulfate beads cap er 24hr 60 mg	1	PA, QL (1 cap per day)
morphine sulfate beads cap er 24hr 75 mg	1	PA, QL (1 cap per day)
morphine sulfate beads cap er 24hr 90 mg	1	PA, QL (1 cap per day)
morphine sulfate beads cap er 24hr 120 mg	1	PA
morphine sulfate cap er 24hr 10 mg	1	PA, QL (2 caps per day)
morphine sulfate cap er 24hr 20 mg	1	PA, QL (2 caps per day)
morphine sulfate cap er 24hr 30 mg	1	PA, QL (2 caps per day)
morphine sulfate cap er 24hr 40 mg	1	PA, QL (2 caps per day)
morphine sulfate cap er 24hr 50 mg	1	PA, QL (1 cap per day)
morphine sulfate cap er 24hr 60 mg	1	PA, QL (1 cap per day)
morphine sulfate cap er 24hr 80 mg	1	PA, QL (1 cap per day)
morphine sulfate cap er 24hr 100 mg	1	PA
morphine sulfate oral soln 10 mg/5ml	1	PA, QL (36 mL per day)
morphine sulfate oral soln 20 mg/5ml	1	PA, QL (27 mL per day)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	PA, QL (5 mL per day)
morphine sulfate suppos 5 mg	1	PA, QL (7 supps per day)
morphine sulfate suppos 10 mg	1	PA, QL (7 supps per day)
morphine sulfate suppos 20 mg	1	PA, QL (4 supps per day)
morphine sulfate suppos 30 mg	1	PA, QL (3 supps per day)
morphine sulfate tab 15 mg	1	PA, QL (7 tabs per day)
morphine sulfate tab 30 mg	1	PA, QL (3 tabs per day)
morphine sulfate tab er 15 mg	1	PA, QL (3 tabs per day)
morphine sulfate tab er 30 mg	1	PA, QL (3 tabs per day)
morphine sulfate tab er 60 mg	1	PA
morphine sulfate tab er 100 mg	1	PA
morphine sulfate tab er 200 mg	1	PA
MS CONTIN TAB 15MG ER	3	PA, QL (3 tabs per day)
MS CONTIN TAB 30MG ER	3	PA, QL (3 tabs per day)
MS CONTIN TAB 60MG ER	3	PA
MS CONTIN TAB 100MG ER	3	PA
MS CONTIN TAB 200MG ER	3	PA
NUCYNTA ER TAB 50MG	2	PA, QL (2 tabs per day)

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Drug Name	Drug Tier	Requirements/Limits
NUCYNTA ER TAB 100MG	2	PA, QL (2 tabs per day)
NUCYNTA ER TAB 150MG	2	PA
NUCYNTA ER TAB 200MG	2	PA
NUCYNTA ER TAB 250MG	2	PA
NUCYNTA TAB 50MG	2	PA, QL (4 tabs per day)
NUCYNTA TAB 75MG	2	PA, QL (3 tabs per day)
NUCYNTA TAB 100MG	2	PA, QL (2 tabs per day)
OXAYDO TAB 5MG	3	PA, QL (7 tabs per day); MNPA
OXAYDO TAB 7.5MG	3	PA, QL (7 tabs per day); MNPA
oxycodone hcl cap 5 mg	1	PA, QL (7 caps per day)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	PA, QL (3 mL per day)
oxycodone hcl soln 5 mg/5ml	1	PA, QL (36 mL per day)
oxycodone hcl tab 5 mg	1	PA, QL (7 tabs per day)
oxycodone hcl tab 10 mg	1	PA, QL (7 tabs per day)
oxycodone hcl tab 15 mg	1	PA, QL (4 tabs per day)
oxycodone hcl tab 20 mg	1	PA, QL (3 tabs per day)
oxycodone hcl tab 30 mg	1	PA, QL (2 tabs per day)
oxycodone hcl tab er 12hr deter 10 mg	1	PA, QL (2 tabs per day)
oxycodone hcl tab er 12hr deter 15 mg	1	PA, QL (2 tabs per day)
oxycodone hcl tab er 12hr deter 20 mg	1	PA, QL (2 tabs per day)
oxycodone hcl tab er 12hr deter 30 mg	1	PA, QL (2 tabs per day)
oxycodone hcl tab er 12hr deter 40 mg	1	PA, QL (4 tabs per day)
oxycodone hcl tab er 12hr deter 60 mg	1	PA, QL (2 tabs per day)
oxycodone hcl tab er 12hr deter 80 mg	1	PA, QL (2 tabs per day)
OXYCODONE TAB 10MG ER	3	PA, QL (2 tabs per day)
OXYCODONE TAB 20MG ER	3	PA, QL (2 tabs per day)
OXYCODONE TAB 40MG ER	3	PA, QL (4 tabs per day)
OXYCONTIN TAB 10MG CR	3	PA, QL (2 tabs per day); MNPA
OXYCONTIN TAB 15MG CR	3	PA, QL (2 tabs per day); MNPA
OXYCONTIN TAB 20MG CR	3	PA, QL (2 tabs per day); MNPA
OXYCONTIN TAB 30MG CR	3	PA, QL (2 tabs per day); MNPA
OXYCONTIN TAB 40MG CR	3	PA, QL (4 tabs per day); MNPA
OXYCONTIN TAB 60MG CR	3	PA, QL (2 tabs per day); MNPA

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Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN TAB 80MG CR	3	PA, QL (2 tabs per day); MNPA
oxymorphone hcl tab 5 mg	1	PA, QL (7 tabs per day)
oxymorphone hcl tab 10 mg	1	PA, QL (3 tabs per day)
oxymorphone hcl tab er 12hr 5 mg	1	PA, QL (2 tabs per day); MNPA
oxymorphone hcl tab er 12hr 7.5 mg	1	PA, QL (2 tabs per day); MNPA
oxymorphone hcl tab er 12hr 10 mg	1	PA, QL (2 tabs per day); MNPA
oxymorphone hcl tab er 12hr 15 mg	1	PA, QL (2 tabs per day); MNPA
oxymorphone hcl tab er 12hr 20 mg	1	PA; MNPA
oxymorphone hcl tab er 12hr 30 mg	1	PA; MNPA
oxymorphone hcl tab er 12hr 40 mg	1	PA; MNPA
QDOLO SOL 5MG/ML	3	PA; MNPA
ROXICODONE TAB 5MG	3	PA, QL (7 tabs per day)
ROXICODONE TAB 15MG	3	PA, QL (4 tabs per day)
ROXICODONE TAB 30MG	3	PA, QL (2 tabs per day)
SUBSYS SPR 100MCG	2	PA
SUBSYS SPR 200MCG	2	PA
SUBSYS SPR 400MCG	2	PA
SUBSYS SPR 600MCG	2	PA
SUBSYS SPR 800MCG	2	PA
SUBSYS SPR 1200MCG	2	PA
SUBSYS SPR 1600MCG	2	PA
tramadol hcl tab 50 mg	1	PA, QL (7 tabs per day)
tramadol hcl tab 100 mg	1	PA, QL (3 tabs per day); MNPA
tramadol hcl tab er 24hr 100 mg	1	PA, QL (1 tab per day)
tramadol hcl tab er 24hr 200 mg	1	PA, QL (1 tab per day)
tramadol hcl tab er 24hr 300 mg	1	PA, QL (1 tab per day)
tramadol hcl tab er 24hr biphasic release 100 mg	1	PA
tramadol hcl tab er 24hr biphasic release 200 mg	1	PA
tramadol hcl tab er 24hr biphasic release 300 mg	1	PA
ULTRAM TAB 50MG	3	PA, QL (7 tabs per day)
XTAMPZA ER CAP 9MG	2	PA, QL (2 caps per day)
XTAMPZA ER CAP 13.5MG	2	PA, QL (2 caps per day)
XTAMPZA ER CAP 18MG	2	PA, QL (2 caps per day)

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Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER CAP 27MG	2	PA, QL (2 caps per day)
XTAMPZA ER CAP 36MG	2	PA, QL (2 caps per day)
ZOHYDRO ER CAP 10MG	3	PA, QL (2 caps per day); MNPA
ZOHYDRO ER CAP 15MG	3	PA, QL (2 caps per day); MNPA
ZOHYDRO ER CAP 20MG	3	PA, QL (2 caps per day); MNPA
ZOHYDRO ER CAP 30MG	3	PA, QL (2 caps per day); MNPA
ZOHYDRO ER CAP 40MG	3	PA, QL (2 caps per day); MNPA
ZOHYDRO ER CAP 50MG	3	PA, QL (2 caps per day); MNPA
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	PA, QL (90 mL per day)
acetaminophen w/ codeine tab 300-15 mg	1	PA, QL (13 tabs per day)
acetaminophen w/ codeine tab 300-30 mg	1	PA, QL (12 tabs per day)
acetaminophen w/ codeine tab 300-60 mg	1	PA, QL (6 tabs per day)
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	1	PA, QL (10 caps per day)
acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg	1	PA, QL (10 tabs per day)
APADAZ TAB 4.08-325	3	PA, QL (12 tabs per day); MNPA
APADAZ TAB 6.12-325	3	PA, QL (12 tabs per day); MNPA
APADAZ TAB 8.16-325	3	PA, QL (12 tabs per day); MNPA
BENZHY/ACETA TAB 4.08-325	3	PA, QL (12 tabs per day); MNPA
BENZHY/ACETA TAB 6.12-325	3	PA, QL (12 tabs per day); MNPA
BENZHY/ACETA TAB 8.16-325	3	PA, QL (12 tabs per day); MNPA
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1	
FIORICET CAP CODEINE	3	

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Drug Name	Drug Tier	Requirements/Limits
HYDRO/ACETA SOL 10-325MG	1	PA, QL (90 mL per day); MNPA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	PA, QL (90 mL per day)
hydrocodone-acetaminophen tab 5-300 mg	1	PA, QL (8 tabs per day)
hydrocodone-acetaminophen tab 5-325 mg	1	PA, QL (8 tabs per day)
hydrocodone-acetaminophen tab 7.5-300 mg	1	PA, QL (6 tabs per day)
hydrocodone-acetaminophen tab 7.5-325 mg	1	PA, QL (6 tabs per day)
hydrocodone-acetaminophen tab 10-300 mg	1	PA, QL (6 tabs per day)
hydrocodone-acetaminophen tab 10-325 mg	1	PA, QL (6 tabs per day)
hydrocodone-ibuprofen tab 5-200 mg	1	PA, QL (5 tabs per day)
hydrocodone-ibuprofen tab 7.5-200 mg	1	PA, QL (5 tabs per day)
hydrocodone-ibuprofen tab 10-200 mg	1	PA, QL (5 tabs per day)
LORTAB ELX 10-300MG	3	PA, QL (68 mL per day)
nalocet tab 2.5-300	3	PA, QL (12 tabs per day); MNPA
oxycod-apap tab 2.5-300	3	PA, QL (12 tabs per day); MNPA
OXYCOD/ACETA SOL 10/300MG	3	PA, QL (30 mL per day); MNPA
OXYCOD/APAP TAB 5-300MG	3	PA, QL (12 tabs per day); MNPA
OXYCOD/APAP TAB 10-300MG	3	PA, QL (6 tabs per day); MNPA
oxycodone w/ acetaminophen tab 2.5-325 mg	1	PA, QL (12 tabs per day)
oxycodone w/ acetaminophen tab 5-325 mg	1	PA, QL (12 tabs per day)
oxycodone w/ acetaminophen tab 7.5-325 mg	1	PA, QL (8 tabs per day)
oxycodone w/ acetaminophen tab 10-325 mg	1	PA, QL (6 tabs per day)
oxycodone-aspirin tab 4.8355-325 mg	1	PA, QL (12 tabs per day)
PERCOCET TAB 2.5-325	3	PA, QL (12 tabs per day); MNPA
PERCOCET TAB 5-325MG	3	PA, QL (12 tabs per day); MNPA
PERCOCET TAB 7.5-325	3	PA, QL (8 tabs per day); MNPA

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Drug Name	Drug Tier	Requirements/Limits
PERCOCET TAB 10-325MG	3	PA, QL (6 tabs per day); MNPA
PROLATE SOL 10/300MG	3	PA, QL (30 mL per day); MNPA
PROLATE TAB 5-300MG	3	PA, QL (12 tabs per day); MNPA
PROLATE TAB 7.5-300	3	PA, QL (8 tabs per day); MNPA
PROLATE TAB 10-300MG	3	PA, QL (6 tabs per day); MNPA
tramadol-acetaminophen tab 37.5-325 mg	1	PA, QL (8 tabs per day)
ULTRACET TAB 37.5-325	3	PA, QL (8 tabs per day)
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	2	PA, QL (60 films per month)
BELBUCA MIS 150MCG	2	PA, QL (60 films per month)
BELBUCA MIS 300MCG	2	PA, QL (60 films per month)
BELBUCA MIS 450MCG	2	PA, QL (60 films per month)
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
BUNAVAIL MIS 4.2-0.7	3	
BUNAVAIL MIS 6.3-1MG	3	
buprenorphine hcl sl tab 2 mg (base equiv)	1	
buprenorphine hcl sl tab 8 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	
buprenorphine td patch weekly 5 mcg/hr	1	PA, QL (4 patches per month)

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Drug Name	Drug Tier	Requirements/Limits
buprenorphine td patch weekly 7.5 mcg/hr	1	PA, QL (4 patches per month)
buprenorphine td patch weekly 10 mcg/hr	1	PA, QL (4 patches per month)
buprenorphine td patch weekly 15 mcg/hr	1	PA
buprenorphine td patch weekly 20 mcg/hr	1	PA
butorphanol tartrate nasal soln 10 mg/ml	1	QL (2 BOTTLES PER MONTH)
BUTRANS DIS 5MCG/HR	3	PA, QL (4 patches per month); MNPA
BUTRANS DIS 7.5/HR	3	PA, QL (4 patches per month); MNPA
BUTRANS DIS 10MCG/HR	3	PA, QL (4 patches per month); MNPA
BUTRANS DIS 15MCG/HR	3	PA; MNPA
BUTRANS DIS 20MCG/HR	3	PA; MNPA
pentazocine w/ naloxone hcl tab 50-0.5 mg	1	PA
SUBOXONE MIS 2-0.5MG	3	PA; MNPA
SUBOXONE MIS 4-1MG	3	PA; MNPA
SUBOXONE MIS 8-2MG	3	PA; MNPA
SUBOXONE MIS 12-3MG	3	PA; MNPA
ZUBSOLV SUB 0.7-0.18	2	
ZUBSOLV SUB 1.4-0.36	2	
ZUBSOLV SUB 2.9-0.71	2	
ZUBSOLV SUB 5.7-1.4	2	
ZUBSOLV SUB 8.6-2.1	2	
ZUBSOLV SUB 11.4-2.9	2	
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone tab 2.5 mg	1	
oxandrolone tab 10 mg	1	
ANDROGENS		
ANDRODERM DIS 2MG/24HR	2	
ANDRODERM DIS 4MG/24HR	2	
ANDROGEL GEL 1%(25MG)	3	PA; MNPA
ANDROGEL GEL 1%(50MG)	3	PA; MNPA
ANDROGEL GEL 1.62%	3	PA; MNPA
danazol cap 50 mg	1	
danazol cap 100 mg	1	
danazol cap 200 mg	1	
DEPO-TESTOST INJ 100MG/ML	3	PA

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Drug Name	Drug Tier	Requirements/Limits
DEPO-TESTOST INJ 200MG/ML	3	PA
FORTESTA GEL 10MG/ACT	3	PA; MNPA
JATENZO CAP 158MG	3	PA; MNPA
JATENZO CAP 198MG	3	PA; MNPA
JATENZO CAP 237MG	3	PA; MNPA
METHITEST TAB 10MG	3	
methyltestosterone cap 10 mg	1	
NATESTO GEL 5.5MG	2	
TESTIM GEL 1%(50MG)	3	PA; MNPA
testosterone cyp im or subcutaneous inj in oil 200 mg/ml	1	PA
testosterone cypionate im inj in oil 100 mg/ml	1	PA
testosterone cypionate im inj in oil 200 mg/ml	1	PA
testosterone enanthate im inj in oil 200 mg/ml	1	PA
testosterone td gel 10mg/act (2%)	1	
testosterone td gel 12.5 mg/act (1%)	1	PA; MNPA
testosterone td gel 20.25 mg/1.25gm (1.62%)	1	
testosterone td gel 20.25 mg/act (1.62%)	1	
testosterone td gel 25 mg/2.5gm (1%)	1	
testosterone td gel 40.5 mg/2.5gm (1.62%)	1	
testosterone td gel 50 mg/5gm (1%)	1	PA; MNPA
testosterone td soln 30 mg/act	1	
VOGELXO GEL 1%(50MG)	3	PA; MNPA
VOGELXO GEL PUMP 1%	3	PA; MNPA
XYOSTED INJ 50/0.5	3	PA
XYOSTED INJ 75/0.5	3	PA
XYOSTED INJ 100/0.5	3	PA

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

CORTENEMA ENE 100MG	3	
CORTIFOAM AER 90MG	2	
hydrocortisone enema 100 mg/60ml	1	
UCERIS AER 2MG/ACT	3	

RECTAL COMBINATIONS

ANALPRAM-HC CRE 1-1%	3	
ANALPRAM-HC LOT 2.5%	3	

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Drug Name	Drug Tier	Requirements/Limits
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	1	
PROCORT CRE	3	
PROCTOFOAM AER HC 1%	2	
RECTAL STEROIDS		
ANUSOL-HC CRE 2.5%	2	
hydrocortisone acetate suppos 25 mg	1	
hydrocortisone perianal cream 1%	1	
hydrocortisone perianal cream 2.5%	1	
PROCTOCORT CRE 1%	3	
PROCTOCORT SUP 30MG	3	
VASODILATING AGENTS		
RECTIV OIN 0.4%	3	
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tab 200 mg	1	QL (336 tabs / year)
ALBENZA TAB 200MG	3	QL (336 tabs / year)
BENZNIDAZOLE TAB 12.5MG	3	
BENZNIDAZOLE TAB 100MG	3	
BILTRICIDE TAB 600MG	3	QL (24 tabs / year)
EMVERM CHW 100MG	2	QL (12 ea / year)
ivermectin tab 3 mg	1	
praziquantel tab 600 mg	1	QL (24 tabs / year)
STROMECTOL TAB 3MG	3	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO TAB 194MG	3	
FLAGYL CAP 375MG	3	
FLAGYL TAB 500MG	3	
IMPAVIDO CAP 50MG	3	
metronidazole cap 375 mg	1	
metronidazole tab 250 mg	1	
metronidazole tab 500 mg	1	
PRIMSOL SOL 50MG/5ML	3	
tinidazole tab 250 mg	1	
tinidazole tab 500 mg	1	
trimethoprim tab 100 mg	1	
XIFAXAN TAB 200MG	3	
XIFAXAN TAB 550MG	2	

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Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg**	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML	3	
ALINIA TAB 500MG	3	
atovaquone susp 750 mg/5ml	1	
LAMPIT TAB 30MG	3	
LAMPIT TAB 120MG	3	
MEPRON SUS	3	
nitazoxanide tab 500 mg	1	
GLYCOPEPTIDES		
FIRVANQ SOL 25MG/ML	3	PA, QL (450 ML / 10 days); MNPA
FIRVANQ SOL 50MG/ML	3	PA, QL (450 ML / 10 days); MNPA
VANCOCIN CAP 250MG	2	QL (80 caps / 10 days)
VANCOCIN HCL CAP 125MG	2	QL (80 caps / 10 days)
vancomycin hcl cap 125 mg (base equivalent)	1	QL (80 caps / 10 days)
vancomycin hcl cap 250 mg (base equivalent)	1	QL (80 caps / 10 days)
VANCOMYCIN SOL 250/5ML	3	QL (450 ML / 10 days)
LEPROSTATICS		
dapsone tab 25 mg	1	
dapsone tab 100 mg	1	
LINCOSAMIDES		
CLEOCIN CAP 75MG	2	
CLEOCIN CAP 150MG	2	
CLEOCIN CAP 300MG	2	
CLEOCIN PED SOL 75MG/5ML	2	
clindamycin hcl cap 75 mg	1	
clindamycin hcl cap 150 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	1	
MONOBACTAMS		
CAYSTON INH 75MG	3	PA, QL (84 VIALS PER 28 DAYS)
OXAZOLIDINONES		
linezolid for susp 100 mg/5ml	1	PA
linezolid tab 600 mg	1	PA
SIVEXTRO TAB 200MG	3	
ZYVOX SUS 100MG/5M	3	PA
ZYVOX TAB 600MG	3	PA
PLEUROMUTILINS		
XENLETA TAB 600MG	3	
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine powd pack 3 gm (base equivalent)	1	
HIPREX TAB 1GM	3	
MACROBID CAP 100MG	2	
MACRODANTIN CAP 25MG	3	PA; MNPA
MACRODANTIN CAP 50MG	3	PA; MNPA
MACRODANTIN CAP 100MG	3	PA; MNPA
methenamine hippurate tab 1 gm	1	
methenamine mandelate tab 0.5 gm	1	
methenamine mandelate tab 1 gm	1	
MONUROL PAK GRANULES	3	
nitrofurantoin macrocrystalline cap 25 mg	1	
nitrofurantoin macrocrystalline cap 50 mg	1	
nitrofurantoin macrocrystalline cap 100 mg	1	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	1	
nitrofurantoin susp 25 mg/5ml	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA TAB 500MG	3	
RANEXA TAB 1000MG	3	
ranolazine tab er 12hr 500 mg	1	
ranolazine tab er 12hr 1000 mg	1	
NITRATES		
DILATRATE SR CAP 40MG	3	

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Drug Name	Drug Tier	Requirements/Limits
GONITRO POW 400MCG	3	PA; MNPA
ISORDIL TAB 5MG	3	
ISORDIL TAB 40MG	3	
isosorbide dinitrate tab 5 mg	1	
isosorbide dinitrate tab 10 mg	1	
isosorbide dinitrate tab 20 mg	1	
isosorbide dinitrate tab 30 mg	1	
isosorbide dinitrate tab 40 mg	1	PA; MNPA
isosorbide mononitrate tab 10 mg	1	
isosorbide mononitrate tab 20 mg	1	
isosorbide mononitrate tab er 24hr 30 mg	1	
isosorbide mononitrate tab er 24hr 60 mg	1	
isosorbide mononitrate tab er 24hr 120 mg	1	
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.1MG/HR	2	
NITRO-DUR DIS 0.2MG/HR	2	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.4MG/HR	2	
NITRO-DUR DIS 0.6MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
nitroglycerin sl tab 0.3 mg	1	
nitroglycerin sl tab 0.4 mg	1	
nitroglycerin sl tab 0.6 mg	1	
nitroglycerin td patch 24hr 0.1 mg/hr	1	
nitroglycerin td patch 24hr 0.2 mg/hr	1	
nitroglycerin td patch 24hr 0.4 mg/hr	1	
nitroglycerin td patch 24hr 0.6 mg/hr	1	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	1	
NITROLINGUAL SPR PUMPSPRA	3	
NITROMIST AER 400MCG	3	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	

ANTIANXIETY AGENTS

ANTIANXIETY AGENTS - MISC.

buspirone hcl tab 5 mg	1	
buspirone hcl tab 7.5 mg	1	
buspirone hcl tab 10 mg	1	
buspirone hcl tab 15 mg	1	
buspirone hcl tab 30 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl syrup 10 mg/5ml	1	
hydroxyzine hcl tab 10 mg	1	
hydroxyzine hcl tab 25 mg	1	
hydroxyzine hcl tab 50 mg	1	
hydroxyzine pamoate cap 25 mg	1	
hydroxyzine pamoate cap 50 mg	1	
hydroxyzine pamoate cap 100 mg	1	
meprobamate tab 200 mg	1	
meprobamate tab 400 mg	1	
VISTARIL CAP 25MG	3	
VISTARIL CAP 50MG	3	
BENZODIAZEPINES		
ALPRAZOLAM CON 1 MG/ML	3	
alprazolam orally disintegrating tab 0.5 mg	1	
alprazolam orally disintegrating tab 0.25 mg	1	
alprazolam orally disintegrating tab 1 mg	1	
alprazolam orally disintegrating tab 2 mg	1	
alprazolam tab 0.5 mg	1	
alprazolam tab 0.25 mg	1	
alprazolam tab 1 mg	1	
alprazolam tab 2 mg	1	
alprazolam tab er 24hr 0.5 mg	1	
alprazolam tab er 24hr 1 mg	1	
alprazolam tab er 24hr 2 mg	1	
alprazolam tab er 24hr 3 mg	1	
ATIVAN TAB 0.5MG	2	PA; MNPA
ATIVAN TAB 1MG	2	PA; MNPA
ATIVAN TAB 2MG	2	PA; MNPA
chlordiazepoxide hcl cap 5 mg	1	
chlordiazepoxide hcl cap 10 mg	1	
chlordiazepoxide hcl cap 25 mg	1	
clorazepate dipotassium tab 3.75 mg	1	
clorazepate dipotassium tab 7.5 mg	1	
clorazepate dipotassium tab 15 mg	1	
diazepam conc 5 mg/ml	1	
diazepam oral soln 1 mg/ml	1	
diazepam tab 2 mg	1	
diazepam tab 5 mg	1	
diazepam tab 10 mg	1	
lorazepam conc 2 mg/ml	1	

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Drug Name	Drug Tier	Requirements/Limits
lorazepam tab 0.5 mg	1	
lorazepam tab 1 mg	1	
lorazepam tab 2 mg	1	
oxazepam cap 10 mg	1	
oxazepam cap 15 mg	1	
oxazepam cap 30 mg	1	
TRANXENE T TAB 7.5MG	3	
VALIUM TAB 2MG	2	
VALIUM TAB 5MG	2	
VALIUM TAB 10MG	2	
XANAX TAB 0.5MG	3	PA; MNPA
XANAX TAB 0.25MG	3	PA; MNPA
XANAX TAB 1MG	3	PA; MNPA
XANAX TAB 2MG	3	PA; MNPA
XANAX XR TAB 0.5MG	3	PA; MNPA
XANAX XR TAB 1MG	3	PA; MNPA
XANAX XR TAB 2MG	3	PA; MNPA
XANAX XR TAB 3MG	3	PA; MNPA

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

disopyramide phosphate cap 100 mg	1	
disopyramide phosphate cap 150 mg	1	
NORPACE CAP 100MG	2	PA; MNPA
NORPACE CAP 100MG CR	2	
NORPACE CAP 150MG	2	PA; MNPA
NORPACE CAP 150MG CR	2	
quinidine gluconate tab er 324 mg	1	
quinidine sulfate tab 200 mg	1	
quinidine sulfate tab 300 mg	1	

ANTIARRHYTHMICS TYPE I-B

mexiletine hcl cap 150 mg	1	
mexiletine hcl cap 200 mg	1	
mexiletine hcl cap 250 mg	1	

ANTIARRHYTHMICS TYPE I-C

flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg	1	
flecainide acetate tab 150 mg	1	
propafenone hcl cap er 12hr 225 mg	1	
propafenone hcl cap er 12hr 325 mg	1	
propafenone hcl cap er 12hr 425 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
propafenone hcl tab 150 mg	1	
propafenone hcl tab 225 mg	1	
propafenone hcl tab 300 mg	1	
RYTHMOL SR CAP 225MG	2	
RYTHMOL SR CAP 325MG	2	
RYTHMOL SR CAP 425MG	2	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl tab 100 mg	1	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	1	
dofetilide cap 125 mcg (0.125 mg)	1	PA
dofetilide cap 250 mcg (0.25 mg)	1	PA
dofetilide cap 500 mcg (0.5 mg)	1	PA
MULTAQ TAB 400MG	2	
TIKOSYN CAP 125MCG	3	PA
TIKOSYN CAP 250MCG	3	PA
TIKOSYN CAP 500MCG	3	PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	1	QL (240 nebules per month)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA PEN INJ 30MG/ML	2	PA, QL (1 PEN PER 56 DAYS)
NUCALA INJ 100MG/ML	2	PA, QL (3 INJ PER 28 DAYS)
NUCALA INJ 100MG/ML	2	PA, QL (3 PFS PER 28 DAYS)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	3	QL (2 packages per month)
INCRUSE ELPT INH 62.5MCG	3	PA, QL (1 package per month); MNPA
ipratropium bromide inhal soln 0.02%	1	QL (300 nebules per month)
LONHALA MAGN SOL 25MCG	3	PA, QL (1 package per month); MNPA
SEEBRI NEOHA CAP 15.6MCG	3	PA, QL (1 package per month); MNPA
SPIRIVA AER 1.25MCG	2	QL (1 package per month)

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Drug Name	Drug Tier	Requirements/Limits
SPIRIVA CAP HANDIHLR	2	QL (1 package per month)
SPIRIVA SPR 2.5MCG	2	QL (1 package per month)
TUDORZA PRES AER 400/ACT	3	PA, QL (1 package per month); MNPA
YUPELRI SOL	2	QL (1 package per month)
LEUKOTRIENE MODULATORS		
ACCOLATE TAB 10MG	3	
ACCOLATE TAB 20MG	3	
montelukast sodium chew tab 4 mg (base equiv)	1	
montelukast sodium chew tab 5 mg (base equiv)	1	
montelukast sodium oral granules packet 4 mg (base equiv)	1	
montelukast sodium tab 10 mg (base equiv)	1	
SINGULAIR CHW 4MG	3	PA; MNPA
SINGULAIR CHW 5MG	3	PA; MNPA
SINGULAIR GRA 4MG	3	PA; MNPA
SINGULAIR TAB 10MG	3	PA; MNPA
zafirlukast tab 10 mg	1	
zafirlukast tab 20 mg	1	
zileuton tab er 12hr 600 mg	1	PA; MNPA
ZYFLO TAB 600MG	3	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB 250MCG	2	
DALIRESP TAB 500MCG	2	
STEROID INHALANTS		
ALVESCO AER 80MCG	3	PA; MNPA
ALVESCO AER 160MCG	3	PA; MNPA
ARMONAIR DIG AER 55MCG	3	PA; MNPA
ARMONAIR DIG AER 113MCG	3	PA; MNPA
ARMONAIR DIG AER 232MCG	3	PA; MNPA
ARNUITY ELPT INH 50MCG	2	
ARNUITY ELPT INH 100MCG	2	
ARNUITY ELPT INH 200MCG	2	
ASMANEX 7 AER 110MCG	3	PA; MNPA
ASMANEX 14 AER 220MCG	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX 30 AER 110MCG	3	PA; MNPA
ASMANEX 30 AER 220MCG	3	PA; MNPA
ASMANEX 60 AER 220MCG	3	PA; MNPA
ASMANEX 120 AER 220MCG	3	PA; MNPA
ASMANEX HFA AER 50MCG	3	PA; MNPA
ASMANEX HFA AER 100 MCG	3	PA; MNPA
ASMANEX HFA AER 200 MCG	3	PA; MNPA
budesonide inhalation susp 0.5 mg/2ml	1	
budesonide inhalation susp 0.25 mg/2ml	1	
budesonide inhalation susp 1 mg/2ml	1	
FLOVENT DISK AER 50MCG	2	
FLOVENT DISK AER 100MCG	2	
FLOVENT DISK AER 250MCG	2	
FLOVENT HFA AER 44MCG	2	
FLOVENT HFA AER 110MCG	2	
FLOVENT HFA AER 220MCG	2	
PULMICORT INH 90MCG	2	
PULMICORT INH 180MCG	2	
PULMICORT SUS 0.5MG/2	3	
PULMICORT SUS 0.25MG/2	3	
PULMICORT SUS 1MG/2ML	3	
QVAR REDIHA AER 80MCG	2	
QVAR REDIHAL AER 40MCG	2	
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	1	QL (1 package per month); Tier 1 with DAW9
ADVAIR DISKU AER 250/50	1	QL (1 package per month); Tier 1 with DAW9
ADVAIR DISKU AER 500/50	1	QL (1 package per month); Tier 1 with DAW9
ADVAIR HFA AER 45/21	2	QL (1 package per month)
ADVAIR HFA AER 115/21	2	QL (1 package per month)
ADVAIR HFA AER 230/21	2	QL (1 package per month)
AIRDUO DGHLR INH 55-14	3	PA; MNPA
AIRDUO DGHLR INH 113-14	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
AIRDUO DGHLR INH 232-14	3	PA; MNPA
AIRDUO RESPI INH 55-14	3	PA, QL (1 package per month); MNPA
AIRDUO RESPI INH 113-14	3	PA, QL (1 package per month); MNPA
AIRDUO RESPI INH 232-14	3	PA, QL (1 package per month); MNPA
ALBUTEROL NEB 0.5%	3	PA, QL (120 ea / month)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL (2 PKG PER MONTH)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL (120 ea / month)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1	QL (360 mL / month)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	QL (360 mL / month)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1	QL (360 mL / month)
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg	1	
albuterol sulfate tab 4 mg	1	
albuterol sulfate tab er 12hr 4 mg	1	
albuterol sulfate tab er 12hr 8 mg	1	
ANORO ELLIPT AER 62.5-25	2	QL (1 package per month)
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	1	QL (60 vials per month)
BEVESPI AER 9-4.8MCG	3	PA, QL (1 package per month); MNPA
BREO ELLIPTA INH 100-25	2	QL (1 package per month)
BREO ELLIPTA INH 200-25	2	QL (1 package per month)
BREZTRI AERO AER SPHERE	2	
BROVANA NEB 15MCG	3	QL (60 vials per month)
COMBIVENT AER 20-100	3	QL (2 packages per month)
DUAKLIR AER 400/12	3	PA, QL (1 package per month); MNPA
DULERA AER 50-5MCG	3	PA, QL (1 package per month); MNPA
DULERA AER 100-5MCG	3	PA, QL (1 package per month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
DULERA AER 200-5MCG	3	PA, QL (1 package per month); MNPA
fluticasone-salmeterol aer powder ba 55-14 mcg/act	1	PA, QL (1 package per month); MNPA
fluticasone-salmeterol aer powder ba 113-14 mcg/act	1	PA, QL (1 package per month); MNPA
fluticasone-salmeterol aer powder ba 232-14 mcg/act	1	PA, QL (1 package per month); MNPA
formoterol fumarate soln nebu 20 mcg/2ml	1	QL (60 vials per month)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	QL (540 nebules per month)
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	1	QL (300 mL / month)
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	1	QL (300 mL / month)
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	1	QL (300 mL / month)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1	QL (90 ea / month)
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	1	QL (2 inhalers / month)
PERFOROMIST NEB 20MCG	2	QL (60 vials per month)
PROAIR DIGIH AER	3	PA, QL (2 pkg Per Month); MNPA
PROAIR HFA AER	3	PA, QL (2 PKG PER MONTH); MNPA
PROAIR RESPI AER	3	PA, QL (2 pkg Per Month); MNPA
PROVENTIL AER HFA	3	PA, QL (2 PKG PER MONTH); MNPA
SEREVENT DIS AER 50MCG	2	QL (1 package per month)
STIOLTO AER 2.5-2.5	2	QL (1 package per month)
STRIVERDI AER 2.5MCG	2	QL (1 package per month)
SYMBICORT AER 80-4.5	2	QL (1 package per month); Tier 2 with DAW9
SYMBICORT AER 160-4.5	2	QL (1 package per month); Tier 2 with DAW9
terbutaline sulfate tab 2.5 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
terbutaline sulfate tab 5 mg	1	
TRELEGY AER ELLIPTA	2	QL (1 inhaler per month)
TRELEGY AER ELLIPTA	2	QL (1 package per month)
UTIBRON CAP NEOHALER	3	PA, QL (1 package per month); MNPA
VENTOLIN HFA AER	3	PA, QL (2 PKG PER MONTH); MNPA
XOPENEX CONC NEB 1.25/0.5	3	QL (90 ea / month)
XOPENEX HFA AER	3	PA, QL (2 inhalers / month); MNPA
XOPENEX NEB 0.31MG	3	QL (300 mL / month)
XOPENEX NEB 0.63MG	3	QL (300 mL / month)
XOPENEX NEB 1.25/3ML	3	QL (300 mL / month)
XANTHINES		
ELIXOPHYLLIN ELX 80/15ML	3	
THEO-24 CAP 100MG CR	3	PA; MNPA
THEO-24 CAP 200MG CR	3	PA; MNPA
THEO-24 CAP 300MG CR	3	PA; MNPA
THEO-24 CAP 400MG ER	3	PA; MNPA
theophylline soln 80 mg/15ml	1	
theophylline tab er 12hr 300 mg	1	
theophylline tab er 12hr 450 mg	1	
theophylline tab er 24hr 400 mg	1	
theophylline tab er 24hr 600 mg	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin sodium tab 1 mg	1	
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	
warfarin sodium tab 6 mg	1	
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS ST P TAB 5MG	2	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	

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Drug Name	Drug Tier	Requirements/Limits
SAVAYSA TAB 15MG	3	PA; MNPA
SAVAYSA TAB 30MG	3	PA; MNPA
SAVAYSA TAB 60MG	3	PA; MNPA
XARELTO STAR TAB 15/20MG	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA INJ 2.5/0.5	2	
ARIXTRA INJ 5/0.4ML	2	
ARIXTRA INJ 7.5/0.6	2	
ARIXTRA INJ 10/0.8ML	2	
enoxaparin sodium inj 30 mg/0.3ml	1	
enoxaparin sodium inj 40 mg/0.4ml	1	
enoxaparin sodium inj 100 mg/ml	1	
enoxaparin sodium inj 120 mg/0.8ml	1	
enoxaparin sodium inj 150 mg/ml	1	
enoxaparin sodium inj 300 mg/3ml	1	
enoxaparin sodium subcutaneous soln 60 mg/0.6ml	1	
enoxaparin sodium subcutaneous soln 80 mg/0.8ml	1	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	1	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	1	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	1	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	1	
FRAGMIN INJ 2500/0.2	2	
FRAGMIN INJ 5000/0.2	2	
FRAGMIN INJ 7500/0.3	2	
FRAGMIN INJ 10000/ML	2	
FRAGMIN INJ 12500UNT	2	
FRAGMIN INJ 15000UNT	2	
FRAGMIN INJ 18000UNT	2	
FRAGMIN INJ 95000UNT	2	
HEPARIN SOD INJ 5000/0.5	3	PA; MNPA
HEPARIN SOD INJ 5000/ML	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
heparin sodium (porcine) inj 1000 unit/ml	1	PA
heparin sodium (porcine) inj 5000 unit/ml	1	PA
heparin sodium (porcine) inj 10000 unit/ml	1	PA
heparin sodium (porcine) inj 20000 unit/ml	1	PA
heparin sodium (porcine) pf inj 5000 unit/0.5ml	1	PA
heparin sodium (porcine) pf inj 5000 unit/0.5ml	1	PA; MNPA
LOVENOX INJ 30/0.3ML	3	
LOVENOX INJ 40/0.4ML	3	
LOVENOX INJ 60/0.6ML	3	
LOVENOX INJ 80/0.8ML	3	
LOVENOX INJ 100MG/ML	3	
LOVENOX INJ 120/0.8	3	
LOVENOX INJ 150MG/ML	3	
LOVENOX INJ 300/3ML	3	
THROMBIN INHIBITORS		
PRADAXA CAP 75MG	3	PA; MNPA
PRADAXA CAP 110MG	3	PA; MNPA
PRADAXA CAP 150MG	3	PA; MNPA
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam suspension 2.5 mg/ml	1	
clobazam tab 10 mg	1	
clobazam tab 20 mg	1	
clonazepam orally disintegrating tab 0.5 mg	1	
clonazepam orally disintegrating tab 0.25 mg	1	
clonazepam orally disintegrating tab 0.125 mg	1	
clonazepam orally disintegrating tab 1 mg	1	
clonazepam orally disintegrating tab 2 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
clonazepam tab 0.5 mg	1	
clonazepam tab 1 mg	1	
clonazepam tab 2 mg	1	
DIASTAT ACDL GEL 5-10MG	3	
DIASTAT ACDL GEL 12.5-20	3	
DIASTAT PED GEL 2.5M GEL	3	
diazepam rectal gel delivery system 2.5 mg	1	
diazepam rectal gel delivery system 10 mg	1	
diazepam rectal gel delivery system 20 mg	1	
KLONOPIN TAB 0.5MG	3	
KLONOPIN TAB 1MG	3	
KLONOPIN TAB 2MG	3	
NAYZILAM SPR 5MG	2	
ONFI SUS 2.5MG/ML	3	PA; MNPA
ONFI TAB 10MG	3	PA; MNPA
ONFI TAB 20MG	3	PA; MNPA
SYMPAZAN MIS 5MG	3	PA; MNPA
SYMPAZAN MIS 10MG	3	PA; MNPA
SYMPAZAN MIS 20MG	3	PA; MNPA
VALTOCO SPR 5MG	2	PA, QL (5 boxes per month)
VALTOCO SPR 10MG	2	PA, QL (5 boxes per month)
VALTOCO SPR 15MG	2	PA, QL (5 boxes per month)
VALTOCO SPR 20MG	2	PA, QL (5 boxes per month)
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG	3	
APTIOM TAB 400MG	3	
APTIOM TAB 600MG	3	
APTIOM TAB 800MG	3	
BANZEL SUS 40MG/ML	3	PA; MNPA
BANZEL TAB 200MG	3	
BANZEL TAB 400MG	3	
BRIVIACT SOL 10MG/ML	3	
BRIVIACT TAB 10MG	3	
BRIVIACT TAB 25MG	3	
BRIVIACT TAB 50MG	3	
BRIVIACT TAB 75MG	3	

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Drug Name	Drug Tier	Requirements/Limits
BRIVIACT TAB 100MG	3	
carbamazepine cap er 12hr 100 mg	1	
carbamazepine cap er 12hr 200 mg	1	
carbamazepine cap er 12hr 200 mg	1	PA; MNPA
carbamazepine cap er 12hr 300 mg	1	
carbamazepine chew tab 100 mg	1	
carbamazepine susp 100 mg/5ml	1	
carbamazepine tab 200 mg	1	
carbamazepine tab er 12hr 100 mg	1	
carbamazepine tab er 12hr 200 mg	1	
carbamazepine tab er 12hr 400 mg	1	
CARBATROL CAP 100MG	3	
CARBATROL CAP 200MG	3	
CARBATROL CAP 300MG	3	
DIACOMIT CAP 250MG	3	QL (360 CAPSULES PER 30 DAYS)
DIACOMIT CAP 500MG	3	QL (180 CAPSULES PER 30 DAYS)
DIACOMIT PAK 250MG	3	QL (360 PACKETS PER 30 DAYS)
DIACOMIT PAK 500MG	3	QL (180 PACKETS PER 30 DAYS)
EPIDIOLEX SOL 100MG/ML	3	PA, QL (800 ML PER 30 DAYS)
FINTEPLA SOL 2.2MG/ML	3	PA, QL (360ML PER 30 DAYS)
gabapentin cap 100 mg	1	
gabapentin cap 300 mg	1	
gabapentin cap 400 mg	1	
gabapentin oral soln 250 mg/5ml	1	
gabapentin tab 600 mg	1	
gabapentin tab 800 mg	1	
KEPPRA SOL 100MG/ML	3	
KEPPRA TAB 250MG	3	
KEPPRA TAB 500MG	3	
KEPPRA TAB 750MG	3	
KEPPRA TAB 1000MG	3	
KEPPRA XR TAB 500MG	3	
KEPPRA XR TAB 750MG	3	
LAMICTAL CHW 5MG	3	
LAMICTAL CHW 25MG	3	

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Drug Name	Drug Tier	Requirements/Limits
LAMICTAL KIT START 35	3	
LAMICTAL KIT START 49	3	
LAMICTAL KIT START 98	3	
LAMICTAL ODT KIT	3	
LAMICTAL ODT TAB 25MG	3	
LAMICTAL ODT TAB 50MG	3	
LAMICTAL ODT TAB 100MG	3	
LAMICTAL ODT TAB 200MG	3	
LAMICTAL TAB 25MG	3	
LAMICTAL TAB 100MG	3	
LAMICTAL TAB 150MG	3	
LAMICTAL TAB 200MG	3	
LAMICTAL XR KIT	3	
LAMICTAL XR TAB 25MG	3	
LAMICTAL XR TAB 50MG	3	
LAMICTAL XR TAB 100MG	3	
LAMICTAL XR TAB 200MG	3	
LAMICTAL XR TAB 250MG	3	
LAMICTAL XR TAB 300MG	3	
lamotrigine orally disintegrating tab 25 mg	1	
lamotrigine orally disintegrating tab 50 mg	1	
lamotrigine orally disintegrating tab 100 mg	1	
lamotrigine orally disintegrating tab 200 mg	1	
lamotrigine tab 25 mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 35 x 25 mg starter kit	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
lamotrigine tab 100 mg	1	
lamotrigine tab 150 mg	1	
lamotrigine tab 200 mg	1	
lamotrigine tab chewable dispersible 5 mg	1	
lamotrigine tab chewable dispersible 25 mg	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	
lamotrigine tab er 24hr 25 mg	1	
lamotrigine tab er 24hr 50 mg	1	
lamotrigine tab er 24hr 100 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
lamotrigine tab er 24hr 200 mg	1	
lamotrigine tab er 24hr 250 mg	1	
lamotrigine tab er 24hr 300 mg	1	
levetiracetam oral soln 100 mg/ml	1	
levetiracetam tab 250 mg	1	
levetiracetam tab 500 mg	1	
levetiracetam tab 750 mg	1	
levetiracetam tab 1000 mg	1	
levetiracetam tab er 24hr 500 mg	1	
levetiracetam tab er 24hr 750 mg	1	
LYRICA CAP 25MG	3	PA, QL (120 caps per month); MNPA
LYRICA CAP 50MG	3	PA, QL (120 caps per month); MNPA
LYRICA CAP 75MG	3	PA, QL (120 caps per month); MNPA
LYRICA CAP 100MG	3	PA, QL (120 caps per month); MNPA
LYRICA CAP 150MG	3	PA, QL (120 caps per month); MNPA
LYRICA CAP 200MG	3	PA, QL (90 caps per month); MNPA
LYRICA CAP 225MG	3	PA, QL (60 caps per month); MNPA
LYRICA CAP 300MG	3	PA, QL (60 caps per month); MNPA
LYRICA SOL 20MG/ML	3	PA, QL (1080 mL / month); MNPA
MYSOLINE TAB 50MG	3	
MYSOLINE TAB 250MG	3	
NEURONTIN CAP 100MG	3	
NEURONTIN CAP 300MG	3	
NEURONTIN CAP 400MG	3	
NEURONTIN SOL 250/5ML	3	
NEURONTIN TAB 600MG	3	
NEURONTIN TAB 800MG	3	
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	1	
oxcarbazepine tab 150 mg	1	
oxcarbazepine tab 300 mg	1	
oxcarbazepine tab 600 mg	1	
OXTELLAR XR TAB 150MG	2	

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Drug Name	Drug Tier	Requirements/Limits
OXTELLAR XR TAB 300MG	2	
OXTELLAR XR TAB 600MG	2	
pregabalin cap 25 mg	1	QL (120 caps per month)
pregabalin cap 50 mg	1	QL (120 caps per month)
pregabalin cap 75 mg	1	QL (120 caps per month)
pregabalin cap 100 mg	1	QL (120 caps per month)
pregabalin cap 150 mg	1	QL (120 caps per month)
pregabalin cap 200 mg	1	QL (90 caps per month)
pregabalin cap 225 mg	1	QL (60 caps per month)
pregabalin cap 300 mg	1	QL (60 caps per month)
pregabalin soln 20 mg/ml	1	QL (1080 mL / month)
primidone tab 50 mg	1	
primidone tab 250 mg	1	
QUDEXY XR CAP 25/24HR	3	
QUDEXY XR CAP 50/24HR	3	
QUDEXY XR CAP 100/24HR	3	
QUDEXY XR CAP 150/24HR	3	
QUDEXY XR CAP 200/24HR	3	
rufinamide susp 40 mg/ml	1	
SPRITAM TAB 250MG	3	PA; MNPA
SPRITAM TAB 500MG	3	PA; MNPA
SPRITAM TAB 750MG	3	PA; MNPA
SPRITAM TAB 1000MG	3	PA; MNPA
TEGRETOL SUS 100/5ML	3	
TEGRETOL TAB 200MG	3	
TEGRETOL-XR TAB 100MG	3	
TEGRETOL-XR TAB 200MG	3	
TEGRETOL-XR TAB 400MG	3	
TOPAMAX SPR CAP 15MG	3	
TOPAMAX SPR CAP 25MG	3	
TOPAMAX TAB 25MG	3	
TOPAMAX TAB 50MG	3	
TOPAMAX TAB 100MG	3	
TOPAMAX TAB 200MG	3	
topiramate cap er 24hr sprinkle 25 mg	1	PA; MNPA
topiramate cap er 24hr sprinkle 50 mg	1	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
topiramate cap er 24hr sprinkle 100 mg	1	PA; MNPA
topiramate cap er 24hr sprinkle 150 mg	1	PA; MNPA
topiramate cap er 24hr sprinkle 200 mg	1	PA; MNPA
topiramate sprinkle cap 15 mg	1	
topiramate sprinkle cap 25 mg	1	
topiramate tab 25 mg	1	
topiramate tab 50 mg	1	
topiramate tab 100 mg	1	
topiramate tab 200 mg	1	
TRILEPTAL SUS 300MG/5M	3	
TRILEPTAL TAB 150MG	3	
TRILEPTAL TAB 300MG	3	
TRILEPTAL TAB 600MG	3	
TROKENDI XR CAP 25MG	2	
TROKENDI XR CAP 50MG	2	
TROKENDI XR CAP 100MG	2	
TROKENDI XR CAP 200MG	2	
VIMPAT SOL 10MG/ML	2	
VIMPAT TAB 50MG	2	
VIMPAT TAB 100MG	2	
VIMPAT TAB 150MG	2	
VIMPAT TAB 200MG	2	
ZONEGRAN CAP 25MG	3	PA; MNPA
ZONEGRAN CAP 100MG	3	PA; MNPA
zonisamide cap 25 mg	1	
zonisamide cap 50 mg	1	
zonisamide cap 100 mg	1	
CARBAMATES		
felbamate susp 600 mg/5ml	1	
felbamate tab 400 mg	1	
felbamate tab 600 mg	1	
FELBATOL SUS 600/5ML	3	
FELBATOL TAB 400MG	3	
FELBATOL TAB 600MG	3	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 50-200MG	2	
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	
XCOPRI TAB 50MG	2	
XCOPRI TAB 100MG	2	

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI TAB 150MG	2	
XCOPRI TAB 200MG	2	
GABA MODULATORS		
GABITRIL TAB 2MG	3	
GABITRIL TAB 4MG	3	
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	3	
tiagabine hcl tab 2 mg	1	
tiagabine hcl tab 4 mg	1	
tiagabine hcl tab 12 mg	1	
tiagabine hcl tab 16 mg	1	
vigabatrin powd pack 500 mg	1	PA, QL (180 PACKETS PER 30 DAYS)
vigabatrin tab 500 mg	1	PA, QL (180 TABLETS PER 30 DAYS)
HYDANTOINS		
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHW 50MG	3	
DILANTIN-125 SUS 125/5ML	3	
PHENYTEK CAP 200MG	3	
PHENYTEK CAP 300MG	3	
phenytoin chew tab 50 mg	1	
phenytoin sodium extended cap 100 mg	1	
phenytoin sodium extended cap 200 mg	1	
phenytoin sodium extended cap 300 mg	1	
phenytoin susp 125 mg/5ml	1	
SUCCINIMIDES		
CELONTIN CAP 300MG	3	
ethosuximide cap 250 mg	1	
ethosuximide soln 250 mg/5ml	1	
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	
VALPROIC ACID		
DEPAKOTE ER TAB 250MG	3	
DEPAKOTE ER TAB 500MG	3	
DEPAKOTE SPR CAP 125MG	3	
DEPAKOTE TAB 125MG DR	3	
DEPAKOTE TAB 250MG DR	3	
DEPAKOTE TAB 500MG DR	3	

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Drug Name	Drug Tier	Requirements/Limits
divalproex sodium cap delayed release sprinkle 125 mg	1	
divalproex sodium tab delayed release 125 mg	1	
divalproex sodium tab delayed release 250 mg	1	
divalproex sodium tab delayed release 500 mg	1	
divalproex sodium tab er 24 hr 250 mg	1	
divalproex sodium tab er 24 hr 500 mg	1	
valproate sodium oral soln 250 mg/5ml (base equiv)	1	
valproic acid cap 250 mg	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine orally disintegrating tab 15 mg	1	
mirtazapine orally disintegrating tab 30 mg	1	
mirtazapine orally disintegrating tab 45 mg	1	
mirtazapine tab 7.5 mg	1	
mirtazapine tab 15 mg	1	
mirtazapine tab 30 mg	1	
mirtazapine tab 45 mg	1	
REMERON SLTB TAB 15MG	3	
REMERON SLTB TAB 30MG	3	
REMERON SLTB TAB 45MG	3	
REMERON TAB 15MG	3	
REMERON TAB 30MG	3	
ANTIDEPRESSANTS - MISC.		
APLENZIN TAB 174MG	3	
APLENZIN TAB 348MG	3	
APLENZIN TAB 522MG	3	
bupropion hcl tab 75 mg	1	
bupropion hcl tab 100 mg	1	
bupropion hcl tab er 12hr 100 mg	1	
bupropion hcl tab er 12hr 150 mg	1	
bupropion hcl tab er 12hr 200 mg	1	
bupropion hcl tab er 24hr 150 mg	1	
bupropion hcl tab er 24hr 300 mg	1	
bupropion hcl tab er 24hr 450 mg	1	PA; MNPA
FORFIVO XL TAB 450MG	3	
maprotiline hcl tab 25 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
maprotiline hcl tab 50 mg	1	
maprotiline hcl tab 75 mg	1	
WELLBUTRIN TAB 100MG SR	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB 200MG SR	3	
WELLBUTRIN TAB XL 150MG	3	
WELLBUTRIN TAB XL 300MG	3	
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM DIS 6MG/24HR	3	
EMSAM DIS 9MG/24HR	3	
EMSAM DIS 12MG/24H	3	
MARPLAN TAB 10MG	3	
NARDIL TAB 15MG	2	
PARNATE TAB 10MG	2	
phenelzine sulfate tab 15 mg	1	
tranylcypromine sulfate tab 10 mg	1	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO SOL 56MG DOS	3	PA
SPRAVATO SOL 84MG DOS	3	PA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA TAB 10MG	3	
CELEXA TAB 20MG	3	
CELEXA TAB 40MG	3	
citalopram hydrobromide oral soln 10 mg/5ml	1	
citalopram hydrobromide tab 10 mg (base equiv)	1	
citalopram hydrobromide tab 20 mg (base equiv)	1	
citalopram hydrobromide tab 40 mg (base equiv)	1	
escitalopram oxalate soln 5 mg/5ml (base equiv)	1	
escitalopram oxalate tab 5 mg (base equiv)	1	
escitalopram oxalate tab 10 mg (base equiv)	1	
escitalopram oxalate tab 20 mg (base equiv)	1	
fluoxetine hcl cap 10 mg	1	
fluoxetine hcl cap 20 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
fluoxetine hcl cap 40 mg	1	
fluoxetine hcl cap delayed release 90 mg	1	
fluoxetine hcl solution 20 mg/5ml	1	
fluoxetine hcl tab 10 mg	1	PA; MNPA
fluoxetine hcl tab 20 mg	1	
fluoxetine hcl tab 60 mg	1	PA; MNPA
FLUOXETINE TAB 60MG	3	PA; MNPA
fluvoxamine maleate cap er 24hr 100 mg	1	
fluvoxamine maleate cap er 24hr 150 mg	1	
fluvoxamine maleate tab 25 mg	1	
fluvoxamine maleate tab 50 mg	1	
fluvoxamine maleate tab 100 mg	1	
LEXAPRO TAB 5MG	3	PA; MNPA
LEXAPRO TAB 10MG	3	PA; MNPA
LEXAPRO TAB 20MG	3	PA; MNPA
paroxetine hcl oral susp 10 mg/5ml (base equiv)	1	
paroxetine hcl tab 10 mg	1	
paroxetine hcl tab 20 mg	1	
paroxetine hcl tab 30 mg	1	
paroxetine hcl tab 40 mg	1	
paroxetine hcl tab er 24hr 12.5 mg	1	
paroxetine hcl tab er 24hr 25 mg	1	
paroxetine hcl tab er 24hr 37.5 mg	1	
PAXIL CR TAB 12.5MG	3	PA; MNPA
PAXIL CR TAB 25MG	3	PA; MNPA
PAXIL CR TAB 37.5MG	3	PA; MNPA
PAXIL SUS 10MG/5ML	3	PA; MNPA
PAXIL TAB 10MG	3	PA; MNPA
PAXIL TAB 20MG	3	PA; MNPA
PAXIL TAB 30MG	3	PA; MNPA
PAXIL TAB 40MG	3	PA; MNPA
PEXEVA TAB 10MG	3	PA; MNPA
PEXEVA TAB 20MG	3	PA; MNPA
PEXEVA TAB 30MG	3	PA; MNPA
PEXEVA TAB 40MG	3	PA; MNPA
PROZAC CAP 10MG	3	PA; MNPA
PROZAC CAP 20MG	3	PA; MNPA
PROZAC CAP 40MG	3	PA; MNPA
sertraline hcl oral concentrate for solution 20 mg/ml	1	

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Drug Name	Drug Tier	Requirements/Limits
sertraline hcl tab 25 mg	1	
sertraline hcl tab 50 mg	1	
sertraline hcl tab 100 mg	1	
ZOLOFT CON 20MG/ML	3	PA; MNPA
ZOLOFT TAB 25MG	3	PA; MNPA
ZOLOFT TAB 50MG	3	PA; MNPA
ZOLOFT TAB 100MG	3	PA; MNPA
SEROTONIN MODULATORS		
nefazodone hcl tab 50 mg	1	
nefazodone hcl tab 100 mg	1	
nefazodone hcl tab 150 mg	1	
nefazodone hcl tab 200 mg	1	
nefazodone hcl tab 250 mg	1	
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	
trazodone hcl tab 150 mg	1	
trazodone hcl tab 300 mg	1	
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
VIIBRYD KIT STARTER	3	PA; MNPA
VIIBRYD TAB 10MG	3	PA; MNPA
VIIBRYD TAB 20MG	3	PA; MNPA
VIIBRYD TAB 40MG	3	PA; MNPA
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
CYMBALTA CAP 20MG	3	PA; MNPA
CYMBALTA CAP 30MG	3	PA; MNPA
CYMBALTA CAP 60MG	3	PA; MNPA
DESVENLAFAX TAB 50MG ER	3	
DESVENLAFAX TAB 100MG ER	3	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	1	
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	1	
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	1	
DRIZALMA CAP 20MG DR	3	PA; MNPA
DRIZALMA CAP 30MG DR	3	PA; MNPA
DRIZALMA CAP 40MG DR	3	PA; MNPA
DRIZALMA CAP 60MG DR	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	1	
EFFEXOR XR CAP 37.5MG	3	PA; MNPA
EFFEXOR XR CAP 75MG	3	PA; MNPA
EFFEXOR XR CAP 150MG	3	PA; MNPA
FETZIMA CAP 20MG	3	
FETZIMA CAP 40MG	3	
FETZIMA CAP 80MG	3	
FETZIMA CAP 120MG	3	
FETZIMA CAP TITRATIO	3	
PRISTIQ TAB 25MG	3	PA; MNPA
PRISTIQ TAB 50MG	3	PA; MNPA
PRISTIQ TAB 100MG	3	PA; MNPA
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	
venlafaxine hcl tab 25 mg (base equivalent)	1	
venlafaxine hcl tab 37.5 mg (base equivalent)	1	
venlafaxine hcl tab 50 mg (base equivalent)	1	
venlafaxine hcl tab 75 mg (base equivalent)	1	
venlafaxine hcl tab 100 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)	1	PA; MNPA
venlafaxine hcl tab er 24hr 75 mg (base equivalent)	1	PA; MNPA
venlafaxine hcl tab er 24hr 150 mg (base equivalent)	1	PA; MNPA
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	1	

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Drug Name	Drug Tier	Requirements/Limits
TRICYCLIC AGENTS		
amitriptyline hcl tab 10 mg	1	
amitriptyline hcl tab 25 mg	1	
amitriptyline hcl tab 50 mg	1	
amitriptyline hcl tab 75 mg	1	
amitriptyline hcl tab 100 mg	1	
amitriptyline hcl tab 150 mg	1	
amoxapine tab 25 mg	1	
amoxapine tab 50 mg	1	
amoxapine tab 100 mg	1	
amoxapine tab 150 mg	1	
ANAFRANIL CAP 25MG	2	
ANAFRANIL CAP 50MG	2	
ANAFRANIL CAP 75MG	2	
clomipramine hcl cap 25 mg	1	
clomipramine hcl cap 50 mg	1	
clomipramine hcl cap 75 mg	1	
desipramine hcl tab 10 mg	1	
desipramine hcl tab 25 mg	1	
desipramine hcl tab 50 mg	1	
desipramine hcl tab 75 mg	1	
desipramine hcl tab 100 mg	1	
desipramine hcl tab 150 mg	1	
doxepin hcl cap 10 mg	1	
doxepin hcl cap 25 mg	1	
doxepin hcl cap 50 mg	1	
doxepin hcl cap 75 mg	1	
doxepin hcl cap 100 mg	1	
doxepin hcl cap 150 mg	1	
doxepin hcl conc 10 mg/ml	1	
imipramine hcl tab 10 mg	1	
imipramine hcl tab 25 mg	1	
imipramine hcl tab 50 mg	1	
imipramine pamoate cap 75 mg	1	
imipramine pamoate cap 100 mg	1	
imipramine pamoate cap 125 mg	1	
imipramine pamoate cap 150 mg	1	
NORPRAMIN TAB 10MG	2	
NORPRAMIN TAB 25MG	2	
nortriptyline hcl cap 10 mg	1	
nortriptyline hcl cap 25 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
nortriptyline hcl cap 50 mg	1	
nortriptyline hcl cap 75 mg	1	
nortriptyline hcl soln 10 mg/5ml	1	
PAMELOR CAP 10MG	2	
PAMELOR CAP 25MG	2	
PAMELOR CAP 50MG	2	
PAMELOR CAP 75MG	2	
protriptyline hcl tab 5 mg	1	
protriptyline hcl tab 10 mg	1	
trimipramine maleate cap 25 mg	1	
trimipramine maleate cap 50 mg	1	
trimipramine maleate cap 100 mg	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab 25 mg	1	
acarbose tab 50 mg	1	
acarbose tab 100 mg	1	
miglitol tab 25 mg	1	
miglitol tab 50 mg	1	
miglitol tab 100 mg	1	
PRECOSE TAB 25MG	2	
PRECOSE TAB 50MG	2	
PRECOSE TAB 100MG	2	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	2	
SYMLNPEN 120 INJ 1000MCG	2	
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET TAB 15-500MG	3	
ACTOPLUS MET TAB 15-850MG	3	
alogliptin-metformin hcl tab 12.5-500 mg	1	PA; MNPA
alogliptin-metformin hcl tab 12.5-1000 mg	1	PA; MNPA
alogliptin-pioglitazone tab 12.5-15 mg	1	PA; MNPA
alogliptin-pioglitazone tab 12.5-30 mg	1	PA; MNPA
alogliptin-pioglitazone tab 12.5-45 mg	1	PA; MNPA
alogliptin-pioglitazone tab 25-15 mg	1	PA; MNPA
alogliptin-pioglitazone tab 25-30 mg	1	PA; MNPA
alogliptin-pioglitazone tab 25-45 mg	1	PA; MNPA
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
glipizide-metformin hcl tab 2.5-250 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	
glyburide-metformin tab 1.25-250 mg	1	
glyburide-metformin tab 2.5-500 mg	1	
glyburide-metformin tab 5-500 mg	1	
GLYXAMBI TAB 10-5 MG	2	
GLYXAMBI TAB 25-5 MG	2	
INVOKAMET TAB 50-500MG	3	PA; MNPA
INVOKAMET TAB 50-1000	3	PA; MNPA
INVOKAMET TAB 150-500	3	PA; MNPA
INVOKAMET TAB 150-1000	3	PA; MNPA
INVOKAMET XR TAB 50-500MG	3	PA; MNPA
INVOKAMET XR TAB 50-1000	3	PA; MNPA
INVOKAMET XR TAB 150-500	3	PA; MNPA
INVOKAMET XR TAB 150-1000	3	PA; MNPA
JANUMET TAB 50-500MG	2	
JANUMET TAB 50-1000	2	
JANUMET XR TAB 50-500MG	2	
JANUMET XR TAB 50-1000	2	
JANUMET XR TAB 100-1000	2	
JENTADUETO TAB 2.5-500	3	PA; MNPA
JENTADUETO TAB 2.5-850	3	PA; MNPA
JENTADUETO TAB 2.5-1000	3	PA; MNPA
JENTADUETO TAB XR	3	PA; MNPA
KAZANO 12.5- TAB 500MG	3	PA; MNPA
KAZANO 12.5- TAB 1000MG	3	PA; MNPA
KOMBIGLYZ XR TAB 2.5-1000	3	PA; MNPA
KOMBIGLYZ XR TAB 5-500MG	3	PA; MNPA
KOMBIGLYZ XR TAB 5-1000MG	3	PA; MNPA
OSENI TAB 12.5-15	3	PA; MNPA
OSENI TAB 12.5-30	3	PA; MNPA
OSENI TAB 12.5-45	3	PA; MNPA
OSENI TAB 25-15MG	3	PA; MNPA
OSENI TAB 25-30MG	3	PA; MNPA
OSENI TAB 25-45MG	3	PA; MNPA
pioglitazone hcl-glimepiride tab 30-2 mg	1	
pioglitazone hcl-glimepiride tab 30-4 mg	1	
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
QTERN TAB 5-5MG	3	PA; MNPA
QTERN TAB 10-5MG	3	PA; MNPA
SEGLUROMET TAB 2.5-500	3	PA; MNPA
SEGLUROMET TAB 2.5-1000	3	PA; MNPA
SEGLUROMET TAB 7.5-500	3	PA; MNPA
SEGLUROMET TAB 7.5-1000	3	PA; MNPA
SOLIQUA INJ 100/33	2	QL (10 pens / month)
STEGLUJAN TAB 5-100MG	3	PA; MNPA
STEGLUJAN TAB 15-100MG	3	PA; MNPA
SYNJARDY TAB	2	
SYNJARDY TAB 5-500MG	2	
SYNJARDY TAB 5-1000MG	2	
SYNJARDY TAB 12.5-500	2	
SYNJARDY XR TAB	2	
SYNJARDY XR TAB 5-1000MG	2	
SYNJARDY XR TAB 10-1000	2	
SYNJARDY XR TAB 25-1000	2	
TRIJARDY XR TAB	2	
XIGDUO XR TAB 2.5-1000	2	
XIGDUO XR TAB 5-500MG	2	
XIGDUO XR TAB 5-1000MG	2	
XIGDUO XR TAB 10-500MG	2	
XIGDUO XR TAB 10-1000	2	
XULTOPHY INJ 100/3.6	2	QL (5 PENS PER MONTH)
BIGUANIDES		
FORTAMET TAB 500MG	3	PA; MNPA
FORTAMET TAB 1000MG	3	PA; MNPA
GLUMETZA TAB 500MG	3	PA; MNPA
GLUMETZA TAB 1000MG	3	PA; MNPA
metformin hcl oral soln 500 mg/5ml	1	
metformin hcl tab 500 mg	1	
metformin hcl tab 850 mg	1	
metformin hcl tab 1000 mg	1	
metformin hcl tab er 24hr 500 mg	1	
metformin hcl tab er 24hr 750 mg	1	
metformin hcl tab er 24hr modified release 500 mg	1	PA; MNPA
metformin hcl tab er 24hr modified release 1000 mg	1	PA; MNPA
metformin hcl tab er 24hr osmotic 500 mg	1	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
metformin hcl tab er 24hr osmotic 1000 mg	1	PA; MNPA
RIOMET SOL	3	PA; MNPA
RIOMET SOL 500/5ML	3	PA; MNPA
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
diazoxide susp 50 mg/ml	1	
GLUCAGEN INJ HYPOKIT	2	
glucagon (rdna) for inj kit 1 mg	1	
GLUCAGON EMR SOL 1MG	3	PA; MNPA
GLUCAGON KIT 1MG	2	
GVOKE HYPO 1 INJ 1MG/.2ML	2	
GVOKE HYPO 1 INJ .5/.1ML	2	
GVOKE HYPO 2 INJ 1MG/.2ML	2	
GVOKE HYPO 2 INJ .5/.1ML	2	
GVOKE PFS INJ	2	
KORLYM TAB 300MG	3	PA, QL (120 TABLETS PER 30 DAYS)
PROGLYCEM SUS 50MG/ML	3	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
alogliptin benzoate tab 6.25 mg (base equiv)	1	PA; MNPA
alogliptin benzoate tab 12.5 mg (base equiv)	1	PA; MNPA
alogliptin benzoate tab 25 mg (base equiv)	1	PA; MNPA
JANUVIA TAB 25MG	2	
JANUVIA TAB 50MG	2	
JANUVIA TAB 100MG	2	
NESINA TAB 6.25MG	3	PA; MNPA
NESINA TAB 12.5MG	3	PA; MNPA
NESINA TAB 25MG	3	PA; MNPA
ONGLYZA TAB 2.5MG	3	PA; MNPA
ONGLYZA TAB 5MG	3	PA; MNPA
TRADJENTA TAB 5MG	3	PA; MNPA
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG	3	
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
ADLYXIN INJ 10/20MCG	3	PA, QL (2 pens per month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
ADLYXIN INJ 20MCG	3	PA, QL (2 pens per month); MNPA
BYDUREON BC INJ 2/0.85ML	3	PA, QL (4 pens per month); MNPA
BYETTA INJ 5MCG	3	PA, QL (1 pen per month); MNPA
BYETTA INJ 10MCG	3	PA, QL (1 pen per month); MNPA
OZEMPIC INJ 2/1.5ML	2	QL (1 PEN PER MONTH)
OZEMPIC INJ 2/1.5ML	2	QL (1 PEN PER MONTH); Starter Pen
OZEMPIC INJ 4MG/3ML	2	QL (1 PEN PER MONTH)
RYBELSUS TAB 3MG	2	QL (30 tabs / month)
RYBELSUS TAB 7MG	2	QL (30 tabs / month)
RYBELSUS TAB 14MG	2	QL (30 tabs / month)
TRULICITY INJ 0.75/0.5	2	QL (4 PENS PER MONTH)
TRULICITY INJ 1.5/0.5	2	QL (4 PENS PER MONTH)
TRULICITY INJ 3/0.5	2	QL (4 PENS PER MONTH)
TRULICITY INJ 4.5/0.5	2	QL (4 PENS PER MONTH)
VICTOZA INJ 18MG/3ML	2	QL (3 PENS PER MONTH)
INSULIN		
ADMELOG INJ 100U/ML	3	PA; MNPA
ADMELOG SOLO INJ 100U/ML	3	PA; MNPA
AFREZZA POW 4-8 UNIT	3	PA; MNPA
AFREZZA POW 4-8-12	3	PA; MNPA
AFREZZA POW 4UNIT	3	PA; MNPA
AFREZZA POW 8 UNIT	3	PA; MNPA
AFREZZA POW 8-12UNIT	3	PA; MNPA
AFREZZA POW 12 UNIT	3	PA; MNPA
APIDRA INJ SOLOSTAR	3	PA; MNPA
BASAGLAR INJ 100UNIT	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMALOG INJ 100/ML	3	PA; MNPA
HUMALOG JR INJ 100/ML	3	PA; MNPA
HUMALOG KWIK INJ 100/ML	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG KWIK INJ 200/ML	3	PA; MNPA
HUMALOG MIX INJ 50/50	3	PA; MNPA
HUMALOG MIX INJ 50/50KWP	3	PA; MNPA
HUMALOG MIX INJ 75/25KWP	3	PA; MNPA
HUMALOG MIX SUS 75/25	3	PA; MNPA
HUMULIN INJ 70/30	3	PA; MNPA
HUMULIN INJ 70/30KWP	3	PA; MNPA
HUMULIN N INJ U-100	3	PA; MNPA
HUMULIN N INJ U-100KWP	3	PA; MNPA
HUMULIN R INJ U-500	2	
INS ASP PROT INJ FLEXPEN	3	PA; MNPA
INSULIN ASPA INJ 70/30	3	PA; MNPA
INSULIN ASPA INJ 100/ML	3	PA; MNPA
INSULIN ASPA INJ FLEXPEN	3	PA; MNPA
INSULIN ASPA INJ PENFILL	3	PA; MNPA
INSULIN LISP INJ 100/ML	3	PA; MNPA
INSULIN LISP INJ JUNIOR	3	PA; MNPA
INSULIN LISP INJ PROTAMIN	3	PA; MNPA
LANTUS INJ 100/ML	3	PA; MNPA
LANTUS SOLOS INJ 100/ML	3	PA; MNPA
LEVEMIR INJ	2	
LEVEMIR INJ FLEXTOUC	2	
LYUMJEV KWPN INJ 100UT/ML	3	PA; MNPA
LYUMJEV KWPN INJ 200UT/ML	3	PA; MNPA
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30 FP	2	PA; MNPA
NOVOLIN INJ 70/30 FP	3	PA; MNPA
NOVOLIN N INJ 100 UNIT	2	
NOVOLIN N INJ 100 UNIT	3	PA; MNPA
NOVOLIN N INJ U-100	2	
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
SEMGLEE INJ 100U/ML	3	PA; MNPA
SEMGLEE SOL 100U/ML	3	PA; MNPA
TOUJEO MAX INJ 300IU/ML	2	
TOUJEO SOLO INJ 300IU/ML	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	

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Drug Name	Drug Tier	Requirements/Limits
TRESIBA INJ 100UNIT	2	
INSULIN SENSITIZING AGENTS		
ACTOS TAB 15MG	3	PA; MNPA
ACTOS TAB 30MG	3	PA; MNPA
ACTOS TAB 45MG	3	PA; MNPA
AVANDIA TAB 2MG	3	
AVANDIA TAB 4MG	3	
pioglitazone hcl tab 15 mg (base equiv)	1	
pioglitazone hcl tab 30 mg (base equiv)	1	
pioglitazone hcl tab 45 mg (base equiv)	1	
MEGLITINIDE ANALOGUES		
nateglinide tab 60 mg	1	
nateglinide tab 120 mg	1	
repaglinide tab 0.5 mg	1	
repaglinide tab 1 mg	1	
repaglinide tab 2 mg	1	
STARLIX TAB 120MG	3	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	2	
FARXIGA TAB 10MG	2	
INVOKANA TAB 100MG	3	PA; MNPA
INVOKANA TAB 300MG	3	PA; MNPA
JARDIANCE TAB 10MG	2	
JARDIANCE TAB 25MG	2	
STEGLATRO TAB 5MG	3	PA; MNPA
STEGLATRO TAB 15MG	3	PA; MNPA
SULFONYLUREAS		
AMARYL TAB 1MG	3	
AMARYL TAB 2MG	3	
AMARYL TAB 4MG	3	
glimepiride tab 1 mg	1	
glimepiride tab 2 mg	1	
glimepiride tab 4 mg	1	
glipizide tab 5 mg	1	
glipizide tab 10 mg	1	
glipizide tab er 24hr 2.5 mg	1	
glipizide tab er 24hr 5 mg	1	
glipizide tab er 24hr 10 mg	1	
GLUCOTROL TAB 10MG	3	
GLUCOTROL XL TAB 2.5MG	3	

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Drug Name	Drug Tier	Requirements/Limits
GLUCOTROL XL TAB 5MG	3	
GLUCOTROL XL TAB 10MG	3	
glyburide micronized tab 1.5 mg	1	
glyburide micronized tab 3 mg	1	
glyburide micronized tab 6 mg	1	
glyburide tab 1.25 mg	1	
glyburide tab 2.5 mg	1	
glyburide tab 5 mg	1	
GLYNASE TAB 1.5MG	3	
GLYNASE TAB 3MG	3	
GLYNASE TAB 6MG	3	
tolbutamide tab 500 mg	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI TAB 125MG	3	PA; MNPA
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS		
RESTORA RX CAP 60-1.25	3	
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
LOMOTIL TAB 2.5MG	2	
MOTOFEN TAB 1-0.025	3	PA; MNPA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP 100MG	3	
deferasirox granules packet 90 mg	1	PA
deferasirox granules packet 180 mg	1	PA
deferasirox granules packet 360 mg	1	PA
deferasirox tab 90 mg	1	PA
deferasirox tab 180 mg	1	PA
deferasirox tab 360 mg	1	PA
deferasirox tab for oral susp 125 mg	1	PA
deferasirox tab for oral susp 250 mg	1	PA
deferasirox tab for oral susp 500 mg	1	PA
deferiprone tab 500 mg	1	PA
EXJADE TAB 125MG	3	PA; MNPA
EXJADE TAB 250MG	3	PA; MNPA
EXJADE TAB 500MG	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
FERPRX 2-DAY TAB 1000MG	3	PA; MNPA
FERRIPROX SOL 100MG/ML	3	PA; MNPA
FERRIPROX TAB 500MG	3	PA; MNPA
FERRIPROX TAB 1000MG	3	PA; MNPA
JADENU SPRKL GRA 90MG	3	PA; MNPA
JADENU SPRKL GRA 180MG	3	PA; MNPA
JADENU SPRKL GRA 360MG	3	PA; MNPA
JADENU TAB 90MG	3	PA; MNPA
JADENU TAB 180MG	3	PA; MNPA
JADENU TAB 360MG	3	PA; MNPA
PENTETATE CA SOL 200MG/ML	3	PA; MNPA
PENTETATE ZI SOL 200MG/ML	3	PA; MNPA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
RADIOGARDASE CAP 0.5GM	3	
VISTOGARD PAK 10GM	2	QL (20 PACKETS PER 5 DAYS)
OPIOID ANTAGONISTS		
naloxone hcl inj 0.4 mg/ml	1	
naloxone hcl inj 4 mg/10ml	1	
naloxone hcl soln cartridge 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
naltrexone hcl tab 50 mg	1	
NARCAN SPR	2	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET TAB 50MG	3	QL (6 tabs / 21 days)
ANZEMET TAB 100MG	3	QL (6 tabs / 21 days)
granisetron hcl tab 1 mg	1	QL (12 tabs / 21 days)
ondansetron hcl oral soln 4 mg/5ml	1	QL (200 mL / 21 days)
ondansetron hcl tab 4 mg	1	QL (18 tabs / 21 days)
ondansetron hcl tab 8 mg	1	QL (18 tabs / 21 days)
ondansetron hcl tab 24 mg	1	QL (2 ea / 21 days)
ondansetron orally disintegrating tab 4 mg	1	QL (18 tabs / 21 days)
ondansetron orally disintegrating tab 8 mg	1	QL (18 tabs / 21 days)
SANCUSO DIS 3.1MG	2	QL (2 patches / 21 days)
SUSTOL INJ 10/0.4ML	3	PA, QL (2 injections / 21 days); MNPA
ZOFRAN TAB 4MG	3	QL (18 tabs / 21 days)

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Drug Name	Drug Tier	Requirements/Limits
ZUPLENZ MIS 4MG	3	PA, QL (18 films / 21 days); MNPA
ZUPLENZ MIS 8MG	3	PA, QL (18 films / 21 days); MNPA
ANTIEMETICS - ANTICHOLINERGIC		
MECLIZINE TAB 50MG	3	PA; MNPA
scopolamine td patch 72hr 1 mg/3days	1	
TIGAN CAP 300MG	3	
TRANSDERM SC DIS 1MG/3DAY	3	PA; MNPA
TRANSDERM-SC DIS 1MG/3DAY	3	PA; MNPA
trimethobenzamide hcl cap 300 mg	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5	3	QL (2 caps / 21 days)
BONJESTA TAB 20-20MG	3	PA; MNPA
DICLEGIS TAB 10-10MG	3	
doxylamine-pyridoxine tab delayed release 10-10 mg	1	
dronabinol cap 2.5 mg	1	
dronabinol cap 5 mg	1	
dronabinol cap 10 mg	1	
MARINOL CAP 2.5MG	3	
MARINOL CAP 5MG	3	
MARINOL CAP 10MG	3	
SYNDROS SOL 5MG/ML	3	PA; MNPA
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant capsule 40 mg	1	QL (3 caps / 180 days)
aprepitant capsule 80 mg	1	QL (4 caps / 21 days)
aprepitant capsule 125 mg	1	QL (2 ea / 21 days)
aprepitant capsule therapy pack 80 & 125 mg	1	QL (6 caps / 21 days)
EMEND CAP 80MG	3	QL (4 caps / 21 days)
EMEND SUS 125MG	3	QL (6 kits / 21 days)
EMEND TRIPAC PAK 80 & 125	3	QL (6 caps / 21 days)
VARUBI TAB 90MG	3	QL (4 tabs / 21 days)
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
BREXAFEMME TAB 150MG	3	
ANTIFUNGALS		
ANCOBON CAP 250MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ANCOBON CAP 500MG	3	
BIO-STATIN CAP 500000	3	
BIO-STATIN CAP 1000000	3	
flucytosine cap 250 mg	1	
flucytosine cap 500 mg	1	PA; MNPA
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	1	
griseofulvin ultramicrosize tab 125 mg	1	
griseofulvin ultramicrosize tab 250 mg	1	
nystatin oral powder	1	
nystatin tab 500000 unit	1	
terbinafine hcl tab 250 mg	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA CAP 186 MG	3	PA; MNPA
DIFLUCAN SUS 10MG/ML	3	
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 50MG	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 150MG	3	
DIFLUCAN TAB 200MG	3	
fluconazole for susp 10 mg/ml	1	
fluconazole for susp 40 mg/ml	1	
fluconazole tab 50 mg	1	
fluconazole tab 100 mg	1	
fluconazole tab 150 mg	1	
fluconazole tab 200 mg	1	
itraconazole cap 100 mg	1	
itraconazole oral soln 10 mg/ml	1	
ketoconazole tab 200 mg	1	
NOXAFIL SUS 40MG/ML	3	PA; MNPA
NOXAFIL TAB 100MG	3	PA; MNPA
posaconazole tab delayed release 100 mg	1	PA; MNPA
SPORANOX CAP 100MG	3	
SPORANOX CAP PULSEPAK	3	
SPORANOX SOL 10MG/ML	3	
TOLSURA CAP 65MG	3	PA; MNPA
VFEND SUS 40MG/ML	2	PA
VFEND TAB 50MG	2	PA
VFEND TAB 200MG	2	PA
voriconazole for susp 40 mg/ml	1	PA
voriconazole tab 50 mg	1	PA

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Drug Name	Drug Tier	Requirements/Limits
voriconazole tab 200 mg	1	PA
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
dexchlorpheniramine maleate oral soln 2 mg/5ml	1	PA; MNPA
ANTIHISTAMINES - ETHANOLAMINES		
CARBINOXAMIN TAB 6MG	3	PA; MNPA
carbinoxamine maleate soln 4 mg/5ml	1	
carbinoxamine maleate tab 4 mg	1	
clemastine fumarate tab 2.68 mg	1	
KARBINAL ER SUS 4MG/5ML	3	
RYVENT TAB 6MG	3	PA; MNPA
ANTIHISTAMINES - NON-SEDATING		
CLARINEX TAB 5MG	3	
desloratadine tab 5 mg	1	
desloratadine tab orally disintegrating 2.5 mg	1	
desloratadine tab orally disintegrating 5 mg	1	
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	1	
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl suppos 12.5 mg	1	
promethazine hcl suppos 25 mg	1	
promethazine hcl suppos 50 mg	1	
promethazine hcl syrup 6.25 mg/5ml	1	
promethazine hcl tab 12.5 mg	1	
promethazine hcl tab 25 mg	1	
promethazine hcl tab 50 mg	1	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrup 2 mg/5ml	1	
cyproheptadine hcl tab 4 mg	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	2	
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	1	
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	
ezetimibe-simvastatin tab 10-80 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
NEXLIZET TAB 180/10MG	2	
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl cap 1 gm	1	PA; MNPA
LOVAZA CAP 1GM	3	
omega-3-acid ethyl esters cap 1 gm	1	
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	1	Tier 1 with DAW9
BILE ACID SEQUESTRANTS		
cholestyramine light powder 4 gm/dose	1	
cholestyramine light powder packets 4 gm	1	
cholestyramine powder 4 gm/dose	1	
cholestyramine powder packets 4 gm	1	
colesevelam hcl packet for susp 3.75 gm	1	
colesevelam hcl tab 625 mg	1	
COLESTID FLA GRA 5/7.5GM	3	
COLESTID FLA GRA 5GM	3	
COLESTID GRA 5GM	3	
COLESTID POW 5GM	3	
COLESTID TAB 1GM	3	
colestipol hcl granule packets 5 gm	1	
colestipol hcl granules 5 gm	1	
colestipol hcl tab 1 gm	1	
QUESTRAN POW 4GM	3	
QUESTRAN POW 4GM LITE	3	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	
FIBRIC ACID DERIVATIVES		
ANTARA CAP 30MG	3	
ANTARA CAP 90MG	3	
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	1	
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	1	
fenofibrate cap 50 mg	1	PA; MNPA
fenofibrate cap 150 mg	1	
fenofibrate micronized cap 43 mg	1	
fenofibrate micronized cap 67 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
fenofibrate micronized cap 130 mg	1	PA; MNPA
fenofibrate micronized cap 134 mg	1	
fenofibrate micronized cap 200 mg	1	
fenofibrate tab 40 mg	1	PA; MNPA
fenofibrate tab 48 mg	1	
fenofibrate tab 54 mg	1	
fenofibrate tab 120 mg	1	PA; MNPA
fenofibrate tab 145 mg	1	
fenofibrate tab 160 mg	1	
fenofibric acid tab 35 mg	1	
fenofibric acid tab 105 mg	1	PA; MNPA
FENOGLIDE TAB 40MG	3	
FENOGLIDE TAB 120MG	3	PA; MNPA
FIBRICOR TAB 35MG	3	
FIBRICOR TAB 105MG	3	
gemfibrozil tab 600 mg	1	
LIPOFEN CAP 50MG	3	
LIPOFEN CAP 150MG	3	
LOPID TAB 600MG	3	
TRICOR TAB 48MG	3	PA; MNPA
TRICOR TAB 145MG	3	PA; MNPA
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	
HMG COA REDUCTASE INHIBITORS		
ALTOPREV TAB 20MG ER	3	PA; MNPA
ALTOPREV TAB 40MG ER	3	PA; MNPA
ALTOPREV TAB 60MG ER	3	PA; MNPA
atorvastatin calcium tab 10 mg (base equivalent)	0	$0 copay for members age 40 through 75
atorvastatin calcium tab 20 mg (base equivalent)	0	$0 copay for members age 40 through 75
atorvastatin calcium tab 40 mg (base equivalent)	1	
atorvastatin calcium tab 80 mg (base equivalent)	1	
CRESTOR TAB 5MG	0	PA; MNPA
CRESTOR TAB 10MG	0	PA; MNPA
CRESTOR TAB 20MG	3	PA; MNPA
CRESTOR TAB 40MG	3	PA; MNPA
EZALLOR SPR CAP 5MG	3	PA; MNPA
EZALLOR SPR CAP 10MG	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
EZALLOR SPR CAP 20MG	3	PA; MNPA
EZALLOR SPR CAP 40MG	3	PA; MNPA
FLOLIPID SUS 20MG/5ML	3	PA; MNPA
FLOLIPID SUS 40MG/5ML	3	PA; MNPA
fluvastatin sodium cap 20 mg (base equivalent)	0	$0 copay for members age 40 through 75
fluvastatin sodium cap 40 mg (base equivalent)	0	$0 copay for members age 40 through 75
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	0	$0 copay for members age 40 through 75
LESCOL XL TAB 80MG	0	PA; MNPA
LIPITOR TAB 10MG	0	PA; MNPA
LIPITOR TAB 20MG	0	PA; MNPA
LIPITOR TAB 40MG	3	PA; MNPA
LIPITOR TAB 80MG	3	PA; MNPA
LIVALO TAB 1MG	3	PA; MNPA
LIVALO TAB 2MG	3	PA; MNPA
LIVALO TAB 4MG	3	PA; MNPA
lovastatin tab 10 mg	0	$0 copay for members age 40 through 75
lovastatin tab 20 mg	0	$0 copay for members age 40 through 75
lovastatin tab 40 mg	0	$0 copay for members age 40 through 75
pravastatin sodium tab 10 mg	0	$0 copay for members age 40 through 75
pravastatin sodium tab 20 mg	0	$0 copay for members age 40 through 75
pravastatin sodium tab 40 mg	0	$0 copay for members age 40 through 75
pravastatin sodium tab 80 mg	0	$0 copay for members age 40 through 75
rosuvastatin calcium tab 5 mg	0	$0 copay for members age 40 through 75
rosuvastatin calcium tab 10 mg	0	$0 copay for members age 40 through 75
rosuvastatin calcium tab 20 mg	1	
rosuvastatin calcium tab 40 mg	1	
simvastatin tab 5 mg	0	$0 copay for members age 40 through 75
simvastatin tab 10 mg	0	$0 copay for members age 40 through 75

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Drug Name	Drug Tier	Requirements/Limits
simvastatin tab 20 mg	0	$0 copay for members age 40 through 75
simvastatin tab 40 mg	0	$0 copay for members age 40 through 75
simvastatin tab 80 mg	1	
ZOCOR TAB 10MG	0	
ZOCOR TAB 20MG	0	
ZOCOR TAB 40MG	0	
ZOCOR TAB 80MG	3	
ZYPITAMAG TAB 2MG	3	PA; MNPA
ZYPITAMAG TAB 4MG	3	PA; MNPA
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab 10 mg	1	
ZETIA TAB 10MG	3	PA; MNPA
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP 5MG	3	PA, QL (28 CAPSULES PER 28 DAYS)
JUXTAPID CAP 10MG	3	PA, QL (28 CAPSULES PER 28 DAYS)
JUXTAPID CAP 20MG	3	PA, QL (28 CAPSULES PER 28 DAYS)
JUXTAPID CAP 30MG	3	PA, QL (28 CAPSULES PER 28 DAYS)
NICOTINIC ACID DERIVATIVES		
niacin (antihyperlipidemic) tab 500 mg	1	PA; MNPA
niacin tab er 500 mg (antihyperlipidemic)	1	
niacin tab er 750 mg (antihyperlipidemic)	1	
niacin tab er 1000 mg (antihyperlipidemic)	1	
NIASPAN TAB 500MG ER	3	
NIASPAN TAB 750MG ER	3	
NIASPAN TAB 1000 ER	3	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ 75MG/ML	2	PA, QL (2 PENS PER MONTH)
PRALUENT INJ 150MG/ML	2	PA, QL (2 injections / month)
ANTIHYPERTENSIVES		
ACE INHIBITORS		
ACCUPRIL TAB 5MG	3	
ACCUPRIL TAB 10MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ACCUPRIL TAB 20MG	3	
ACCUPRIL TAB 40MG	3	
ALTACE CAP 1.25MG	3	
ALTACE CAP 2.5MG	3	
ALTACE CAP 5MG	3	
ALTACE CAP 10MG	3	
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg	1	
benazepril hcl tab 20 mg	1	
benazepril hcl tab 40 mg	1	
captopril tab 12.5 mg	1	
captopril tab 25 mg	1	
captopril tab 50 mg	1	
captopril tab 100 mg	1	
enalapril maleate oral soln 1 mg/ml	1	
enalapril maleate tab 2.5 mg	1	
enalapril maleate tab 5 mg	1	
enalapril maleate tab 10 mg	1	
enalapril maleate tab 20 mg	1	
EPANED SOL 1MG/ML	3	
fosinopril sodium tab 10 mg	1	
fosinopril sodium tab 20 mg	1	
fosinopril sodium tab 40 mg	1	
lisinopril tab 2.5 mg	1	
lisinopril tab 5 mg	1	
lisinopril tab 10 mg	1	
lisinopril tab 20 mg	1	
lisinopril tab 30 mg	1	
lisinopril tab 40 mg	1	
LOTENSIN TAB 10MG	3	
LOTENSIN TAB 20MG	3	
LOTENSIN TAB 40MG	3	
moexipril hcl tab 7.5 mg	1	
moexipril hcl tab 15 mg	1	
perindopril erbumine tab 2 mg	1	
perindopril erbumine tab 4 mg	1	
perindopril erbumine tab 8 mg	1	
PRINIVIL TAB 20MG	3	
QBRELIS SOL 1MG/ML	3	
quinapril hcl tab 5 mg	1	
quinapril hcl tab 10 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
quinapril hcl tab 20 mg	1	
quinapril hcl tab 40 mg	1	
ramipril cap 1.25 mg	1	
ramipril cap 2.5 mg	1	
ramipril cap 5 mg	1	
ramipril cap 10 mg	1	
trandolapril tab 1 mg	1	
trandolapril tab 2 mg	1	
trandolapril tab 4 mg	1	
VASOTEC TAB 2.5MG	3	
VASOTEC TAB 5MG	3	
VASOTEC TAB 10MG	3	
VASOTEC TAB 20MG	3	
ZESTRIL TAB 2.5MG	3	
ZESTRIL TAB 5MG	3	
ZESTRIL TAB 10MG	3	
ZESTRIL TAB 20MG	3	
ZESTRIL TAB 30MG	3	
ZESTRIL TAB 40MG	3	
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSER CAP 250MG	3	
DIBENZYLINE CAP 10MG	3	
metyrosine cap 250 mg	1	
phenoxybenzamine hcl cap 10 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND TAB 4MG	3	PA; MNPA
ATACAND TAB 8MG	3	PA; MNPA
ATACAND TAB 16MG	3	PA; MNPA
ATACAND TAB 32MG	3	PA; MNPA
AVAPRO TAB 75MG	3	
AVAPRO TAB 150MG	3	
AVAPRO TAB 300MG	3	
BENICAR TAB 5MG	3	PA; MNPA
BENICAR TAB 20MG	3	PA; MNPA
BENICAR TAB 40MG	3	PA; MNPA
candesartan cilexetil tab 4 mg	1	
candesartan cilexetil tab 8 mg	1	
candesartan cilexetil tab 16 mg	1	
candesartan cilexetil tab 32 mg	1	
COZAAR TAB 25MG	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
COZAAR TAB 50MG	3	PA; MNPA
COZAAR TAB 100MG	3	PA; MNPA
DIOVAN TAB 40MG	3	PA; MNPA
DIOVAN TAB 80MG	3	PA; MNPA
DIOVAN TAB 160MG	3	PA; MNPA
DIOVAN TAB 320MG	3	PA; MNPA
EDARBI TAB 40MG	3	PA; MNPA
EDARBI TAB 80MG	3	PA; MNPA
irbesartan tab 75 mg	1	
irbesartan tab 150 mg	1	
irbesartan tab 300 mg	1	
losartan potassium tab 25 mg	1	
losartan potassium tab 50 mg	1	
losartan potassium tab 100 mg	1	
MICARDIS TAB 20MG	3	PA; MNPA
MICARDIS TAB 40MG	3	PA; MNPA
MICARDIS TAB 80MG	3	PA; MNPA
olmesartan medoxomil tab 5 mg	1	
olmesartan medoxomil tab 20 mg	1	
olmesartan medoxomil tab 40 mg	1	
telmisartan tab 20 mg	1	
telmisartan tab 40 mg	1	
telmisartan tab 80 mg	1	
valsartan tab 40 mg	1	
valsartan tab 80 mg	1	
valsartan tab 160 mg	1	
valsartan tab 320 mg	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	
CARDURA TAB 8MG	3	
CATAPRES-TTS DIS 0.1/24HR	2	
CATAPRES-TTS DIS 0.2/24HR	2	
CATAPRES-TTS DIS 0.3/24HR	2	
clonidine hcl tab 0.1 mg	1	
clonidine hcl tab 0.2 mg	1	
clonidine hcl tab 0.3 mg	1	
clonidine td patch weekly 0.1 mg/24hr	1	
clonidine td patch weekly 0.2 mg/24hr	1	
clonidine td patch weekly 0.3 mg/24hr	1	

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Drug Name	Drug Tier	Requirements/Limits
doxazosin mesylate tab 1 mg	1	
doxazosin mesylate tab 2 mg	1	
doxazosin mesylate tab 4 mg	1	
doxazosin mesylate tab 8 mg	1	
guanfacine hcl tab 1 mg	1	
guanfacine hcl tab 2 mg	1	
methyldopa tab 250 mg	1	
methyldopa tab 500 mg	1	
MINIPRESS CAP 1MG	3	
MINIPRESS CAP 2MG	3	
MINIPRESS CAP 5MG	3	
prazosin hcl cap 1 mg	1	
prazosin hcl cap 2 mg	1	
prazosin hcl cap 5 mg	1	
terazosin hcl cap 1 mg (base equivalent)	1	
terazosin hcl cap 2 mg (base equivalent)	1	
terazosin hcl cap 5 mg (base equivalent)	1	
terazosin hcl cap 10 mg (base equivalent)	1	
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
ACCURETIC TAB 20-25MG	3	
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	
ATACAND HCT TAB 16-12.5	3	PA; MNPA
ATACAND HCT TAB 32-12.5	3	PA; MNPA
ATACAND HCT TAB 32-25MG	3	PA; MNPA
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
AVALIDE TAB 150-12.5	3	
AVALIDE TAB 300-12.5	3	
AZOR TAB 5-20MG	3	PA; MNPA
AZOR TAB 5-40MG	3	PA; MNPA
AZOR TAB 10-20MG	3	PA; MNPA
AZOR TAB 10-40MG	3	PA; MNPA
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
BENICAR HCT TAB 20-12.5	3	PA; MNPA
BENICAR HCT TAB 40-12.5	3	PA; MNPA
BENICAR HCT TAB 40-25MG	3	PA; MNPA
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
DIOVAN HCT TAB 80/12.5	3	PA; MNPA
DIOVAN HCT TAB 160-12.5	3	PA; MNPA
DIOVAN HCT TAB 160-25MG	3	PA; MNPA
DIOVAN HCT TAB 320-12.5	3	PA; MNPA
DIOVAN HCT TAB 320-25MG	3	PA; MNPA
DUTOPROL TAB 25-12.5	3	PA; MNPA
DUTOPROL TAB 50-12.5	3	PA; MNPA
DUTOPROL TAB 100-12.5	3	PA; MNPA
EDARBYCLOR TAB 40-12.5	3	PA; MNPA
EDARBYCLOR TAB 40-25MG	3	PA; MNPA
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
EXFORGE HCT TAB 5-160-12.5	3	PA; MNPA
EXFORGE HCT TAB 5-160-25	3	PA; MNPA
EXFORGE HCT TAB 10-160-12.5	3	PA; MNPA
EXFORGE HCT TAB 10-160-25	3	PA; MNPA
EXFORGE HCT TAB 10-320-25	3	PA; MNPA
EXFORGE TAB 5-160MG	3	PA; MNPA
EXFORGE TAB 5-320MG	3	PA; MNPA
EXFORGE TAB 10-160MG	3	PA; MNPA
EXFORGE TAB 10-320MG	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
HYZAAR TAB 50-12.5	3	PA; MNPA
HYZAAR TAB 100-12.5	3	PA; MNPA
HYZAAR TAB 100-25	3	PA; MNPA
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
LOTREL CAP 5-10MG	2	
LOTREL CAP 5-20MG	2	
LOTREL CAP 10-20MG	2	
LOTREL CAP 10-40MG	2	
methyldopa & hydrochlorothiazide tab 250-15 mg	1	
methyldopa & hydrochlorothiazide tab 250-25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
MICARDIS HCT TAB 40/12.5	3	PA; MNPA
MICARDIS HCT TAB 80-25MG	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
MICARDIS HCT TAB 80/12.5	3	PA; MNPA
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	
PRESTALIA TAB 3.5-2.5	3	PA; MNPA
PRESTALIA TAB 7-5MG	3	PA; MNPA
PRESTALIA TAB 14-10MG	3	PA; MNPA
propranolol & hydrochlorothiazide tab 40-25 mg	1	
propranolol & hydrochlorothiazide tab 80-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
TARKA TAB 2-180 CR	2	
TARKA TAB 2-240 CR	2	
TARKA TAB 4-240 CR	2	
TEKTURNA HCT TAB 150-12.5	2	
TEKTURNA HCT TAB 150-25MG	2	
TEKTURNA HCT TAB 300-12.5	2	
TEKTURNA HCT TAB 300-25MG	2	
telmisartan-amlodipine tab 40-5 mg	1	
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-25 mg	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	
TRIBENZOR20- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-25MG	3	
TRIBENZOR40- TAB 10-12.5	3	
TRIBENZOR40- TAB 10-25MG	3	
TWYNSTA TAB 40-5MG	3	
TWYNSTA TAB 40-10MG	3	
TWYNSTA TAB 80-5MG	3	
TWYNSTA TAB 80-10MG	3	
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	
VASERETIC TAB 10-25MG	3	
ZESTORETIC TAB 10-12.5	3	PA; MNPA
ZESTORETIC TAB 20-12.5	3	PA; MNPA
ZESTORETIC TAB 20-25MG	3	PA; MNPA
ZIAC TAB 2.5/6.25	2	
ZIAC TAB 5-6.25MG	2	
ZIAC TAB 10/6.25	2	
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB 2.5MG	3	
DIRECT RENIN INHIBITORS		
aliskiren fumarate tab 150 mg (base equivalent)	1	

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Drug Name	Drug Tier	Requirements/Limits
aliskiren fumarate tab 300 mg (base equivalent)	1	
TEKTURNA TAB 150MG	3	
TEKTURNA TAB 300MG	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg	1	
eplerenone tab 50 mg	1	
INSPRA TAB 25MG	2	
INSPRA TAB 50MG	2	
VASODILATORS		
hydralazine hcl tab 10 mg	1	
hydralazine hcl tab 25 mg	1	
hydralazine hcl tab 50 mg	1	
hydralazine hcl tab 100 mg	1	
minoxidil tab 2.5 mg	1	
minoxidil tab 10 mg	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
COARTEM TAB 20-120MG	3	
MALARONE TAB 62.5-25	2	
MALARONE TAB 250-100	2	
PYRIME/LEUCO CAP 12.5/2.5	3	PA; MNPA
PYRIME/LEUCO CAP 25/5MG	3	PA; MNPA
PYRIME/LEUCO CAP 25/10MG	3	PA; MNPA
PYRIME/LEUCO CAP 50/10MG	3	PA; MNPA
PYRIME/LEUCO CAP 50/20MG	3	PA; MNPA
PYRIME/LEUCO CAP 50/25MG	3	PA; MNPA
PYRIME/LEUCO CAP 75/25MG	3	PA; MNPA
ANTIMALARIALS		
ARAKODA TAB 100MG	3	PA; MNPA
chloroquine phosphate tab 250 mg	1	
chloroquine phosphate tab 500 mg	1	
DARAPRIM TAB 25MG	3	PA; MNPA
hydroxychloroquine sulfate tab 200 mg	1	
KRINTAFEL TAB 150MG	3	PA; MNPA
mefloquine hcl tab 250 mg	1	
PLAQUENIL TAB 200MG	2	

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Drug Name	Drug Tier	Requirements/Limits
primaquine phosphate tab 26.3 mg (15 mg base)	1	
PRIMAQUINE TAB 26.3MG	3	
pyrimethamine tab 25 mg	1	PA
QUALAQUIN CAP 324MG	3	
quinine sulfate cap 324 mg	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE TAB 10MG	3	PA, QL (240 TABLETS PER 30 DAYS)
GUANIDINE TAB 125MG	3	
MESTINON SOL 60MG/5ML	3	
MESTINON TAB 60MG	3	
MESTINON TAB TIMESPAN	3	
pyridostigmine bromide oral soln 60 mg/5ml	1	
pyridostigmine bromide tab 30 mg	1	PA; MNPA
pyridostigmine bromide tab 60 mg	1	
pyridostigmine bromide tab er 180 mg	1	
RUZURGI TAB 10MG	3	PA, QL (300 TABLETS PER 30 DAYS)
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
cycloserine cap 250 mg	1	
ethambutol hcl tab 100 mg	1	
ethambutol hcl tab 400 mg	1	
isoniazid syrup 50 mg/5ml	1	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	
MYAMBUTOL TAB 400MG	2	
MYCOBUTIN CAP 150MG	3	
PASER GRA 4GM	3	
PRETOMANID TAB 200MG	3	
PRIFTIN TAB 150MG	3	
pyrazinamide tab 500 mg	1	
rifabutin cap 150 mg	1	
rifampin cap 150 mg	1	
rifampin cap 300 mg	1	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECATOR TAB 250MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
ALKERAN TAB 2MG	0	
CYCLOPHOSPH TAB 25MG	0	
CYCLOPHOSPH TAB 50MG	0	
cyclophosphamide cap 25 mg	0	
cyclophosphamide cap 50 mg	0	
GLEOSTINE CAP 10MG	0	
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	0	
LEUKERAN TAB 2MG	0	
melphalan tab 2 mg	0	
MYLERAN TAB 2MG	0	
TEMODAR CAP 100MG	0	PA
TEMODAR CAP 140MG	0	PA
TEMODAR CAP 180MG	0	PA
TEMODAR CAP 250MG	0	PA
temozolomide cap 5 mg	0	PA
temozolomide cap 20 mg	0	PA
temozolomide cap 100 mg	0	PA
temozolomide cap 140 mg	0	PA
temozolomide cap 180 mg	0	PA
temozolomide cap 250 mg	0	PA
ANTIMETABOLITES		
capecitabine tab 150 mg	0	PA, QL (120 TABLETS PER 30 DAYS)
capecitabine tab 500 mg	0	PA, QL (300 TABLETS PER 30 DAYS)
mercaptopurine tab 50 mg	0	
methotrexate sodium for inj 1 gm	1	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1	

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Drug Name	Drug Tier	Requirements/Limits
methotrexate sodium tab 2.5 mg (base equiv)	0	
ONUREG TAB 200MG	0	PA, QL (14 TABLETS PER 28 DAYS)
ONUREG TAB 300MG	0	PA, QL (14 TABLETS PER 28 DAYS)
PURIXAN SUS 20MG/ML	0	PA
TABLOID TAB 40MG	0	
TREXALL TAB 5MG	0	
TREXALL TAB 7.5MG	0	
TREXALL TAB 10MG	0	
TREXALL TAB 15MG	0	
XATMEP SOL 2.5MG/ML	0	
XELODA TAB 150MG	0	PA, QL (120 TABLETS PER 30 DAYS)
XELODA TAB 500MG	0	PA, QL (300 TABLETS PER 30 DAYS)
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB 1MG	0	PA, QL (240 TABLETS PER 30 DAYS)
INLYTA TAB 5MG	0	PA, QL (120 TABLETS PER 30 DAYS)
LENVIMA CAP 4MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
LENVIMA CAP 8 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 10 MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
LENVIMA CAP 12MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
LENVIMA CAP 14 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 18 MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
LENVIMA CAP 20 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 24 MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB 50MG	0	PA, QL (120 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
TUKYSA TAB 150MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	0	PA, QL (120 TABLETS PER 30 DAYS)
VENCLEXTA TAB 50MG	0	PA, QL (120 TABLETS PER 30 DAYS)
VENCLEXTA TAB 100MG	0	PA, QL (180 TABLETS PER 30 DAYS)
VENCLEXTA TAB START PK	0	PA, QL (1 PACK EVERY 28 DAYS)
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl tab 25 mg (base equivalent)	0	PA, QL (60 TABLETS PER 30 DAYS)
erlotinib hcl tab 100 mg (base equivalent)	0	PA, QL (30 TABLETS PER 30 DAYS)
erlotinib hcl tab 150 mg (base equivalent)	0	PA, QL (30 TABLETS PER 30 DAYS)
GILOTRIF TAB 20MG	0	PA, QL (30 TABLETS PER 30 DAYS)
GILOTRIF TAB 30MG	0	PA, QL (30 TABLETS PER 30 DAYS)
GILOTRIF TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IRESSA TAB 250MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TAGRISSO TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TAGRISSO TAB 80MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TARCEVA TAB 25MG	0	PA, QL (60 TABLETS PER 30 DAYS)
TARCEVA TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TARCEVA TAB 150MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
ODOMZO CAP 200MG	0	PA, QL (30 CAPSULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tab 250 mg	0	PA, QL (120 TABLETS PER 30 DAYS)
abiraterone acetate tab 500 mg	0	PA, QL (60 TABLETS PER 30 DAYS)
anastrozole tab 1 mg	0	
ARIMIDEX TAB 1MG	0	
AROMASIN TAB 25MG	0	
bicalutamide tab 50 mg	0	
CASODEX TAB 50MG	0	
EMCYT CAP 140MG	0	
ERLEADA TAB 60MG	0	PA, QL (120 TABLETS PER 30 DAYS)
exemestane tab 25 mg	0	
FARESTON TAB 60MG	0	
FEMARA TAB 2.5MG	0	
flutamide cap 125 mg	0	
letrozole tab 2.5 mg	0	
leuprolide acetate inj kit 5 mg/ml	1	PA
LYSODREN TAB 500MG	0	
megestrol acetate susp 40 mg/ml	0	
megestrol acetate tab 20 mg	0	
megestrol acetate tab 40 mg	0	
NILANDRON TAB 150MG	0	PA; MNPA
nilutamide tab 150 mg	0	
NUBEQA TAB 300MG	0	PA, QL (120 TABLETS PER 30 DAYS)
SOLTAMOX SOL 10MG/5ML	0	
tamoxifen citrate tab 10 mg (base equivalent)	0	$0 copay for women > 35 years for the primary prevention of breast cancer
tamoxifen citrate tab 20 mg (base equivalent)	0	$0 copay for women > 35 years for the primary prevention of breast cancer
toremifene citrate tab 60 mg (base equivalent)	0	
XTANDI CAP 40MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
XTANDI TAB 40MG	0	PA, QL (120 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
XTANDI TAB 80MG	0	PA, QL (60 TABLETS PER 30 DAYS)
YONSA TAB 125MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
POMALYST CAP 2MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
POMALYST CAP 3MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
POMALYST CAP 4MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB 25MG	0	PA, QL (30 TABLETS PER 30 DAYS); MNPA
AYVAKIT TAB 50MG	0	PA, QL (30 TABLETS PER 30 DAYS); MNPA
AYVAKIT TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS); MNPA
AYVAKIT TAB 200MG	0	PA, QL (30 TABLETS PER 30 DAYS); MNPA
AYVAKIT TAB 300MG	0	PA, QL (30 TABLETS PER 30 DAYS); MNPA
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 40MG	0	PA, QL (16 TABLETS PER 28 DAYS); MNPA
XPOVIO PAK 40MG	0	PA, QL (8 TABLETS PER 28 DAYS); MNPA
XPOVIO PAK 60MG	0	PA, QL (12 TABLETS PER 28 DAYS); MNPA
XPOVIO PAK 60MG	0	PA, QL (24 TABLETS PER 28 DAYS); MNPA
XPOVIO PAK 80MG	0	PA, QL (16 TABLETS PER 28 DAYS); MNPA
XPOVIO PAK 80MG	0	PA, QL (32 TABLETS PER 28 DAYS); MNPA
XPOVIO PAK 100MG	0	PA, QL (20 TABLETS PER 28 DAYS); MNPA
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	0	PA

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Drug Name	Drug Tier	Requirements/Limits
KISQALI 200 PAK FEMARA	0	PA, QL (50 tabs / 28 days)
KISQALI 400 PAK FEMARA	0	PA, QL (70 tabs / 28 days)
KISQALI 600 PAK FEMARA	0	PA, QL (92 tabs / 28 days)
LONSURF TAB 15-6.14	0	PA, QL (100 TABLETS 28 DAYS)
LONSURF TAB 20-8.19	0	PA, QL (80 TABLETS 28 DAYS)
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DIS TAB 2MG	0	PA, QL (60 TABLETS PER 30 DAYS)
AFINITOR DIS TAB 3MG	0	PA, QL (90 TABLETS PER 30 DAYS)
AFINITOR DIS TAB 5MG	0	PA, QL (60 TABLETS PER 30 DAYS)
AFINITOR TAB 2.5MG	0	PA, QL (30 TABLETS PER 30 DAYS)
AFINITOR TAB 5MG	0	PA, QL (30 TABLETS PER 30 DAYS)
AFINITOR TAB 7.5MG	0	PA, QL (30 TABLETS PER 30 DAYS)
AFINITOR TAB 10MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ALECENSA CAP 150MG	0	PA, QL (240 CAPSULES PER 30 DAYS)
ALUNBRIG PAK	0	PA, QL (30 TABLETS PER 30 DAYS)
ALUNBRIG TAB 30MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ALUNBRIG TAB 90MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ALUNBRIG TAB 180MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BALVERSA TAB 3MG	0	PA, QL (84 TABLETS PER 28 DAYS)
BALVERSA TAB 4MG	0	PA, QL (56 TABLETS PER 28 DAYS)
BALVERSA TAB 5MG	0	PA, QL (28 TABLETS PER 28 DAYS)
BOSULIF TAB 100MG	0	PA, QL (90 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
BOSULIF TAB 400MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BOSULIF TAB 500MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BRAFTOVI CAP 75MG	0	PA, QL (180 CAPSULES PER 30 DAYS)
BRUKINSA CAP 80MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
CABOMETYX TAB 20MG	0	PA, QL (30 TABLETS PER 30 DAYS)
CABOMETYX TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
CABOMETYX TAB 60MG	0	PA, QL (30 TABLETS PER 30 DAYS)
CALQUENCE CAP 100MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
CAPRELSA TAB 100MG	0	PA, QL (60 TABLETS PER 30 DAYS)
CAPRELSA TAB 300MG	0	PA, QL (30 TABLETS PER 30 DAYS)
COMETRIQ KIT 60MG	0	PA, QL (84 CAPSULES PER 28 DAYS)
COMETRIQ KIT 100MG	0	PA, QL (56 CAPSULES PER 28 DAYS)
COMETRIQ KIT 140MG	0	PA, QL (112 CAPSULES PER 28 DAYS)
COPIKTRA CAP 15MG	0	PA, QL (56 CAPSULES PER 28 days)
COPIKTRA CAP 25MG	0	PA, QL (56 CAPSULES PER 28 days)
COTELLIC TAB 20MG	0	PA, QL (63 TABLETS 28 DAYS)
everolimus tab 2.5 mg	0	PA, QL (30 TABLETS PER 30 DAYS)
everolimus tab 5 mg	0	PA, QL (30 TABLETS PER 30 DAYS)
everolimus tab 7.5 mg	0	PA, QL (30 TABLETS PER 30 DAYS)
GAVRETO CAP 100MG	0	PA, QL (120 CAPSULES PER 30 DAYS); MNPA
IBRANCE CAP 75MG	0	PA, QL (21 CAPSULES PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAP 100MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
IBRANCE CAP 125MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
IBRANCE TAB 75MG	0	PA, QL (21 TABLETS PER 28 DAYS)
IBRANCE TAB 100MG	0	PA, QL (21 TABLETS PER 28 DAYS)
IBRANCE TAB 125MG	0	PA, QL (21 TABLETS PER 28 DAYS)
ICLUSIG TAB 10MG	0	PA, QL (30 TABS PER MONTH)
ICLUSIG TAB 15MG	0	PA, QL (60 TABLETS PER 30 DAYS)
ICLUSIG TAB 30MG	0	PA, QL (30 TABS PER MONTH)
ICLUSIG TAB 45MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IDHIFA TAB 50MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IDHIFA TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
imatinib mesylate tab 100 mg (base equivalent)	0	PA, QL (90 TABLETS PER 30 DAYS)
imatinib mesylate tab 400 mg (base equivalent)	0	PA, QL (60 TABLETS PER 30 DAYS)
IMBRUVICA CAP 70MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
IMBRUVICA CAP 140MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
IMBRUVICA TAB 140MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 280MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 420MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 560MG	0	PA, QL (30 TABLETS PER 30 DAYS)
JAKAFI TAB 5MG	0	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 10MG	0	PA, QL (60 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
JAKAFI TAB 15MG	0	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 20MG	0	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 25MG	0	PA, QL (60 TABLETS PER 30 DAYS)
KISQALI TAB 200DOSE	0	PA, QL (21 TABLETS PER 28 DAYS)
KISQALI TAB 400DOSE	0	PA, QL (42 TABLETS 28 DAYS)
KISQALI TAB 600DOSE	0	PA, QL (63 TABLETS 28 DAYS)
KOSELUGO CAP 10MG	0	PA, QL (240 CAPSULES PER 30 DAYS)
KOSELUGO CAP 25MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
lapatinib ditosylate tab 250 mg (base equiv)	0	PA, QL (180 TABLETS PER 30 DAYS)
LORBRENA TAB 25MG	0	PA, QL (90 TABLETS PER 30 DAYS)
LORBRENA TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
LUMAKRAS TAB 120MG	0	PA
LYNPARZA TAB 100MG	0	PA, QL (120 TABLETS PER 30 DAYS)
LYNPARZA TAB 150MG	0	PA, QL (120 TABLETS PER 30 DAYS)
MEKINIST TAB 0.5MG	0	PA, QL (90 TABLETS PER 30 DAYS)
MEKINIST TAB 2MG	0	PA, QL (30 TABLETS PER 30 DAYS)
MEKTOVI TAB 15MG	0	PA, QL (180 TABLETS PER 30 DAYS)
NERLYNX TAB 40MG	0	PA, QL (180 TABLETS PER 30 DAYS)
NEXAVAR TAB 200MG	0	PA, QL (120 TABLETS PER 30 DAYS)
NINLARO CAP 2.3MG	0	PA, QL (3 CAPSULES PER 28 DAYS)
NINLARO CAP 3MG	0	PA, QL (3 CAPSULES PER 28 DAYS)
NINLARO CAP 4MG	0	PA, QL (3 CAPSULES PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
PEMAZYRE TAB 4.5MG	0	PA, QL (14 TABLETS PER 21 DAYS); MNPA
PEMAZYRE TAB 9MG	0	PA, QL (14 TABLETS PER 21 DAYS); MNPA
PEMAZYRE TAB 13.5MG	0	PA, QL (14 TABLETS PER 21 DAYS); MNPA
PIQRAY 200MG TAB DOSE	0	PA, QL (28 TABLETS PER 28 DAYS)
PIQRAY 250MG TAB DOSE	0	PA, QL (56 TABLETS PER 28 DAYS)
PIQRAY 300MG TAB DOSE	0	PA, QL (56 TABLETS PER 28 DAYS)
QINLOCK TAB 50MG	0	PA, QL (90 TABLETS PER 30 DAYS); MNPA
ROZLYTREK CAP 100MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
ROZLYTREK CAP 200MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
RUBRACA TAB 200MG	0	PA, QL (120 TABLETS PER 30 DAYS)
RUBRACA TAB 250MG	0	PA, QL (120 TABLETS PER 30 DAYS)
RUBRACA TAB 300MG	0	PA, QL (120 TABLETS PER 30 DAYS)
RYDAPT CAP 25MG	0	PA, QL (224 CAPSULES PER 28 DAYS)
SPRYCEL TAB 20MG	0	PA, QL (90 TABLETS PER 30 DAYS)
SPRYCEL TAB 50MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 70MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 80MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 140MG	0	PA, QL (30 TABLETS PER 30 DAYS)
STIVARGA TAB 40MG	0	PA, QL (84 TABLETS PER 28 DAYS)
sunitinib malate cap 12.5 mg (base equivalent)	0	PA, QL (30 CAPSULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
sunitinib malate cap 25 mg (base equivalent)	0	PA, QL (30 CAPSULES PER 30 DAYS)
sunitinib malate cap 37.5 mg (base equivalent)	0	PA, QL (30 CAPSULES PER 30 DAYS)
sunitinib malate cap 50 mg (base equivalent)	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 12.5MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 25MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 37.5MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 50MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
TAFINLAR CAP 50MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
TAFINLAR CAP 75MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
TAZVERIK TAB 200MG	0	PA, QL (240 TABLETS PER 30 DAYS); MNPA
TIBSOVO TAB 250MG	0	PA, QL (60 TABLETS PER 30 DAYS)
TURALIO CAP 200MG	0	PA, QL (120 CAPSULES PER 30 DAYS); MNPA
TYKERB TAB 250MG	0	PA, QL (180 TABLETS PER 30 DAYS)
VERZENIO TAB 50MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 100MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 150MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 200MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VITRAKVI CAP 25MG	0	PA, QL (180 CAPSULES PER 30 DAYS)
VITRAKVI CAP 100MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
VITRAKVI SOL 20MG/ML	0	PA, QL (300 ML PER 30 DAYS)
VOTRIENT TAB 200MG	0	PA, QL (120 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
XALKORI CAP 200MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
XALKORI CAP 250MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
XOSPATA TAB 40MG	0	PA, QL (90 TABLETS PER 30 DAYS)
ZEJULA CAP 100MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
ZELBORAF TAB 240MG	0	PA, QL (240 TABLETS PER 30 DAYS)
ZOLINZA CAP 100MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
ZYKADIA TAB 150MG	0	PA, QL (90 TABLETS PER 30 DAYS)
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	3	PA
bexarotene cap 75 mg	0	PA
HYDREA CAP 500MG	0	
hydroxyurea cap 500 mg	0	
INTRON A INJ 10MU	3	PA
INTRON A INJ 18MU	3	PA
INTRON A INJ 25MU	3	PA
INTRON A INJ 50MU	3	PA
MATULANE CAP 50MG	0	
TARGRETIN CAP 75MG	0	PA
tretinoin cap 10 mg	0	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
leucovorin calcium tab 5 mg	0	
leucovorin calcium tab 10 mg	0	
leucovorin calcium tab 15 mg	0	
leucovorin calcium tab 25 mg	0	
MESNEX TAB 400MG	0	
MITOTIC INHIBITORS		
etoposide cap 50 mg	0	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	0	PA
HYCAMTIN CAP 1MG	0	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa tab 25 mg	1	
LODOSYN TAB 25MG	3	

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Drug Name	Drug Tier	Requirements/Limits
NOURIANZ TAB 20MG	3	PA; MNPA
NOURIANZ TAB 40MG	3	PA; MNPA
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tab 0.5 mg	1	
benztropine mesylate tab 1 mg	1	
benztropine mesylate tab 2 mg	1	
trihexyphenidyl hcl oral soln 0.4 mg/ml	1	
trihexyphenidyl hcl tab 2 mg	1	
trihexyphenidyl hcl tab 5 mg	1	
ANTIPARKINSON COMT INHIBITORS		
COMTAN TAB 200MG	3	
entacapone tab 200 mg	1	
ONGENTYS CAP 25MG	3	PA; MNPA
ONGENTYS CAP 50MG	3	PA; MNPA
TASMAR TAB 100MG	3	
tolcapone tab 100 mg	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl cap 100 mg	1	
amantadine hcl soln 50 mg/5ml	1	
amantadine hcl tab 100 mg	1	
bromocriptine mesylate cap 5 mg (base equivalent)	1	
bromocriptine mesylate tab 2.5 mg (base equivalent)	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
GOCOVRI CAP 68.5MG	3	PA; MNPA
GOCOVRI CAP 137MG	3	PA; MNPA
INBRIJA CAP 42MG	2	PA, QL (300 CAPSULES PER 30 DAYS)
MIRAPEX ER TAB 0.75MG	3	
MIRAPEX ER TAB 0.375MG	3	
MIRAPEX ER TAB 1.5MG	3	
MIRAPEX ER TAB 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	3	
MIRAPEX ER TAB 4.5MG	3	
MIRAPEX TAB 0.5MG	3	
MIRAPEX TAB 0.75MG	3	
MIRAPEX TAB 0.125MG	3	
MIRAPEX TAB 1MG	3	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
OSMOLEX ER TAB	3	PA; MNPA
OSMOLEX ER TAB 129MG	3	PA; MNPA
OSMOLEX ER TAB 193MG	3	PA; MNPA
OSMOLEX ER TAB 258MG	3	PA; MNPA
PARLODEL CAP 5MG	3	
PARLODEL TAB 2.5MG	3	
pramipexole dihydrochloride tab 0.5 mg	1	
pramipexole dihydrochloride tab 0.25 mg	1	
pramipexole dihydrochloride tab 0.75 mg	1	
pramipexole dihydrochloride tab 0.125 mg	1	
pramipexole dihydrochloride tab 1 mg	1	
pramipexole dihydrochloride tab 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 0.75 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
pramipexole dihydrochloride tab er 24hr 0.375 mg	1	
pramipexole dihydrochloride tab er 24hr 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 2.25 mg	1	
pramipexole dihydrochloride tab er 24hr 3 mg	1	
pramipexole dihydrochloride tab er 24hr 3.75 mg	1	
pramipexole dihydrochloride tab er 24hr 4.5 mg	1	
ropinirole hydrochloride tab 0.5 mg	1	
ropinirole hydrochloride tab 0.25 mg	1	
ropinirole hydrochloride tab 1 mg	1	
ropinirole hydrochloride tab 2 mg	1	
ropinirole hydrochloride tab 3 mg	1	
ropinirole hydrochloride tab 4 mg	1	
ropinirole hydrochloride tab 5 mg	1	
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	1	
RYTARY CAP 95MG	3	PA; MNPA
RYTARY CAP 145MG	3	PA; MNPA
RYTARY CAP 195MG	3	PA; MNPA
RYTARY CAP 245MG	3	PA; MNPA
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	

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Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TAB 0.5MG	3	
AZILECT TAB 1MG	3	
rasagiline mesylate tab 0.5 mg (base equiv)	1	
rasagiline mesylate tab 1 mg (base equiv)	1	
selegiline hcl cap 5 mg	1	
selegiline hcl tab 5 mg	1	
XADAGO TAB 50MG	3	PA; MNPA
XADAGO TAB 100MG	3	PA; MNPA
ZELAPAR TAB 1.25MG	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap 150 mg	1	
lithium carbonate cap 300 mg	1	
lithium carbonate cap 600 mg	1	
lithium carbonate tab 300 mg	1	
lithium carbonate tab er 300 mg	1	
lithium carbonate tab er 450 mg	1	
LITHIUM SOL 8MEQ/5ML	3	
LITHOBID TAB 300MG CR	2	
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAP 42MG	3	PA; MNPA
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
GEODON CAP 20MG	3	
GEODON CAP 40MG	3	
GEODON CAP 60MG	3	
GEODON CAP 80MG	3	
GEODON INJ 20MG	3	
LATUDA TAB 20MG	2	
LATUDA TAB 40MG	2	
LATUDA TAB 60MG	2	
LATUDA TAB 80MG	2	
LATUDA TAB 120MG	2	
NUPLAZID CAP 34MG	3	PA
NUPLAZID TAB 10MG	3	PA
VRAYLAR CAP 1.5-3MG	2	
VRAYLAR CAP 1.5MG	2	

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Drug Name	Drug Tier	Requirements/Limits
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
ziprasidone hcl cap 20 mg	1	
ziprasidone hcl cap 40 mg	1	
ziprasidone hcl cap 60 mg	1	
ziprasidone hcl cap 80 mg	1	
ziprasidone mesylate for inj 20 mg (base equivalent)	1	
BENZISOXAZOLES		
FANAPT PAK	3	PA; MNPA
FANAPT TAB 1MG	3	PA; MNPA
FANAPT TAB 2MG	3	PA; MNPA
FANAPT TAB 4MG	3	PA; MNPA
FANAPT TAB 6MG	3	PA; MNPA
FANAPT TAB 8MG	3	PA; MNPA
FANAPT TAB 10MG	3	PA; MNPA
FANAPT TAB 12MG	3	PA; MNPA
INVEGA SUST INJ 39/0.25	3	
INVEGA SUST INJ 78/0.5ML	3	
INVEGA SUST INJ 117/0.75	3	
INVEGA SUST INJ 156MG/ML	3	
INVEGA SUST INJ 234/1.5	3	
INVEGA TAB 1.5MG	3	
INVEGA TAB 3MG	3	
INVEGA TAB 6MG	3	
INVEGA TAB 9MG	3	
INVEGA TRINZ INJ 273MG	3	PA; MNPA
INVEGA TRINZ INJ 410MG	3	PA; MNPA
INVEGA TRINZ INJ 546MG	3	PA; MNPA
INVEGA TRINZ INJ 819MG	3	PA; MNPA
paliperidone tab er 24hr 1.5 mg	1	
paliperidone tab er 24hr 3 mg	1	
paliperidone tab er 24hr 6 mg	1	
paliperidone tab er 24hr 9 mg	1	
PERSERIS INJ 90MG	2	
PERSERIS INJ 120MG	2	
RISPERDAL INJ 12.5MG	3	
RISPERDAL INJ 25MG	3	
RISPERDAL INJ 37.5MG	3	
RISPERDAL INJ 50MG	3	

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Drug Name	Drug Tier	Requirements/Limits
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 1MG	3	
RISPERDAL TAB 2MG	3	
RISPERDAL TAB 3MG	3	
RISPERDAL TAB 4MG	3	
risperidone orally disintegrating tab 0.5 mg	1	
risperidone orally disintegrating tab 0.25 mg	1	
risperidone orally disintegrating tab 1 mg	1	
risperidone orally disintegrating tab 2 mg	1	
risperidone orally disintegrating tab 3 mg	1	
risperidone orally disintegrating tab 4 mg	1	
risperidone soln 1 mg/ml	1	
risperidone tab 0.5 mg	1	
risperidone tab 0.25 mg	1	
risperidone tab 1 mg	1	
risperidone tab 2 mg	1	
risperidone tab 3 mg	1	
risperidone tab 4 mg	1	
BUTYROPHENONES		
HALDOL DECAN INJ 50MG/ML	3	
HALDOL DECAN INJ 100MG/ML	3	
haloperidol decanoate im soln 50 mg/ml	1	
haloperidol decanoate im soln 100 mg/ml	1	
haloperidol lactate oral conc 2 mg/ml	1	
haloperidol tab 0.5 mg	1	
haloperidol tab 1 mg	1	
haloperidol tab 2 mg	1	
haloperidol tab 5 mg	1	
haloperidol tab 10 mg	1	
haloperidol tab 20 mg	1	
DIBENZAPINES		
ADASUVE INH 10MG	3	
asenapine maleate sl tab 2.5 mg (base equiv)	1	
asenapine maleate sl tab 5 mg (base equiv)	1	
asenapine maleate sl tab 10 mg (base equiv)	1	
clozapine orally disintegrating tab 12.5 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
clozapine orally disintegrating tab 25 mg	1	
clozapine orally disintegrating tab 100 mg	1	
clozapine orally disintegrating tab 150 mg	1	
clozapine orally disintegrating tab 200 mg	1	
clozapine tab 25 mg	1	
clozapine tab 50 mg	1	
clozapine tab 100 mg	1	
clozapine tab 200 mg	1	
CLOZARIL TAB 25MG	3	
CLOZARIL TAB 50MG	3	
CLOZARIL TAB 100MG	3	
CLOZARIL TAB 200MG	3	
loxapine succinate cap 5 mg	1	
loxapine succinate cap 10 mg	1	
loxapine succinate cap 25 mg	1	
loxapine succinate cap 50 mg	1	
olanzapine for im inj 10 mg	1	
olanzapine orally disintegrating tab 5 mg	1	
olanzapine orally disintegrating tab 10 mg	1	
olanzapine orally disintegrating tab 15 mg	1	
olanzapine orally disintegrating tab 20 mg	1	
olanzapine tab 2.5 mg	1	
olanzapine tab 5 mg	1	
olanzapine tab 7.5 mg	1	
olanzapine tab 10 mg	1	
olanzapine tab 15 mg	1	
olanzapine tab 20 mg	1	
quetiapine fumarate tab 25 mg	1	
quetiapine fumarate tab 50 mg	1	
quetiapine fumarate tab 100 mg	1	
quetiapine fumarate tab 200 mg	1	
quetiapine fumarate tab 300 mg	1	
quetiapine fumarate tab 400 mg	1	
quetiapine fumarate tab er 24hr 50 mg	1	
quetiapine fumarate tab er 24hr 150 mg	1	
quetiapine fumarate tab er 24hr 200 mg	1	
quetiapine fumarate tab er 24hr 300 mg	1	
quetiapine fumarate tab er 24hr 400 mg	1	
SAPHRIS SUB 2.5MG	3	
SAPHRIS SUB 5MG	3	
SAPHRIS SUB 10MG	3	

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Drug Name	Drug Tier	Requirements/Limits
SECUADO DIS 3.8MG	3	PA; MNPA
SECUADO DIS 5.7MG	3	PA; MNPA
SECUADO DIS 7.6MG	3	PA; MNPA
SEROQUEL TAB 25MG	3	
SEROQUEL TAB 50MG	3	
SEROQUEL TAB 100MG	3	
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
SEROQUEL XR TAB 50MG	3	PA; MNPA
SEROQUEL XR TAB 150MG	3	PA; MNPA
SEROQUEL XR TAB 200MG	3	PA; MNPA
SEROQUEL XR TAB 300MG	3	PA; MNPA
SEROQUEL XR TAB 400MG	3	PA; MNPA
VERSACLOZ SUS 50MG/ML	3	
ZYPREXA INJ 10MG	3	
ZYPREXA RELP INJ 210MG	3	
ZYPREXA RELP INJ 300MG	3	
ZYPREXA RELP INJ 405MG	3	
ZYPREXA TAB 2.5MG	3	
ZYPREXA TAB 5MG	3	
ZYPREXA TAB 7.5MG	3	
ZYPREXA TAB 10MG	3	
ZYPREXA TAB 15MG	3	
ZYPREXA TAB 20MG	3	
ZYPREXA ZYDI TAB 5MG	3	
ZYPREXA ZYDI TAB 10MG	3	
ZYPREXA ZYDI TAB 15MG	3	
ZYPREXA ZYDI TAB 20MG	3	
DIHYDROINDOLONES		
molindone hcl tab 5 mg	1	
molindone hcl tab 10 mg	1	
molindone hcl tab 25 mg	1	
PHENOTHIAZINES		
chlorpromazine hcl tab 10 mg	1	
chlorpromazine hcl tab 25 mg	1	
chlorpromazine hcl tab 50 mg	1	
chlorpromazine hcl tab 100 mg	1	
chlorpromazine hcl tab 200 mg	1	
fluphenazine hcl elixir 2.5 mg/5ml	1	

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Drug Name	Drug Tier	Requirements/Limits
fluphenazine hcl oral conc 5 mg/ml	1	
fluphenazine hcl tab 1 mg	1	
fluphenazine hcl tab 2.5 mg	1	
fluphenazine hcl tab 5 mg	1	
fluphenazine hcl tab 10 mg	1	
perphenazine tab 2 mg	1	
perphenazine tab 4 mg	1	
perphenazine tab 8 mg	1	
perphenazine tab 16 mg	1	
prochlorperazine maleate tab 5 mg (base equivalent)	1	
prochlorperazine maleate tab 10 mg (base equivalent)	1	
prochlorperazine suppos 25 mg	1	
thioridazine hcl tab 10 mg	1	
thioridazine hcl tab 25 mg	1	
thioridazine hcl tab 50 mg	1	
thioridazine hcl tab 100 mg	1	
trifluoperazine hcl tab 1 mg (base equivalent)	1	
trifluoperazine hcl tab 2 mg (base equivalent)	1	
trifluoperazine hcl tab 5 mg (base equivalent)	1	
trifluoperazine hcl tab 10 mg (base equivalent)	1	
QUINOLINONE DERIVATIVES		
ABILIFY MAIN INJ 300MG	2	
ABILIFY MAIN INJ 400MG	2	
ABILIFY MYCI TAB 2MG	3	PA; MNPA
ABILIFY MYCI TAB 5MG	3	PA; MNPA
ABILIFY MYCI TAB 10MG	3	PA; MNPA
ABILIFY MYCI TAB 15MG	3	PA; MNPA
ABILIFY MYCI TAB 20MG	3	PA; MNPA
ABILIFY MYCI TAB 30MG	3	PA; MNPA
ABILIFY TAB 2MG	3	PA; MNPA
ABILIFY TAB 5MG	3	PA; MNPA
ABILIFY TAB 10MG	3	PA; MNPA
ABILIFY TAB 15MG	3	PA; MNPA
ABILIFY TAB 20MG	3	PA; MNPA
ABILIFY TAB 30MG	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
aripiprazole oral solution 1 mg/ml	1	
aripiprazole orally disintegrating tab 10 mg	1	
aripiprazole orally disintegrating tab 15 mg	1	
aripiprazole tab 2 mg	1	
aripiprazole tab 5 mg	1	
aripiprazole tab 10 mg	1	
aripiprazole tab 15 mg	1	
aripiprazole tab 20 mg	1	
aripiprazole tab 30 mg	1	
ARISTADA INJ 441MG/1.	3	
ARISTADA INJ 662MG/2	3	
ARISTADA INJ 882MG/3	3	
ARISTADA INJ 1064MG	3	QL (23.077 injections / year)
ARISTADA INJ INITIO	3	
REXULTI TAB 0.5MG	3	
REXULTI TAB 0.25MG	3	
REXULTI TAB 1MG	3	
REXULTI TAB 2MG	3	
REXULTI TAB 3MG	3	
REXULTI TAB 4MG	3	
THIOXANTHENES		
thiothixene cap 1 mg	1	
thiothixene cap 2 mg	1	
thiothixene cap 5 mg	1	
thiothixene cap 10 mg	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
formaldehyde solution 10%	1	
GLUTARALDEHY SOL 25%	3	
CHLORINE ANTISEPTICS		
BENZALKONIUM SOL NF	3	
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv)	1	QL (900 ML PER 30 DAYS)
abacavir sulfate tab 300 mg (base equiv)	1	QL (60 TABLETS PER 30 DAYS)
abacavir sulfate-lamivudine tab 600-300 mg	1	QL (30 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	1	QL (60 TABLETS PER 30 DAYS)
APTIVUS CAP 250MG	3	PA, QL (120 CAPSULES PER 30 DAYS); MNPA
APTIVUS SOL	3	PA, QL (285 ML PER 28 DAYS); MNPA
atazanavir sulfate cap 150 mg (base equiv)	1	QL (30 CAPSULES PER 30 DAYS)
atazanavir sulfate cap 200 mg (base equiv)	1	QL (60 CAPSULES PER 30 DAYS)
atazanavir sulfate cap 300 mg (base equiv)	1	QL (30 CAPSULES PER 30 DAYS)
ATRIPLA TAB	3	QL (30 TABLETS PER 30 DAYS)
BIKTARVY TAB	2	QL (30 TABLETS PER 30 DAYS)
CIMDUO TAB 300-300	2	QL (30 TABLETS PER 30 DAYS)
COMBIVIR TAB 150-300	3	QL (60 TABLETS PER 30 DAYS)
CRIXIVAN CAP 400MG	3	QL (180 CAPSULES PER 30 DAYS)
DESCOVY TAB 200/25MG	2	PA, QL (30 TABLETS PER 30 DAYS)
DOVATO TAB 50-300MG	2	QL (30 TABLETS PER 30 DAYS)
EDURANT TAB 25MG	2	QL (60 TABLETS PER 30 DAYS)
efavirenz cap 50 mg	1	QL (90 CAPSULES PER 30 DAYS)
efavirenz cap 200 mg	1	QL (90 CAPSULES PER 30 DAYS)
efavirenz tab 600 mg	1	QL (30 TABLETS PER 30 DAYS)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	QL (30 TABLETS PER 30 DAYS)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	QL (30 TABLETS PER 30 DAYS)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1	QL (30 TABLETS PER 30 DAYS)
emtricitabine caps 200 mg	1	QL (30 CAPSULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	QL (30 TABLETS PER 30 DAYS)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	QL (30 TABLETS PER 30 DAYS)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	QL (30 TABLETS PER 30 DAYS)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	0	QL (30 TABLETS PER 30 DAYS); $0 copay for pre exposure prophylaxis
EMTRIVA CAP 200MG	2	QL (30 CAPSULES PER 30 DAYS)
EMTRIVA SOL 10MG/ML	2	QL (680 ML PER 28 DAYS)
EPIVIR SOL 10MG/ML	3	QL (900 ML PER 30 DAYS)
EPIVIR TAB 150MG	3	QL (60 TABLETS PER 30 DAYS)
EPIVIR TAB 300MG	3	QL (30 TABLETS PER 30 DAYS)
EPZICOM TAB 600-300	3	QL (30 TABLETS PER 30 DAYS)
etravirine tab 100 mg	1	QL (120 TABLETS PER 30 DAYS)
etravirine tab 200 mg	1	QL (60 TABLETS PER 30 DAYS)
EVOTAZ TAB 300-150	2	QL (30 TABLETS PER 30 DAYS)
fosamprenavir calcium tab 700 mg (base equiv)	1	QL (120 TABLETS PER 30 DAYS)
FUZEON INJ 90MG	2	PA, QL (60 VIALS PER 30 DAYS)
GENVOYA TAB	2	QL (30 TABLETS PER 30 DAYS)
INTELENCE TAB 25MG	2	QL (120 TABLETS PER 30 DAYS)
INTELENCE TAB 100MG	2	QL (120 TABLETS PER 30 DAYS)
INTELENCE TAB 200MG	2	QL (60 TABLETS PER 30 DAYS)
INVIRASE TAB 500MG	3	PA, QL (120 TABLETS PER 30 DAYS); MNPA
ISENTRESS CHW 25MG	2	QL (180 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHW 100MG	2	QL (180 TABLETS PER 30 DAYS)
ISENTRESS HD TAB 600MG	2	QL (60 TABLETS PER 30 DAYS)
ISENTRESS POW 100MG	2	QL (60 PACKETS PER 30 DAYS)
ISENTRESS TAB 400MG	2	QL (120 TABLETS PER 30 DAYS)
JULUCA TAB 50-25MG	3	QL (30 TABLETS PER 30 DAYS)
KALETRA SOL	3	QL (1575 ML PER 28 DAYS)
KALETRA TAB 100-25MG	3	QL (240 TABLETS PER 30 DAYS)
KALETRA TAB 200-50MG	3	QL (120 TABLETS PER 30 DAYS)
lamivudine oral soln 10 mg/ml	1	QL (900 ML PER 30 DAYS)
lamivudine tab 150 mg	1	QL (60 TABLETS PER 30 DAYS)
lamivudine tab 300 mg	1	QL (30 TABLETS PER 30 DAYS)
lamivudine-zidovudine tab 150-300 mg	1	QL (60 TABLETS PER 30 DAYS)
LEXIVA SUS 50MG/ML	3	PA, QL (1575 ML PER 28 DAYS); MNPA
LEXIVA TAB 700MG	3	PA, QL (120 TABLETS PER 30 DAYS); MNPA
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	QL (1575 ML PER 28 DAYS)
lopinavir-ritonavir tab 100-25 mg	1	QL (240 TABLETS PER 30 DAYS)
lopinavir-ritonavir tab 200-50 mg	1	QL (120 TABLETS PER 30 DAYS)
nevirapine susp 50 mg/5ml	1	QL (1200 ML PER 30 ML DAYS)
nevirapine tab 200 mg	1	QL (60 TABLETS PER 30 DAYS)
nevirapine tab er 24hr 100 mg	1	QL (90 TABLETS PER 30 DAYS)
nevirapine tab er 24hr 400 mg	1	QL (30 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
NORVIR POW 100MG	2	QL (360 PACKETS PER 30 DAYS)
NORVIR SOL 80MG/ML	2	QL (480 ML PER 30 DAYS)
NORVIR TAB 100MG	2	QL (360 TABLETS PER 30 DAYS)
ODEFSEY TAB	2	QL (30 TABLETS PER 30 DAYS)
PREZCOBIX TAB 800-150	2	QL (30 TABLETS PER 30 DAYS)
PREZISTA SUS 100MG/ML	2	QL (400 ML PER 30 DAYS)
PREZISTA TAB 75MG	2	QL (300 TABLETS PER 30 DAYS)
PREZISTA TAB 150MG	2	QL (180 TABLETS PER 30 DAYS)
PREZISTA TAB 600MG	2	QL (60 TABLETS PER 30 DAYS)
PREZISTA TAB 800MG	2	QL (30 TABLETS PER 30 DAYS)
RETROVIR CAP 100MG	3	QL (180 CAPSULES PER 30 DAYS)
RETROVIR SYP 50MG/5ML	3	QL (1800 ML PER 30 DAYS)
REYATAZ CAP 150MG	3	QL (30 CAPSULES PER 30 DAYS)
REYATAZ CAP 200MG	3	QL (60 CAPSULES PER 30 DAYS)
REYATAZ CAP 300MG	3	QL (30 CAPSULES PER 30 DAYS)
REYATAZ POW 50MG	3	QL (180 PACKETS PER 30 DAYS)
ritonavir tab 100 mg	1	QL (360 TABLETS PER 30 DAYS)
RUKOBIA TAB 600MG ER	3	PA
SELZENTRY SOL 20MG/ML	3	QL (1840 ML PER 30 days)
SELZENTRY TAB 25MG	3	QL (240 TABLETS PER 30 DAYS)
SELZENTRY TAB 75MG	3	QL (60 TABLETS PER 30 DAYS)
SELZENTRY TAB 150MG	3	QL (60 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
SELZENTRY TAB 300MG	3	QL (120 TABLETS PER 30 DAYS)
stavudine cap 15 mg	1	QL (60 CAPSULES PER 30 DAYS)
stavudine cap 20 mg	1	QL (60 CAPSULES PER 30 DAYS)
stavudine cap 30 mg	1	QL (60 CAPSULES PER 30 DAYS)
stavudine cap 40 mg	1	QL (60 CAPSULES PER 30 DAYS)
SUSTIVA CAP 50MG	3	QL (90 CAPSULES PER 30 DAYS)
SUSTIVA CAP 200MG	3	QL (90 CAPSULES PER 30 DAYS)
SUSTIVA TAB 600MG	3	QL (30 TABLETS PER 30 DAYS)
SYMFI LO TAB	3	QL (30 TABLETS PER 30 DAYS)
SYMFI TAB	3	QL (30 TABLETS PER 30 DAYS)
SYMTUZA TAB	2	QL (30 TABLETS PER 30 DAYS)
TEMIXYS TAB 300-300	2	QL (30 TABLETS PER 30 DAYS)
tenofovir disoproxil fumarate tab 300 mg	1	QL (30 TABLETS PER 30 DAYS)
TIVICAY PD TAB 5MG	2	QL (360 TABLETS PER 30 DAYS)
TIVICAY TAB 10MG	2	QL (240 TABLETS PER 30 DAYS)
TIVICAY TAB 25MG	2	QL (60 TABLETS PER 30 DAYS)
TIVICAY TAB 50MG	2	QL (60 TABLETS PER 30 DAYS)
TRIUMEQ TAB	2	QL (30 TABLETS PER 30 DAYS)
TRIZIVIR TAB	3	QL (60 TABLETS PER 30 DAYS)
TRUVADA TAB 100-150	3	QL (30 TABLETS PER 30 DAYS)
TRUVADA TAB 133-200	3	QL (30 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
TRUVADA TAB 167-250	3	QL (30 TABLETS PER 30 DAYS)
TRUVADA TAB 200-300	3	QL (30 TABLETS PER 30 DAYS)
TYBOST TAB 150MG	3	QL (30 TABLETS PER 30 DAYS)
VIRACEPT TAB 250MG	3	PA, QL (300 TABLETS PER 30 DAYS); MNPA
VIRACEPT TAB 625MG	3	PA, QL (120 TABLETS PER 30 DAYS); MNPA
VIRAMUNE SUS 50MG/5ML	3	QL (1200 ML PER 30 ML DAYS)
VIRAMUNE XR TAB 400MG	3	QL (30 TABLETS PER 30 DAYS)
VIREAD POW 40MG/GM	3	QL (240 GM PER 30 DAYS)
VIREAD TAB 150MG	3	QL (30 TABLETS PER 30 DAYS)
VIREAD TAB 200MG	3	QL (30 TABLETS PER 30 DAYS)
VIREAD TAB 250MG	3	QL (30 TABLETS PER 30 DAYS)
VIREAD TAB 300MG	3	QL (30 TABLETS PER 30 DAYS)
ZIAGEN SOL 20MG/ML	3	QL (900 ML PER 30 DAYS)
ZIAGEN TAB 300MG	3	QL (60 TABLETS PER 30 DAYS)
zidovudine cap 100 mg	1	QL (180 CAPSULES PER 30 DAYS)
zidovudine syrup 10 mg/ml	1	QL (1800 ML PER 30 DAYS)
zidovudine tab 300 mg	1	QL (60 TABLETS PER 30 DAYS)
CMV AGENTS		
PREVYMIS TAB 240MG	3	
PREVYMIS TAB 480MG	3	
VALCYTE SOL 50MG/ML	3	PA, QL (1000 ML PER 30 DAYS); MNPA
VALCYTE TAB 450MG	3	PA, QL (120 tablets for 30 days); MNPA
valganciclovir hcl for soln 50 mg/ml (base equiv)	1	QL (1000 ML PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
valganciclovir hcl tab 450 mg (base equivalent)	1	QL (120 tablets for 30 days)
HEPATITIS AGENTS		
adefovir dipivoxil tab 10 mg	1	
BARACLUDE SOL	2	QL (630 ml per 30 days)
entecavir tab 0.5 mg	1	QL (30 tabs per 30 days)
entecavir tab 1 mg	1	QL (30 tabs per 30 days)
EPCLUSA PAK 150-37.5	2	PA
EPCLUSA PAK 200-50MG	2	PA
EPCLUSA TAB 200-50MG	2	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	2	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	2	PA, QL (28 PELLETS PER 28 DAYS); Genotypes 1, 4, 5 ,6
HARVONI PAK 45-200MG	2	PA, QL (28 PELLETS PER 28 DAYS); Genotypes 1, 4, 5 ,6
HARVONI TAB 45-200MG	2	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 4, 5 ,6
HARVONI TAB 90-400MG	2	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 4, 5 ,6
lamivudine tab 100 mg (hbv)	1	
PEGINTRON KIT 50MCG	3	PA
ribavirin cap 200 mg	1	PA
ribavirin tab 200 mg	1	PA
SOVALDI PAK 150MG	3	PA, QL (28 PELLETS PER 28 DAYS)
SOVALDI PAK 200MG	3	PA, QL (28 PELLETS PER 28 DAYS)
SOVALDI TAB 200MG	3	PA, QL (28 TABLETS PER 28 DAYS)
SOVALDI TAB 400MG	3	PA, QL (28 TABLETS PER 28 DAYS)
VEMLIDY TAB 25MG	2	QL (30 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
VOSEVI TAB	2	PA, QL (28 TABLETS PER 28 DAYS); For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)
HERPES AGENTS		
acyclovir cap 200 mg	1	
acyclovir susp 200 mg/5ml	1	
acyclovir tab 400 mg	1	
acyclovir tab 800 mg	1	
famciclovir tab 125 mg	1	
famciclovir tab 250 mg	1	
famciclovir tab 500 mg	1	
SITAVIG TAB 50MG	3	
valacyclovir hcl tab 1 gm	1	
valacyclovir hcl tab 500 mg	1	
VALTREX TAB 1GM	3	PA; MNPA
VALTREX TAB 500MG	3	PA; MNPA
ZOVIRAX SUS 200/5ML	3	
INFLUENZA AGENTS		
oseltamivir phosphate cap 30 mg (base equiv)	1	QL (28 caps / 90 days)
oseltamivir phosphate cap 45 mg (base equiv)	1	QL (14 caps / 90 days)
oseltamivir phosphate cap 75 mg (base equiv)	1	QL (14 caps / 90 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	1	QL (180 mL / 90 days)
RELENZA MIS DISKHALE	2	QL (2 inhalers / 90 days)
rimantadine hydrochloride tab 100 mg	1	
TAMIFLU CAP 30MG	3	QL (28 caps / 90 days)
TAMIFLU CAP 45MG	3	QL (14 caps / 90 days)
TAMIFLU CAP 75MG	3	QL (14 caps / 90 days)
TAMIFLU SUS 6MG/ML	3	QL (180 mL / 90 days)
XOFLUZA TAB 20MG	3	PA; MNPA
XOFLUZA TAB 40MG	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
MISC. ANTIVIRALS		
FAVIPIRAVIR TAB 200MG	3	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol phosphate cap er 24hr 10 mg	1	
carvedilol phosphate cap er 24hr 20 mg	1	
carvedilol phosphate cap er 24hr 40 mg	1	
carvedilol phosphate cap er 24hr 80 mg	1	
carvedilol tab 3.125 mg	1	
carvedilol tab 6.25 mg	1	
carvedilol tab 12.5 mg	1	
carvedilol tab 25 mg	1	
COREG CR CAP 10MG	3	PA; MNPA
COREG CR CAP 20MG	3	PA; MNPA
COREG CR CAP 40MG	3	PA; MNPA
COREG CR CAP 80MG	3	PA; MNPA
COREG TAB 3.125MG	3	
COREG TAB 6.25MG	3	
COREG TAB 12.5MG	3	
COREG TAB 25MG	3	
labetalol hcl tab 100 mg	1	
labetalol hcl tab 200 mg	1	
labetalol hcl tab 300 mg	1	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl cap 200 mg	1	
acebutolol hcl cap 400 mg	1	
atenolol tab 25 mg	1	
atenolol tab 50 mg	1	
atenolol tab 100 mg	1	
betaxolol hcl tab 10 mg	1	
betaxolol hcl tab 20 mg	1	
bisoprolol fumarate tab 5 mg	1	
bisoprolol fumarate tab 10 mg	1	
BYSTOLIC TAB 2.5MG	2	
BYSTOLIC TAB 5MG	2	
BYSTOLIC TAB 10MG	2	
BYSTOLIC TAB 20MG	2	
KAPSPARGO CAP 25MG	3	PA; MNPA
KAPSPARGO CAP 50MG	3	PA; MNPA
KAPSPARGO CAP 100MG	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
KAPSPARGO CAP 200MG	3	PA; MNPA
LOPRESSOR TAB 50MG	3	
LOPRESSOR TAB 100MG	3	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 37.5 mg	1	
metoprolol tartrate tab 50 mg	1	
metoprolol tartrate tab 75 mg	1	
metoprolol tartrate tab 100 mg	1	
nebivolol hcl tab 2.5 mg (base equivalent)	1	
nebivolol hcl tab 5 mg (base equivalent)	1	
nebivolol hcl tab 10 mg (base equivalent)	1	
nebivolol hcl tab 20 mg (base equivalent)	1	
TENORMIN TAB 25MG	3	
TENORMIN TAB 50MG	3	
TENORMIN TAB 100MG	3	
TOPROL XL TAB 25MG	3	PA; MNPA
TOPROL XL TAB 50MG	3	PA; MNPA
TOPROL XL TAB 100MG	3	PA; MNPA
TOPROL XL TAB 200MG	3	PA; MNPA
BETA BLOCKERS NON-SELECTIVE		
BETAPACE AF TAB 80MG	3	PA; MNPA
BETAPACE AF TAB 120MG	3	PA; MNPA
BETAPACE AF TAB 160MG	3	PA; MNPA
BETAPACE TAB 80MG	3	PA; MNPA
BETAPACE TAB 120MG	3	PA; MNPA
BETAPACE TAB 160MG	3	PA; MNPA
CORGARD TAB 20MG	3	
CORGARD TAB 40MG	3	
CORGARD TAB 80MG	3	
HEMANGEOL SOL 4.28/ML	3	
INDERAL LA CAP 60MG	3	PA; MNPA
INDERAL LA CAP 80MG	3	PA; MNPA
INDERAL LA CAP 120MG	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
INDERAL LA CAP 160MG	3	PA; MNPA
INDERAL XL CAP 80MG	3	PA; MNPA
INDERAL XL CAP 120MG	3	PA; MNPA
INNOPRAN XL CAP 80MG	3	PA; MNPA
INNOPRAN XL CAP 120MG	3	PA; MNPA
nadolol tab 20 mg	1	
nadolol tab 40 mg	1	
nadolol tab 80 mg	1	
pindolol tab 5 mg	1	
pindolol tab 10 mg	1	
propranolol hcl cap er 24hr 60 mg	1	
propranolol hcl cap er 24hr 80 mg	1	
propranolol hcl cap er 24hr 120 mg	1	
propranolol hcl cap er 24hr 160 mg	1	
propranolol hcl oral soln 20 mg/5ml	1	
propranolol hcl oral soln 40 mg/5ml	1	
propranolol hcl tab 10 mg	1	
propranolol hcl tab 20 mg	1	
propranolol hcl tab 40 mg	1	
propranolol hcl tab 60 mg	1	
propranolol hcl tab 80 mg	1	
sotalol hcl (afib/afl) tab 80 mg	1	
sotalol hcl (afib/afl) tab 120 mg	1	
sotalol hcl (afib/afl) tab 160 mg	1	
sotalol hcl tab 80 mg	1	
sotalol hcl tab 120 mg	1	
sotalol hcl tab 160 mg	1	
sotalol hcl tab 240 mg	1	
SOTYLIZE SOL 5MG/ML	3	
timolol maleate tab 5 mg	1	
timolol maleate tab 10 mg	1	
timolol maleate tab 20 mg	1	

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKER COMBINATIONS

CONSENSI TAB 2.5-200	3	PA; MNPA
CONSENSI TAB 5-200MG	3	PA; MNPA
CONSENSI TAB 10-200MG	3	PA; MNPA

CALCIUM CHANNEL BLOCKERS

amlodipine besylate tab 2.5 mg (base equivalent)	1	

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Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate tab 5 mg (base equivalent)	1	
amlodipine besylate tab 10 mg (base equivalent)	1	
CALAN SR TAB 120MG	3	
CALAN SR TAB 180MG	3	
CALAN SR TAB 240MG	3	
CARDIZEM CD CAP 120MG/24	3	PA; MNPA
CARDIZEM CD CAP 180MG/24	3	PA; MNPA
CARDIZEM CD CAP 240MG/24	3	PA; MNPA
CARDIZEM CD CAP 300MG/24	3	PA; MNPA
CARDIZEM CD CAP 360MG/24	3	PA; MNPA
CARDIZEM LA TAB 120MG	3	PA; MNPA
CARDIZEM LA TAB 180MG	3	PA; MNPA
CARDIZEM LA TAB 240MG	3	PA; MNPA
CARDIZEM LA TAB 300MG/24	3	PA; MNPA
CARDIZEM LA TAB 360MG	3	PA; MNPA
CARDIZEM LA TAB 420MG/24	3	PA; MNPA
CARDIZEM TAB 30MG	3	PA; MNPA
CARDIZEM TAB 60MG	3	PA; MNPA
CARDIZEM TAB 120MG	3	PA; MNPA
CONJUPRI TAB 2.5MG	3	PA; MNPA
CONJUPRI TAB 5MG	3	PA; MNPA
diltiazem hcl cap er 12hr 60 mg	1	
diltiazem hcl cap er 12hr 90 mg	1	
diltiazem hcl cap er 12hr 120 mg	1	
diltiazem hcl cap er 24hr 120 mg	1	
diltiazem hcl cap er 24hr 180 mg	1	
diltiazem hcl cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 120 mg	1	
diltiazem hcl coated beads cap er 24hr 180 mg	1	
diltiazem hcl coated beads cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 300 mg	1	
diltiazem hcl coated beads cap er 24hr 360 mg	1	
diltiazem hcl coated beads tab er 24hr 180 mg	1	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl coated beads tab er 24hr 240 mg	1	PA; MNPA
diltiazem hcl coated beads tab er 24hr 300 mg	1	PA; MNPA
diltiazem hcl coated beads tab er 24hr 360 mg	1	PA; MNPA
diltiazem hcl coated beads tab er 24hr 420 mg	1	PA; MNPA
diltiazem hcl extended release beads cap er 24hr 120 mg	1	
diltiazem hcl extended release beads cap er 24hr 180 mg	1	
diltiazem hcl extended release beads cap er 24hr 240 mg	1	
diltiazem hcl extended release beads cap er 24hr 300 mg	1	
diltiazem hcl extended release beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 420 mg	1	
diltiazem hcl tab 30 mg	1	
diltiazem hcl tab 60 mg	1	
diltiazem hcl tab 90 mg	1	
diltiazem hcl tab 120 mg	1	
felodipine tab er 24hr 2.5 mg	1	
felodipine tab er 24hr 5 mg	1	
felodipine tab er 24hr 10 mg	1	
isradipine cap 2.5 mg	1	
isradipine cap 5 mg	1	
KATERZIA SUS 1MG/ML	3	PA; MNPA
nicardipine hcl cap 20 mg	1	
nicardipine hcl cap 30 mg	1	
nifedipine cap 10 mg	1	
nifedipine cap 20 mg	1	
nifedipine tab er 24hr 30 mg	1	
nifedipine tab er 24hr 60 mg	1	
nifedipine tab er 24hr 90 mg	1	
nifedipine tab er 24hr osmotic release 30 mg	1	
nifedipine tab er 24hr osmotic release 60 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
nifedipine tab er 24hr osmotic release 90 mg	1	
nimodipine cap 30 mg	1	
nisoldipine tab er 24hr 8.5 mg	1	
nisoldipine tab er 24hr 17 mg	1	
nisoldipine tab er 24hr 20 mg	1	
nisoldipine tab er 24hr 25.5 mg	1	
nisoldipine tab er 24hr 30 mg	1	
nisoldipine tab er 24hr 34 mg	1	
nisoldipine tab er 24hr 40 mg	1	
NORVASC TAB 2.5MG	3	PA; MNPA
NORVASC TAB 5MG	3	PA; MNPA
NORVASC TAB 10MG	3	PA; MNPA
NYMALIZE SOL	3	
PROCARDIA CAP 10MG	3	
PROCARDIA XL TAB 30MG CR	3	
PROCARDIA XL TAB 60MG CR	3	
PROCARDIA XL TAB 90MG CR	3	
SULAR TAB 8.5MG	3	
SULAR TAB 17MG	3	
SULAR TAB 34MG	3	
TIAZAC CAP 120MG/24	3	
TIAZAC CAP 180MG/24	3	
TIAZAC CAP 240MG/24	3	
TIAZAC CAP 300MG/24	3	
TIAZAC CAP 360MG/24	3	
TIAZAC CAP 420MG/24	3	
verapamil hcl cap er 24hr 100 mg	1	
verapamil hcl cap er 24hr 120 mg	1	
verapamil hcl cap er 24hr 180 mg	1	
verapamil hcl cap er 24hr 200 mg	1	
verapamil hcl cap er 24hr 240 mg	1	
verapamil hcl cap er 24hr 300 mg	1	
verapamil hcl cap er 24hr 360 mg	1	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
verapamil hcl tab er 120 mg	1	
verapamil hcl tab er 180 mg	1	
verapamil hcl tab er 240 mg	1	
VERELAN CAP 120MG SR	3	

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Drug Name	Drug Tier	Requirements/Limits
VERELAN CAP 180MG SR	3	
VERELAN CAP 240MG SR	3	
VERELAN CAP 360MG SR	3	
VERELAN PM CAP 100MG ER	3	
VERELAN PM CAP 200MG ER	3	
VERELAN PM CAP 300MG ER	3	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin oral soln 0.05 mg/ml	1	
digoxin tab 125 mcg (0.125 mg)	1	
digoxin tab 250 mcg (0.25 mg)	1	
LANOXIN TAB 0.25MG	3	PA; MNPA
LANOXIN TAB 0.125MG	3	PA; MNPA
LANOXIN TAB 0.0625MG	2	
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
BIDIL TAB	2	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	

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Drug Name	Drug Tier	Requirements/Limits
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
IMPOTENCE AGENTS		
CAVERJECT IM KIT 10MCG	3	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
CAVERJECT INJ 40MCG	3	QL (6 per month); Coverage is subject to your plan/benefits
CAVERJECT KIT 20MCG	3	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
CIALIS TAB 2.5MG	3	ST, PA, QL (30 tabs per month); MNPA; Coverage is subject to your plan/benefits
CIALIS TAB 5MG	3	ST, PA, QL (30 tabs per month); MNPA; Coverage is subject to your plan/benefits
CIALIS TAB 10MG	3	PA, QL (6 TABS PER MONTH); MNPA
CIALIS TAB 20MG	3	PA, QL (6 TABS PER MONTH); MNPA
EDEX KIT 10MCG	3	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
EDEX KIT 20MCG	3	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
EDEX KIT 40MCG	3	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
LEVITRA TAB 10MG	3	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
LEVITRA TAB 20MG	3	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
MUSE SUP 125MCG	2	QL (6 PELLETS PER MONTH); Coverage is subject to your plan/benefits
MUSE SUP 250MCG	2	QL (6 PELLETS PER MONTH); Coverage is subject to your plan/benefits
MUSE SUP 500MCG	2	QL (6 PELLETS PER MONTH); Coverage is subject to your plan/benefits
MUSE SUP 1000MCG	2	QL (6 PELLETS PER MONTH); Coverage is subject to your plan/benefits
sildenafil citrate tab 25 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
sildenafil citrate tab 50 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
sildenafil citrate tab 100 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
STAXYN TAB 10MG	3	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
STENDRA TAB 50MG	3	PA, QL (6 tabs per month); MNPA
STENDRA TAB 100MG	3	PA, QL (6 tabs per month); MNPA
STENDRA TAB 200MG	3	PA, QL (6 TABS PER MONTH); MNPA
tadalafil tab 2.5 mg	1	ST, QL (30 tabs per month); Coverage is subject to your plan/benefits
tadalafil tab 5 mg	1	ST, QL (30 tabs per month); Coverage is subject to your plan/benefits
tadalafil tab 10 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
tadalafil tab 20 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
vardenafil hcl orally disintegrating tab 10 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
vardenafil hcl tab 2.5 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
vardenafil hcl tab 5 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
vardenafil hcl tab 10 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
vardenafil hcl tab 20 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
VIAGRA TAB 25MG	3	PA, QL (6 TABS PER MONTH); MNPA

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Drug Name	Drug Tier	Requirements/Limits
VIAGRA TAB 50MG	3	PA, QL (6 TABS PER MONTH); MNPA
VIAGRA TAB 100MG	3	PA, QL (6 TABS PER MONTH); MNPA
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB 0.25MG	2	PA
ORENITRAM TAB 0.125MG	2	PA
ORENITRAM TAB 1MG	2	PA
ORENITRAM TAB 2.5MG	2	PA
ORENITRAM TAB 5MG	2	PA
TYVASO REFIL SOL 0.6MG/ML	3	PA, QL (28 AMPULES PER 28 DAYS)
TYVASO SOL 0.6MG/ML	3	PA, QL (28 AMPULES PER 28 DAYS)
TYVASO START SOL 0.6MG/ML	3	PA, QL (28 AMPULES PER 28 DAYS)
VENTAVIS SOL 10MCG/ML	3	PA, QL (270 AMPULES PER 30 DAYS)
VENTAVIS SOL 20MCG/ML	3	PA, QL (270 AMPULES PER 30 DAYS)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab 5 mg	1	PA, QL (30 TABLETS PER 30 DAYS)
ambrisentan tab 10 mg	1	PA, QL (30 TABLETS PER 30 DAYS)
bosentan tab 62.5 mg	1	PA, QL (60 TABLETS PER 30 DAYS)
bosentan tab 125 mg	1	PA, QL (60 TABLETS PER 30 DAYS)
OPSUMIT TAB 10MG	2	PA, QL (30 TABLETS PER 30 DAYS)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil citrate for suspension 10 mg/ml	1	PA, QL (224 ML PER 30 DAYS); MNPA
sildenafil citrate tab 20 mg	1	PA, QL (90 TABLETS PER 30 DAYS); MNPA
tadalafil tab 20 mg (pah)	1	PA, QL (60 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
tadalafil tab 20 mg (pah)	1	PA, QL (60 TABLETS PER 30 DAYS); Coverage is subject to your plan/benefits
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB 200/800	2	PA, QL (1 PACK EVERY 28 DAYS)
UPTRAVI TAB 200MCG	2	PA, QL (140 TABLETS PER 28 DAYS)
UPTRAVI TAB 400MCG	2	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 600MCG	2	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 800MCG	2	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1000MCG	2	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1200MCG	2	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1400MCG	2	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1600MCG	2	PA, QL (60 TABLETS PER 30 DAYS)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	2	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 1.5MG	2	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 1MG	2	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 2.5MG	2	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 2MG	2	PA, QL (90 TABLETS PER 30 DAYS)
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	3	
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP 61MG	3	PA, QL (30 CAPSULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	3	
VERQUVO TAB 5MG	3	
VERQUVO TAB 10MG	3	
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml	1	
cefadroxil for susp 500 mg/5ml	1	
cefadroxil tab 1 gm	1	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	
cephalexin cap 750 mg	1	
cephalexin for susp 125 mg/5ml	1	
cephalexin for susp 250 mg/5ml	1	
cephalexin tab 250 mg	1	
cephalexin tab 500 mg	1	
KEFLEX CAP 750MG	3	
CEPHALOSPORINS - 2ND GENERATION		
cefaclor cap 250 mg	1	
cefaclor cap 500 mg	1	
CEFACLOR ER TAB 500MG	3	
cefaclor for susp 125 mg/5ml	1	
cefaclor for susp 250 mg/5ml	1	
cefaclor for susp 375 mg/5ml	1	
cefprozil for susp 125 mg/5ml	1	
cefprozil for susp 250 mg/5ml	1	
cefprozil tab 250 mg	1	
cefprozil tab 500 mg	1	
cefuroxime axetil tab 250 mg	1	
cefuroxime axetil tab 500 mg	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap 300 mg	1	
cefdinir for susp 125 mg/5ml	1	
cefdinir for susp 250 mg/5ml	1	
cefixime cap 400 mg	1	
cefixime for susp 100 mg/5ml	1	
cefixime for susp 200 mg/5ml	1	
cefpodoxime proxetil for susp 50 mg/5ml	1	
cefpodoxime proxetil for susp 100 mg/5ml	1	

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Drug Name	Drug Tier	Requirements/Limits
cefpodoxime proxetil tab 100 mg	1	
cefpodoxime proxetil tab 200 mg	1	
SUPRAX CAP 400MG	2	
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	
SUPRAX SUS 100/5ML	2	
SUPRAX SUS 200/5ML	2	
SUPRAX SUS 500/5ML	2	

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

BALCOLTRA TAB 0.1-20	0	
BEYAZ TAB	0	PA; MNPA
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	0	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	0	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	0	
drospirenone-ethinyl estradiol tab 3-0.02 mg	0	
drospirenone-ethinyl estradiol tab 3-0.03 mg	0	
ESTROSTEP FE TAB	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	0	
GENERESS FE CHW	0	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	0	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	0	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	0	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	0	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	0	

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Drug Name	Drug Tier	Requirements/Limits
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	0	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	0	
LO LOESTRIN TAB 1-10-10	0	
LOSEASONIQUE TAB	0	
MINASTRIN 24 CHW FE	0	PA; MNPA
MIRCETTE TAB 28 DAY	0	
NATAZIA TAB	0	PA; MNPA
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	0	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	0	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	0	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	0	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	0	
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	0	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	0	
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	0	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	0	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	0	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	0	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	0	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	0	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	0	

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Drug Name	Drug Tier	Requirements/Limits
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	0	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	0	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	0	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	0	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	0	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	0	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	0	
QUARTETTE TAB	0	
SAFYRAL TAB	0	
SEASONIQUE TAB	0	PA; MNPA
TAYTULLA CAP 1MG/20MC	0	PA; MNPA
TYBLUME CHW 0.1-0.02	0	PA
YASMIN 28 TAB 3-0.03MG	0	PA; MNPA
YAZ TAB 3-0.02MG	0	PA; MNPA
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	0	
TWIRLA DIS 120-30	0	PA; MNPA
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	0	QL (1 ring / 300 days)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	0	QL (13 rings / 300 days)
NUVARING MIS	0	PA, QL (13 rings / 300 days); MNPA
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	0	
levonorgestrel tab 1.5 mg	0	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	0	QL (1 injection / 59 days)
DEPO-PROVERA INJ 150MG/ML	0	QL (4 injections / 300 days)
DEPO-SQ PROV INJ 104	0	QL (6 injections / 300 days)

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Drug Name	Drug Tier	Requirements/Limits
medroxyprogesterone acetate im susp 150 mg/ml	0	QL (1 injection / 59 days)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	0	QL (4 injections / 300 days)
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab 0.35 mg	0	
ORTHO MICRON TAB 0.35MG	0	
SLYND TAB 4MG	0	PA; MNPA
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
ALKINDI SPRI CAP 0.5MG	3	PA; MNPA
ALKINDI SPRI CAP 1MG	3	PA; MNPA
ALKINDI SPRI CAP 2MG	3	PA; MNPA
ALKINDI SPRI CAP 5MG	3	PA; MNPA
budesonide delayed release particles cap 3 mg	1	
budesonide tab er 24hr 9 mg	1	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
DEXABLISS TAB 1.5MG	3	PA; MNPA
DEXAMETHASON CON 1MG/ML	3	
dexamethasone elixir 0.5 mg/5ml	1	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tab 0.5 mg	1	
dexamethasone tab 0.75 mg	1	
dexamethasone tab 1 mg	1	
dexamethasone tab 1.5 mg	1	
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
dexamethasone tab therapy pack 1.5 mg (21)	1	
dexamethasone tab therapy pack 1.5 mg (21)	1	PA; MNPA
dexamethasone tab therapy pack 1.5 mg (27)	1	PA; MNPA
dexamethasone tab therapy pack 1.5 mg (35)	1	
dexamethasone tab therapy pack 1.5 mg (49)	1	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
dexamethasone tab therapy pack 1.5 mg (51)	1	
DXEVO 11-DAY PAK 1.5MG	3	PA; MNPA
ENTOCORT EC CAP 3MG DR	3	
HEMADY TAB 20MG	3	PA; MNPA
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	1	
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	
MEDROL TAB 16MG	3	
MEDROL TAB 32MG	3	
methylprednisolone tab 4 mg	1	
methylprednisolone tab 8 mg	1	
methylprednisolone tab 16 mg	1	
methylprednisolone tab 32 mg	1	
methylprednisolone tab therapy pack 4 mg (21)	1	
MILLIPRED TAB 5MG	3	PA; MNPA
ORAPRED ODT TAB 10MG	3	
ORAPRED ODT TAB 15MG	3	
ORAPRED ODT TAB 30MG	3	
ORTIKOS CAP 6MG ER	3	PA; MNPA
ORTIKOS CAP 9MG ER	3	PA; MNPA
PEDIAPRED SOL 5MG/5ML	3	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 15 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 30 mg (base eq)	1	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	1	
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)	1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)	1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1	

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Drug Name	Drug Tier	Requirements/Limits
prednisolone syrup 15 mg/5ml (usp solution equivalent)	1	
PREDNISONE CON 5MG/ML	3	
prednisone oral soln 5 mg/5ml	1	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	1	
prednisone tab 10 mg	1	
prednisone tab 20 mg	1	
prednisone tab 50 mg	1	
prednisone tab therapy pack 5 mg (21)	1	
prednisone tab therapy pack 5 mg (48)	1	
prednisone tab therapy pack 10 mg (21)	1	
prednisone tab therapy pack 10 mg (48)	1	
RAYOS TAB 1MG	3	PA; MNPA
RAYOS TAB 2MG	3	PA; MNPA
RAYOS TAB 5MG	3	PA; MNPA
SOLU-CORTEF INJ 100MG	3	PA
SOLU-CORTEF INJ 250MG	3	PA
SOLU-CORTEF INJ 500MG	3	PA
SOLU-CORTEF INJ 1000MG	3	PA
UCERIS TAB 9MG	3	
ZCORT 7-DAY TAB 1.5MG	3	PA; MNPA
MINERALOCORTICOIDS		
fludrocortisone acetate tab 0.1 mg	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap 100 mg	1	
benzonatate cap 150 mg	1	
benzonatate cap 200 mg	1	
HYCODAN SYP 5-1.5/5	3	PA, QL (30 mL/day for 7 days per month)
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	1	QL (30 mL/day for 7 days per month)
hydrocodone w/ homatropine tab 5-1.5 mg	1	QL (6 tablets/day for 7 days per month)
TESSALON PER CAP 100MG	2	
COUGH/COLD/ALLERGY COMBINATIONS		
CLARINEX-D TAB 2.5-120	3	
guaifenesin-codeine soln 100-10 mg/5ml	1	QL (60 mL/day for 7 days per month)

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Drug Name	Drug Tier	Requirements/Limits
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	QL (10 mL/day for 7 days per month)
NEOTUSS PLUS LIQ	3	
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	QL (30 mL/day for 7 days per month)
promethazine-dm syrup 6.25-15 mg/5ml	1	
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	1	QL (30 mL/day for 7 days per month)
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
TUSSICAPS CAP 10-8MG	3	QL (2 capsules/day for 7 days per month)
TUXARIN ER TAB 54.3-8MG	3	PA, QL (2 tablets/day for 7 days per month); MNPA
TUZISTRA XR SUS	3	QL (20 mL/day for 7 days per month)
MISC. RESPIRATORY INHALANTS		
HYPERSAL NEB 3.5%	3	
HYPERSAL NEB 7%	3	
sodium chloride soln nebu 0.9%	1	
sodium chloride soln nebu 3%	1	
sodium chloride soln nebu 7%	1	
sodium chloride soln nebu 10%	1	
MUCOLYTICS		
acetylcysteine inhal soln 10%	1	
acetylcysteine inhal soln 20%	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ABSORICA CAP 10MG	3	
ABSORICA CAP 20MG	3	
ABSORICA CAP 25MG	3	
ABSORICA CAP 30MG	3	
ABSORICA CAP 35MG	3	
ABSORICA CAP 40MG	3	
ABSORICA LD CAP 8MG	3	PA; MNPA
ABSORICA LD CAP 16MG	3	PA; MNPA
ABSORICA LD CAP 24MG	3	PA; MNPA
ABSORICA LD CAP 32MG	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
ACANYA GEL 1.2-2.5%	3	PA; MNPA
ACZONE GEL 5%	3	
ACZONE GEL 7.5%	3	
adapalene cream 0.1%	1	PA
adapalene gel 0.1%	1	PA
adapalene gel 0.1%	1	PA
adapalene gel 0.3%	1	PA
adapalene pads 0.1%	1	PA; MNPA
ADAPALENE SOL 0.1%	3	PA; MNPA
adapalene-benzoyl peroxide gel 0.1-2.5%	1	
AKLIEF CRE 0.005%	3	PA; MNPA
ALTRENO LOT 0.05%	3	PA; MNPA
AMZEEQ AER 4%	3	PA; MNPA
ARAZLO LOT 0.045%	3	
ATRALIN GEL 0.05%	3	
AZELEX CRE 20%	3	PA; MNPA
BENZ PER FOR LOT HC 7.5-1	3	PA; MNPA
BENZ PEROXID GEL 6.5%	3	PA; MNPA
BENZACLIN GEL 1-5%	3	PA; MNPA
BENZACLIN GEL 1-5%PUMP	3	PA; MNPA
BENZAMYCIN GEL 5-3%	3	
BENZEPRO AER 5.2%	3	PA; MNPA
BENZEPRO AER 9.7%	3	PA; MNPA
BENZEPRO LIQ 6.8%	3	PA; MNPA
BENZEPRO MIS 5.8%	3	PA; MNPA
benzoyl peroxide foam 5.3%	1	
benzoyl peroxide foam 9.8%	1	
benzoyl peroxide liq 7%	1	
benzoyl peroxide-erythromycin gel 5-3%	1	
benzoyl peroxide-hydrocortisone lotion 5-0.5%	1	
BENZOYL PERX LIQ 6.9%	3	PA; MNPA
CLEOCIN-T LOT 1%	3	QL (60 mL / month)
CLINDAGEL GEL 1%	3	QL (75 gm / month)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	
clindamycin phosphate foam 1%	1	
clindamycin phosphate gel 1%	1	PA, QL (75 gm / month); MNPA
clindamycin phosphate lotion 1%	1	QL (60 mL / month)
clindamycin phosphate soln 1%	1	QL (60 mL / month)

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Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate swab 1%	1	
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	1	
clindamycin phosphate-tretinoin gel 1.2-0.025%	1	PA
dapsone gel 5%	1	
dapsone gel 7.5%	1	
DIFFERIN CRE 0.1%	3	PA
DIFFERIN GEL 0.1%	3	PA
DIFFERIN GEL 0.3%	3	PA
DIFFERIN LOT 0.1%	3	PA; MNPA
EPIDUO FORTE GEL 0.3-2.5%	2	
EPIDUO GEL 0.1-2.5%	2	
ERYGEL GEL 2%	3	QL (60 mg / month)
erythromycin gel 2%	1	QL (60 mg / month)
erythromycin pads 2%	1	
erythromycin soln 2%	1	QL (60 mL / month)
EVOCLIN AER 1%	3	
FABIOR AER 0.1%	3	PA; MNPA
isotretinoin cap 10 mg	1	
isotretinoin cap 20 mg	1	
isotretinoin cap 30 mg	1	
isotretinoin cap 40 mg	1	
KLARON LOT 10%	3	
ONEXTON GEL 1.2-3.75	2	
OXIAZAR CRE 4-0.1%	3	PA; MNPA
resorcinol-sulfur lotion 2-5%	1	
RETIN-A CRE 0.1%	3	
RETIN-A CRE 0.05%	3	
RETIN-A CRE 0.025%	3	
RETIN-A GEL 0.01%	3	
RETIN-A GEL 0.025%	3	
RETIN-A MICR GEL 0.1%	3	PA
RETIN-A MICR GEL 0.1%PUMP	3	PA
RETIN-A MICR GEL 0.04%	3	PA
RETIN-A MICR GEL 0.04%PMP	3	PA
RETIN-A MICR GEL 0.06%	3	PA
RETIN-A MICR GEL 0.08%	3	PA
RIAX AER 5.5%	3	

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Drug Name	Drug Tier	Requirements/Limits
RIAX AER 9.5%	3	
sulfacetamide sodium lotion 10% (acne)	1	
sulfacetamide sodium w/ sulfur cleansing pad 10-4%	1	
sulfacetamide sodium w/ sulfur emulsion 10-1%	1	
TAZAROTENE AER 0.1%	3	PA; MNPA
tretinoin cream 0.1%	1	PA
tretinoin cream 0.05%	1	PA
tretinoin cream 0.025%	1	
tretinoin cream 0.025%	1	PA
tretinoin gel 0.01%	1	PA
tretinoin gel 0.05%	1	PA
tretinoin gel 0.025%	1	
tretinoin gel 0.025%	1	PA
tretinoin microsphere gel 0.1%	1	PA
tretinoin microsphere gel 0.04%	1	PA
VELTIN GEL	3	PA; MNPA
WINLEVI CRE 1%	3	PA; MNPA
ZACLIR LOT 8%	3	
ZIANA GEL	3	PA; MNPA
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OIN 15%	3	PA; MNPA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac epolamine patch 1.3%	1	
diclofenac sodium soln 1.5%	1	PA, QL (150 ml per 21 days)
FLECTOR DIS 1.3%	3	
LICART DIS 1.3%	3	PA; MNPA
PENNSAID SOL 2%	3	PA, QL (112 grams per 21 days); MNPA
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1%	3	
CENTANY OIN 2%	3	QL (30 gm / month)
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate oint 0.1%	1	
mupirocin calcium cream 2%	1	PA, QL (30 gm / month); MNPA
mupirocin oint 2%	1	QL (30 gm / month)
NEO-SYNALAR CRE	3	PA; MNPA
XEPI CRE 1%	3	

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Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS - TOPICAL		
ciclopirox gel 0.77%	1	QL (120 GM Per month)
ciclopirox olamine cream 0.77% (base equiv)	1	QL (120 GM Per month)
ciclopirox olamine susp 0.77% (base equiv)	1	QL (120 ML Per month)
ciclopirox shampoo 1%	1	QL (120 ML Per month)
ciclopirox solution 8%	1	
clotrimazole soln 1%	1	QL (120 mL / 25 days)
clotrimazole w/ betamethasone cream 1-0.05%	1	
clotrimazole w/ betamethasone lotion 1-0.05%	1	
econazole nitrate cream 1%	1	QL (60 GM Per month)
ECOZA AER 1%	3	QL (70 GM Per month)
ERTACZO CRE 2%	3	QL (60 GM per month)
EXELDERM CRE 1%	3	QL (60 GM Per month)
EXELDERM SOL 1%	3	QL (60 ML Per month)
EXODERM LOT 25-1%	3	
EXTINA AER 2%	3	QL (100 GM Per month)
FUNGIMEZ SOL	3	PA; MNPA
HIXDEFRIMA SOL 8-1-1%	3	PA; MNPA
iodoquinol-hc cream 1-1%	1	
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%	1	
JUBLIA SOL 10%	3	PA, QL (4 ML per 21 Days)
KERYDIN SOL 5%	3	PA, QL (4 ML per 21 Days)
ketoconazole cream 2%	1	QL (120 GM Per month)
ketoconazole foam 2%	1	PA, QL (100 GM Per month); MNPA
ketoconazole shampoo 2%	1	QL (120 ML Per month)
LOPROX CRE 0.77%	3	PA, QL (120 GM Per month); MNPA
LOPROX SHA 1%	3	QL (120 ML Per month)
LOPROX SUS 0.77%	3	PA, QL (120 ML Per month); MNPA
luliconazole cream 1%	1	PA, QL (60 GM per month); MNPA
LUZU CRE 1%	3	QL (60 GM per month)

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Drug Name	Drug Tier	Requirements/Limits
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	1	QL (120 GM per month)
naftifine hcl cream 1%	1	QL (60 GM Per month)
naftifine hcl cream 2%	1	QL (60 GM Per month)
naftifine hcl gel 1%	1	QL (120 GM Per month)
NAFTIN GEL 1%	2	QL (120 GM Per month)
NAFTIN GEL 2%	2	QL (60 GM Per month)
nystatin cream 100000 unit/gm	1	QL (120 GM per month)
nystatin oint 100000 unit/gm	1	QL (120 GM per month)
nystatin topical powder 100000 unit/gm	1	QL (120 GM per month)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	
oxiconazole nitrate cream 1%	1	QL (90 GM Per month)
oxiconazole nitrate cream 1%	1	PA, QL (90 GM Per month); MNPA
OXISTAT CRE 1%	3	QL (90 GM Per month)
OXISTAT LOT 1%	3	QL (90 ML Per month)
RECURA CRE	3	PA; MNPA
sulconazole nitrate cream 1%	1	QL (60 GM Per month)
sulconazole nitrate solution 1%	1	QL (60 ML Per month)
tavaborole soln 5%	1	PA, QL (4 ML per 21 Days)
VUSION OIN	3	QL (120 GM per month)
XOLEGEL GEL 2%	3	PA, QL (45 GM Per month); MNPA
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
AMELUZ GEL 10%	3	PA; MNPA
CARAC CRE 0.5%	3	PA; MNPA
diclofenac sodium (actinic keratoses) gel 3%	1	PA
EFUDEX CRE 5%	3	
FLUOROPLEX CRE 1%	3	
fluorouracil cream 0.5%	1	PA; MNPA
fluorouracil cream 5%	1	
fluorouracil soln 2%	1	
fluorouracil soln 5%	1	
KLISYRI OIN 1%	3	PA; MNPA
LEVULAN KERA SOL 20%	3	
PANRETIN GEL 0.1%	3	

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Drug Name	Drug Tier	Requirements/Limits
PICATO GEL 0.05%	2	
PICATO GEL 0.015%	2	
ROAOXIA GEL 3-4%	3	PA; MNPA
TARGRETIN GEL 1%	3	PA
VALCHLOR GEL 0.016%	3	PA, QL (2 TUBES PER 30 DAYS)
ANTIPRURITICS - TOPICAL		
doxepin hcl cream 5%	1	ST, PA, QL (45 grams / month); MNPA
PRUDOXIN CRE 5%	3	ST, QL (45 grams / month)
ZONALON CRE 5%	3	ST, QL (45 grams / month)
ANTIPSORIATICS		
acitretin cap 10 mg	1	
acitretin cap 17.5 mg	1	
acitretin cap 25 mg	1	
calcipotriene cream 0.005%	1	PA; MNPA
calcipotriene foam 0.005%	1	PA; MNPA
calcipotriene oint 0.005%	1	
calcipotriene soln 0.005% (50 mcg/ml)	1	
calcitriol oint 3 mcg/gm	1	PA; MNPA
COSENTYX INJ 75MG/0.5	2	PA, QL (1 SYRINGE PER 28 DAYS); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 150MG/ML	2	PA, QL (1 SYRINGE PER 28 DAYS); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJ 300DOSE	2	PA, QL (2 PENS PER 28 days); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
COSENTYX PEN INJ 150MG/ML	2	PA, QL (1 PEN PER 28 DAYS); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
COSENTYX PEN INJ 300DOSE	2	PA, QL (2 PENS PER 28 days); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
DOVONEX CRE 0.005%	3	
methoxsalen rapid cap 10 mg	1	
OXSORALEN-UL CAP 10MG	3	
SKYRIZI INJ 150DOSE	2	PA, QL (2 SYRINGES PER 12 WEEKS); Preferred for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
SKYRIZI INJ 150MG/ML	2	PA; Preferred for Psoriasis

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI PEN INJ 150MG/ML	2	PA; Preferred for Psoriasis
SORIATANE CAP 10MG	3	
SORIATANE CAP 25MG	3	
SORILUX AER 0.005%	3	PA; MNPA
STELARA INJ 45MG/0.5	2	PA, QL (1 SYRINGE PER 12 WEEKS); Preferred agent for Psoriasis and 2nd line for Ulcerative colitis, Crohn's after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
STELARA INJ 45MG/0.5	2	PA, QL (1 VIAL PER 12 WEEKS); Preferred agent for Psoriasis and 2nd line for Ulcerative colitis, Crohn's after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
STELARA INJ 90MG/ML	2	PA, QL (1 PFS PER 8 WEEKS); Preferred agent for Psoriasis and 2nd line for Ulcerative colitis, Crohn's after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
TALTZ INJ 80MG/ML	2	PA, QL (1 INJ PER 28 DAYS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
TALTZ INJ 80MG/ML	2	PA, QL (1 PFS PER 28 DAYS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
tazarotene cream 0.1%	1	
TAZORAC CRE 0.1%	3	PA; MNPA
TAZORAC CRE 0.05%	3	PA; MNPA
TAZORAC GEL 0.1%	3	PA; MNPA
TAZORAC GEL 0.05%	3	PA; MNPA
TREMFYA INJ 100MG/ML	2	PA, QL (1 PEN PER 8 WEEKS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
TREMFYA INJ 100MG/ML	2	PA, QL (1 PFS PER 8 WEEKS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
VECTICAL OIN 3MCG/GM	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
ANTISEBORRHEIC PRODUCTS		
ESKATA SOL 40%	3	PA; MNPA
GLYCOLIC ACD SOL 70%	3	
selenium sulfide lotion 2.5%	1	
SODIUM SULFA LIQ 10% WASH	3	
ANTIVIRALS - TOPICAL		
acyclovir cream 5%	1	PA; MNPA
acyclovir oint 5%	1	
DENAVIR CRE 1%	3	
XERESE CRE 5-1%	3	
ZOVIRAX CRE 5%	3	
ZOVIRAX OIN 5%	3	
BURN PRODUCTS		
mafenide acetate packet for topical soln 5% (50 gm)	1	
SILVADENE CRE 1%	2	
silver sulfadiazine cream 1%	1	
SULFAMYLON CRE 85MG/GM	3	
SULFAMYLON PAK 5%	3	
CORTICOSTEROIDS - TOPICAL		
ALA-SCALP LOT 2%	3	PA, QL (120 mL / month); MNPA
alclometasone dipropionate cream 0.05%	1	QL (120 gm / month)
alclometasone dipropionate oint 0.05%	1	QL (120 gm / month)
amcinonide cream 0.1%	1	QL (120 gm / month)
amcinonide lotion 0.1%	1	QL (120 mL / month)
AMCINONIDE OIN 0.1%	3	QL (120 gm / month)
APEXICON E CRE 0.05%	3	PA, QL (120 gm / month); MNPA
betamethasone dipropionate augmented cream 0.05%	1	QL (120 gm / month)
betamethasone dipropionate augmented gel 0.05%	1	QL (120 gm / month)
betamethasone dipropionate augmented lotion 0.05%	1	QL (120 mL / month)
betamethasone dipropionate augmented oint 0.05%	1	QL (120 gm / month)
betamethasone dipropionate cream 0.05%	1	QL (120 gm / month)
betamethasone dipropionate lotion 0.05%	1	QL (120 mL / month)
betamethasone dipropionate oint 0.05%	1	QL (120 gm / month)

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Drug Name	Drug Tier	Requirements/Limits
betamethasone valerate aerosol foam 0.12%	1	QL (120 gm / month)
betamethasone valerate cream 0.1% (base equivalent)	1	QL (120 gm / month)
betamethasone valerate lotion 0.1% (base equivalent)	1	QL (120 mL / month)
betamethasone valerate oint 0.1% (base equivalent)	1	QL (120 gm / month)
BRYHALI LOT 0.01%	2	QL (120 gm / month)
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	1	PA; MNPA
calcipotriene-betamethasone dipropionate susp 0.005-0.064%	1	PA; MNPA
CAPEX SHA 0.01%	2	QL (120 mL / month)
clobetasol propionate cream 0.05%	1	QL (120 gm / month)
clobetasol propionate emollient base cream 0.05%	1	QL (120 gm / month)
clobetasol propionate emulsion foam 0.05%	1	QL (120 gm / month)
clobetasol propionate foam 0.05%	1	QL (120 gm / month)
clobetasol propionate gel 0.05%	1	QL (120 gm / month)
clobetasol propionate lotion 0.05%	1	QL (120 mL / month)
clobetasol propionate oint 0.05%	1	QL (120 gm / month)
clobetasol propionate shampoo 0.05%	1	QL (120 mL / month)
clobetasol propionate soln 0.05%	1	QL (120 mL / month)
clobetasol propionate spray 0.05%	1	PA, QL (120 mL / month); MNPA
CLOBEX LOT 0.05%	2	QL (120 mL / month)
CLOBEX SHA 0.05%	2	QL (120 mL / month)
CLOBEX SPR 0.05%	3	PA, QL (120 mL / month); MNPA
clocortolone pivalate cream 0.1%	1	PA, QL (120 gm / month); MNPA
CLODERM CRE 0.1%	3	QL (120 gm / month)
CORDRAN 80X3 TAP 4MCG/CM	3	PA, QL (120 Units Per Month); MNPA
CORDRAN CRE 0.05%	3	PA, QL (120 gm / month); MNPA
CORDRAN CRE 0.025%	3	PA, QL (120 gm / month); MNPA
CORDRAN LOT 0.05%	3	PA, QL (120 mL / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
CORDRAN OIN 0.05%	3	PA, QL (120 gm / month); MNPA
CUTIVATE LOT 0.05%	3	QL (120 mL / month)
DERMA-SMOOTH OIL /FS BODY	2	QL (120 mL / month)
DERMA-SMOOTH OIL /FS SCLP	2	QL (120 mL / month)
DESONATE GEL 0.05%	3	QL (120 gm / month)
desonide cream 0.05%	1	QL (120 gm / month)
desonide gel 0.05%	1	PA, QL (120 gm / month); MNPA
desonide lotion 0.05%	1	QL (120 mL / month)
desonide oint 0.05%	1	QL (120 gm / month)
DESOWEN CRE 0.05%	2	QL (120 gm / month)
desoximetasone cream 0.05%	1	QL (120 gm / month)
desoximetasone cream 0.25%	1	QL (120 gm / month)
desoximetasone gel 0.05%	1	QL (120 gm / month)
desoximetasone oint 0.05%	1	PA, QL (120 gm / month); MNPA
desoximetasone oint 0.25%	1	QL (120 gm / month)
desoximetasone spray 0.25%	1	QL (120 mL / month)
diflorasone diacetate cream 0.05%	1	PA, QL (120 gm / month); MNPA
diflorasone diacetate oint 0.05%	1	PA, QL (120 gm / month); MNPA
DIPROLENE AF CRE 0.05%	3	QL (120 gm / month)
DIPROLENE OIN 0.05%	2	QL (120 gm / month)
DUOBRII LOT	3	
ENSTILAR AER	3	
EPIFOAM AER 1%	3	
fluocinolone acetonide cream 0.01%	1	QL (120 gm / month)
fluocinolone acetonide cream 0.025%	1	QL (120 gm / month)
fluocinolone acetonide oil 0.01% (body oil)	1	QL (120 mL / month)
fluocinolone acetonide oil 0.01% (scalp oil)	1	QL (120 mL / month)
fluocinolone acetonide oint 0.025%	1	QL (120 gm / month)
fluocinolone acetonide soln 0.01%	1	QL (120 mL / month)
fluocinonide cream 0.1%	1	PA, QL (120 gm / month); MNPA
fluocinonide cream 0.05%	1	QL (120 gm / month)
fluocinonide emulsified base cream 0.05%	1	QL (120 gm / month)
fluocinonide gel 0.05%	1	QL (120 gm / month)
fluocinonide oint 0.05%	1	QL (120 gm / month)
fluocinonide soln 0.05%	1	QL (120 mL / month)

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Drug Name	Drug Tier	Requirements/Limits
flurandrenolide cream 0.05%	1	PA, QL (120 gm / month); MNPA
flurandrenolide lotion 0.05%	1	PA, QL (120 mL / month); MNPA
flurandrenolide oint 0.05%	1	PA, QL (120 gm / month); MNPA
fluticasone propionate cream 0.05%	1	QL (120 gm / month)
fluticasone propionate lotion 0.05%	1	QL (120 mL / month)
fluticasone propionate oint 0.005%	1	QL (120 gm / month)
halcinonide cream 0.1%	1	PA, QL (120 gm / month); MNPA
HALOBETASOL AER 0.05%	3	PA, QL (120 gm / month); MNPA
halobetasol propionate cream 0.05%	1	QL (120 gm / month)
halobetasol propionate oint 0.05%	1	QL (120 gm / month)
HALOG CRE 0.1%	3	PA, QL (120 gm / month); MNPA
HALOG OIN 0.1%	3	PA, QL (120 gm / month); MNPA
HALOG SOL 0.1%	3	PA, QL (120 mL / month); MNPA
HC/PRAMOXINE CRE 1-2.35%	3	
hydrocortisone butyrate cream 0.1%	1	QL (120 gm / month)
hydrocortisone butyrate hydrophilic lipo base cream 0.1%	1	PA, QL (120 gm / month); MNPA
hydrocortisone butyrate lotion 0.1%	1	PA, QL (120 mL / month); MNPA
hydrocortisone butyrate oint 0.1%	1	QL (120 gm / month)
hydrocortisone butyrate soln 0.1%	1	QL (120 mL / month)
hydrocortisone cream 1%	1	QL (120 gm / 30 days)
hydrocortisone cream 2.5%	1	QL (120 gm / month)
hydrocortisone lotion 2%	1	PA, QL (120 mL / month); MNPA
hydrocortisone lotion 2.5%	1	QL (120 mL / month)
hydrocortisone oint 1%	1	QL (120 gm / 30 days)
hydrocortisone oint 2.5%	1	QL (120 gm / month)
hydrocortisone valerate cream 0.2%	1	QL (120 gm / month)
hydrocortisone valerate oint 0.2%	1	QL (120 gm / month)
IMPEKLO LOT 0.05%	3	PA, QL (120 grams / month); MNPA
IMPOYZ CRE 0.025%	3	PA, QL (120 gm / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
KENALOG AER SPRAY	3	QL (120 gm / month)
LEXETTE AER 0.05%	3	PA, QL (120 gm / month); MNPA
LOCOID LIPO CRE 0.1%	3	QL (120 gm / month)
LOCOID LOT 0.1%	3	QL (120 mL / month)
LUXIQ AER 0.12%	3	QL (120 gm / month)
mometasone furoate cream 0.1%	1	QL (120 gm / month)
mometasone furoate oint 0.1%	1	QL (120 gm / month)
mometasone furoate solution 0.1% (lotion)	1	QL (120 mL / month)
OLUX AER 0.05%	3	QL (120 gm / month)
OLUX-E AER 0.05%	3	PA, QL (120 gm / month); MNPA
PANDEL CRE 0.1%	3	QL (120 gm / month)
PRAMOSONE CRE 1-1%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 2.5%	3	
prednicarbate cream 0.1%	1	QL (120 gm / month)
prednicarbate oint 0.1%	1	QL (120 gm / month)
PSORCON CRE 0.05%	3	PA, QL (120 gm / month); MNPA
SERNIVO SPR	3	QL (120 mL / month)
SERNIVO SPR 0.05%	3	QL (120 mL / month)
SYNALAR CRE 0.025%	3	QL (120 gm / month)
SYNALAR OIN 0.025%	3	QL (120 gm / month)
SYNALAR SOL 0.01%	3	QL (120 mL / month)
TACLONEX OIN	3	
TACLONEX SUS	3	
TEMOVATE CRE 0.05%	2	QL (120 gm / month)
TEMOVATE OIN 0.05%	2	QL (120 gm / month)
TEXACORT SOL 2.5%	2	QL (120 mL / month)
TOPICORT CRE 0.05%	3	QL (120 gm / month)
TOPICORT CRE 0.25%	3	QL (120 gm / month)
TOPICORT GEL 0.05%	3	QL (120 gm / month)
TOPICORT OIN 0.05%	3	QL (120 gm / month)
TOPICORT OIN 0.25%	3	QL (120 gm / month)
TOPICORT SPR 0.25%	3	QL (120 mL / month)
triamcinolone acetonide aerosol soln 0.147 mg/gm	1	PA, QL (120 gm / month); MNPA
triamcinolone acetonide cream 0.1%	1	QL (120 gm / month)
triamcinolone acetonide cream 0.5%	1	QL (120 gm / month)
triamcinolone acetonide cream 0.025%	1	QL (120 gm / month)

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Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide lotion 0.1%	1	QL (120 mL / month)
triamcinolone acetonide lotion 0.025%	1	QL (120 mL / month)
triamcinolone acetonide oint 0.1%	1	QL (120 gm / month)
triamcinolone acetonide oint 0.5%	1	QL (120 gm / month)
triamcinolone acetonide oint 0.05%	1	PA, QL (120 gm / month); MNPA
triamcinolone acetonide oint 0.025%	1	QL (120 gm / month)
TRIDESILON CRE 0.05%	2	QL (120 gm / month)
ULTRAVATE LOT 0.05%	3	PA, QL (120 mL / month); MNPA
VANOS CRE 0.1%	3	QL (120 gm / month)
VERDESO AER 0.05%	3	QL (120 gm / month)
WYNZORA CRE	3	PA; MNPA
ECZEMA AGENTS		
DUPIXENT INJ 100/0.67	2	PA
DUPIXENT INJ 200/1.14	2	PA, QL (2 PFS PER 28 DAYS)
DUPIXENT INJ 200MG	2	PA, QL (2 PFS PER 28 DAYS)
DUPIXENT INJ 300/2ML	2	PA, QL (2 PENS PER 28 DAYS)
DUPIXENT INJ 300/2ML	2	PA, QL (2 PFS PER 28 DAYS)
EMOLLIENT/KERATOLYTIC AGENTS		
urea cream 39%	1	
urea lotion 40%	1	
EMOLLIENTS		
lactic acid (ammonium lactate) cream 12%	1	
LACTIC ACID CRE E	3	
LACTIC ACID LOT 10%	3	
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	
IMMUNOMODULATING AGENTS - TOPICAL		
ALDARA CRE 5%	3	
imiquimod cream 3.75%	1	
imiquimod cream 5%	1	
ZYCLARA CRE 3.75%	2	
ZYCLARA PUMP CRE 2.5%	2	
ZYCLARA PUMP CRE 3.75%	2	

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Drug Name	Drug Tier	Requirements/Limits
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CRE 1%	3	ST, PA; MNPA
OXIANUJO CRE 4-0.1%	3	PA; MNPA
pimecrolimus cream 1%	1	ST
PROTOPIC OIN 0.1%	3	ST
PROTOPIC OIN 0.03%	3	ST
tacrolimus oint 0.1%	1	ST
tacrolimus oint 0.03%	1	ST
KERATOLYTIC/ANTIMITOTIC AGENTS		
CANTHARIDIN SOL 0.7%	3	PA; MNPA
CONDYLOX GEL 0.5%	2	
GEAMETDRAY GEL 5-2-17%	3	PA; MNPA
GORDOFILM SOL	3	
podofilox soln 0.5%	1	
PYROGALL ACD OIN	3	
salicylic acid cream 6%	3	PA
SALIMEZ FORT CRE 10%	3	
LINIMENTS		
TURPENTINE SOL SPIRITS	3	
LOCAL ANESTHETICS - TOPICAL		
ANACAINE OIN	3	
ASTERO GEL 4%	3	PA, QL (30 mL / 25 days); MNPA
ETHYL CHLOR AER FN STRM	3	
ETHYL CHLOR AER MED STRM	3	
ethyl chloride aerosol spray	1	
ethyl chloride aerosol spray	3	
GEBAUERS SPR AER /STRETCH	3	
LDO PLUS GEL 4%	3	PA, QL (30 mL / 25 days); MNPA
LIDOCA/TETRA CRE 7/7%	3	PA, QL (30 gm / month); MNPA
LIDOCAINE CRE TETRACAI	3	PA, QL (30 gm / month); MNPA
lidocaine hcl gel 2%	1	QL (30 gm / 25 days)
lidocaine hcl soln 4%	1	QL (50 mL / month)
lidocaine hcl urethral/mucosal gel 2%	1	QL (60 mL / month)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	QL (10 injections / month)
lidocaine oint 5%	1	QL (50 gm / month)
lidocaine patch 5%	1	QL (90 ea / month)

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Drug Name	Drug Tier	Requirements/Limits
lidocaine-prilocaine cream 2.5-2.5%	1	QL (30 gm / month)
LIDODERM DIS 5%	2	QL (90 ea / month)
PAIN EASE AER MD STRM	3	
PAIN EASE AER MIST	3	
PLIAGLIS CRE 7-7%	3	PA, QL (30 gm / month); MNPA
PRAMOX GEL 1%	3	PA; MNPA
SYNERA DIS 70-70MG	3	QL (2 patches / month)
ZTLIDO PAD 1.8%	3	PA, QL (90 ea / month); MNPA
MISC. TOPICAL		
BORIC ACID GRA	3	
DRYSOL SOL 20%	3	
EPICYN SPR	3	PA; MNPA
QBREXZA PAD 2.4%	3	
XERAC-AC SOL 6.25%	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	
ROSACEA AGENTS		
azelaic acid gel 15%	1	
FINACEA AER 15%	2	
FINACEA GEL 15%	3	PA; MNPA
METROCREAM CRE 0.75%	3	
METROGEL GEL 1%	3	
METROLOTION LOT 0.75%	3	
metronidazole cream 0.75%	1	
metronidazole gel 0.75%	1	
metronidazole gel 1%	1	
metronidazole lotion 0.75%	1	
MIRVASO GEL 0.33%	3	PA; MNPA
NORITATE CRE 1%	3	PA; MNPA
ORACEA CAP 40MG	1	Tier 1 with DAW9
RHOFADE CRE 1%	3	
SOOLANTRA CRE 1%	2	
ZILXI AER 1.5%	3	PA; MNPA
SCABICIDES & PEDICULICIDES		
crotamiton lotion 10%	1	
ELIMITE CRE 5%	2	
ivermectin lotion 0.5%	1	
lindane shampoo 1%	1	

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Drug Name	Drug Tier	Requirements/Limits
malathion lotion 0.5%	1	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	2	
permethrin cream 5%	1	
spinosad susp 0.9%	1	
SULF LIME SOL	3	
TAR PRODUCTS		
coal tar soln 20%	1	
WOUND CARE PRODUCTS		
REGRANEX GEL 0.01%	3	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	0	QL (240 strips / month)
ACCU-CHEK TES COMPACT	0	QL (240 strips / month)
ACCU-CHEK TES GUIDE	0	QL (240 strips / month)
ACCU-CHEK TES SMART	0	QL (240 strips / month)
ACCUTREND TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
ADVANCE TES INTUITIO	0	PA, QL (240 strips / month); MNPA
ADVANCE TES MICRO-DW	0	PA, QL (240 strips / month); MNPA
ADVOCATE TES	0	PA, QL (240 strips / month); MNPA
ADVOCATE TES REDI-COD	0	PA, QL (240 strips / month); MNPA
ADVOCATE TES REDICODE	0	PA, QL (240 strips / month); MNPA
AGAMATRIX TES AMP	0	PA, QL (240 strips / month); MNPA
AGAMATRIX TES JAZZ	0	PA, QL (240 strips / month); MNPA
AGAMATRIX TES KEYNOTE	0	PA, QL (240 strips / month); MNPA
AGAMATRIX TES PRESTO	0	PA, QL (240 strips / month); MNPA
ASSURE 3 TES	0	PA, QL (240 strips / month); MNPA
ASSURE 4 TES	0	PA, QL (240 strips / month); MNPA
ASSURE II TES	0	PA, QL (240 strips / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
ASSURE II TES CHECK	0	PA, QL (240 strips / month); MNPA
ASSURE PRISM TES MULTI	0	PA, QL (240 strips / month); MNPA
ASSURE PRO TES	0	PA, QL (240 strips / month); MNPA
ASSURE TES PLATINUM	0	PA, QL (240 strips / month); MNPA
AUTOCODE TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
BIOSCANNER TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
BLOOD GLUCOS TES	0	PA, QL (240 strips / month); MNPA
BLOOD GLUCOS TES LE1	0	PA, QL (240 strips / month); MNPA
BLOOD GLUCOS TES PREMIUM	0	PA, QL (240 strips / month); MNPA
BLOOD GLUCOS TES STRIPS	0	PA, QL (240 strips / month); MNPA
CARESENS N TES	0	PA, QL (240 strips / month); MNPA
CARETOUCH MIS TST STRP	0	PA, QL (240 strips / month); MNPA
CHEMSTRIP K TES	3	
CHEMSTRIP TES UGK	3	
CLEVER CHEK TES	0	PA, QL (240 strips / month); MNPA
CLEVER CHEK TES AUTO CD	0	PA, QL (240 strips / month); MNPA
CLEVER CHEK TES TALK	0	PA, QL (240 strips / month); MNPA
CLEVER CHEK TES VOICE	0	PA, QL (240 strips / month); MNPA
CLEVER CHOIC TES MICRO	0	PA, QL (240 strips / month); MNPA
CLEVR CHOICE TES AUTO-CD	0	PA, QL (240 strips / month); MNPA
CLEVR CHOICE TES NOCODE	0	PA, QL (240 strips / month); MNPA
CONFIRM/MICR TES GLUCOSE	0	PA, QL (240 strips / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
CONTOUR TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
CONTOUR TES NEXT	0	PA, QL (240 strips / month); MNPA
COOL BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
CVS ADVANCED TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
CVS GLUCOSE TES TEST STR	0	PA, QL (240 strips / month); MNPA
CVS KETONE TES CARE	3	
D-CARE BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
DIASTIX TES STRIPS	0	
DIATHRIVE MIS TEST STR	0	PA, QL (240 strips / month); MNPA
DIATHRIVE+ MIS TEST STR	0	PA, QL (240 strips / month); MNPA
DIATRUE PLUS TES STRIPS	0	PA, QL (240 strips / month); MNPA
DUO-CARE TES	0	PA, QL (240 strips / month); MNPA
EASY PLUS II TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EASY STEP TES	0	PA, QL (240 strips / month); MNPA
EASY TALK TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EASY TOUCH TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
EASY TOUCH TES STRIPS	0	PA, QL (240 strips / month); MNPA
EASY TRAK II TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EASY TRAK TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EASYGLUCO TES	0	PA, QL (240 strips / month); MNPA
EASYGLUCO TES PLUS	0	PA, QL (240 strips / month); MNPA
EASYMAX 15 TES	0	PA, QL (240 strips / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
EASYMAX TES	0	PA, QL (240 strips / month); MNPA
EASYPRO PLUS TES	0	PA, QL (240 strips / month); MNPA
EASYPRO TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
ELEMENT TES	0	PA, QL (240 strips / month); MNPA
ELEMNT COMPA TES STRIPS	0	PA, QL (240 strips / month); MNPA
EMBRACE EVO TES	0	PA, QL (240 strips / month); MNPA
EMBRACE PRO TES	0	PA, QL (240 strips / month); MNPA
EMBRACE TALK TES STRIPS	0	PA, QL (240 strips / month); MNPA
EMBRACE TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EVENCARE + TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EVENCARE G2 TES	0	PA, QL (240 strips / month); MNPA
EVENCARE G3 TES	0	PA, QL (240 strips / month); MNPA
EVENCARE TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EVENCARE TES MINI	0	PA, QL (240 strips / month); MNPA
EVENCARE TES PROVIEW	0	PA, QL (240 strips / month); MNPA
EVOLUTION TES AUTOCODE	0	PA, QL (240 strips / month); MNPA
EXACTECH TES	0	PA, QL (240 strips / month); MNPA
EXACTECH TES R-S-G	0	PA, QL (240 strips / month); MNPA
FIFTY50 GLUC TES 2.0	0	PA, QL (240 strips / month); MNPA
FORA 6 MIS CONNECT	0	PA, QL (240 strips / month); MNPA
FORA BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
FORA D15G TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA D20 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA D40/G31 TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
FORA G20 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA G30/V10 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA GD20 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA GD50 TES	0	PA, QL (240 strips / month); MNPA
FORA GTEL TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA GTEL TES KETONE	3	
FORA TN'G TES TN'G VOI	0	PA, QL (240 strips / month); MNPA
FORA V10 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA V12 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA V20 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA V30A TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORACARE TES GD40	0	PA, QL (240 strips / month); MNPA
FORACARE TES PREM V10	0	PA, QL (240 strips / month); MNPA
FORACARE TES TST N GO	0	PA, QL (240 strips / month); MNPA
FORTISCARE TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FREESTYLE TES	0	PA, QL (240 strips / month); MNPA
FREESTYLE TES INSULINX	0	PA, QL (240 strips / month); MNPA
FREESTYLE TES LITE	0	PA, QL (240 strips / month); MNPA
FREESTYLE TES PREC NEO	0	PA, QL (240 strips / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
GE100 BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
GENULTIMATE TES	0	PA, QL (240 strips / month); MNPA
GHT TEST TES STRIPS	0	PA, QL (240 strips / month); MNPA
GLUCO PERFEC TES 3	0	PA, QL (240 strips / month); MNPA
GLUCOCARD 01 TES PLUS	0	PA, QL (240 strips / month); MNPA
GLUCOCARD 01 TES SENSOR	0	PA, QL (240 strips / month); MNPA
GLUCOCARD TES EXPRESSI	0	PA, QL (240 strips / month); MNPA
GLUCOCARD TES SHINE	0	PA, QL (240 strips / month); MNPA
GLUCOCARD TES VITAL	0	PA, QL (240 strips / month); MNPA
GLUCOCARD TES X-SENSOR	0	PA, QL (240 strips / month); MNPA
GLUCOCOM TES	0	PA, QL (240 strips / month); MNPA
GLUCONAVII TES STRIPS	0	PA, QL (240 strips / month); MNPA
GLUCOSE TES STRIPS	0	PA, QL (240 strips / month); MNPA
GOJJI BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
GOJJI BLOOD TES KETONE	3	
GOJJI STRIPS MIS W/LANCET	0	PA, QL (240 strips / month); MNPA
HARMONY TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
HW EMBRACE TES PRO	0	PA, QL (240 strips / month); MNPA
HW EMBRACE TES STRIPS	0	PA, QL (240 strips / month); MNPA
IGLUCOSE TES	0	PA, QL (240 strips / month); MNPA
IN TOUCH TES BLOOD	0	PA, QL (240 strips / month); MNPA
INFINITY TES BLD GLUC	0	PA, QL (240 strips / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
INFINITY TES VOICE	0	PA, QL (240 strips / month); MNPA
KETO-DIASTIX TES	3	
KETONE TES	3	
KETONE TEST TES	3	
KETOSTIX TES STRIP	3	
KROGER BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
KROGER TES	0	PA, QL (240 strips / month); MNPA
LIBERTY NEXT TES GEN	0	PA, QL (240 strips / month); MNPA
LIBERTY TES	0	PA, QL (240 strips / month); MNPA
MEIJER BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
MEIJER TES TRUETEST	0	PA, QL (240 strips / month); MNPA
MEIJER TES TRUETRAC	0	PA, QL (240 strips / month); MNPA
MICRODOT TES	0	PA, QL (240 strips / month); MNPA
MICRODOT TES XTRA	0	PA, QL (240 strips / month); MNPA
MYGLUCOHEALT TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
NEUTEK 2TEK TES STRIPS	0	PA, QL (240 strips / month); MNPA
NO CODING TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
NOVA MAX PLS TES KETONE	3	
NOVA MAX TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
ONE DROP TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
ONETOUCH TES ULTRA	0	QL (240 strips / month)
ONETOUCH TES VERIO	0	QL (240 strips / month)
OPTIUM TES	0	PA, QL (240 strips / month); MNPA
OPTIUMEZ TES	0	PA, QL (240 strips / month); MNPA
POCKETCHEM TES EZ	0	PA, QL (240 strips / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
PRECISION PT TES OF CARE	0	PA, QL (240 strips / month); MNPA
PRECISION TES PCX	0	PA, QL (240 strips / month); MNPA
PRECISION TES PCX PLUS	0	PA, QL (240 strips / month); MNPA
PRECISION TES QID	0	PA, QL (240 strips / month); MNPA
PRECISION TES SOF-TACT	0	PA, QL (240 strips / month); MNPA
PRECISION TES XTRA	0	PA, QL (240 strips / month); MNPA
PRECISN XTRA TES KETONE	3	
PREMIUM BLOO MIS GLUCOSE	0	PA, QL (240 strips / month); MNPA
PRO VOICE TES V8/V9	0	PA, QL (240 strips / month); MNPA
PRODIGY NO TES CODING	0	PA, QL (240 strips / month); MNPA
PTS PANELS TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
PTS PANELS TES KETONE	3	
QUICKTEK TES	0	PA, QL (240 strips / month); MNPA
QUINTET AC TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
QUINTET TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
REFUAH PLUS TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
RELION BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
RELION PREMI TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
RELION PRIME TES	0	PA, QL (240 strips / month); MNPA
RELION PRIME TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
RELION TES KETONE	3	
RELION TES ULTIMA	0	PA, QL (240 strips / month); MNPA
RELION TRUE TES METRIX	0	PA, QL (240 strips / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
RIGHTEST TES GS100	0	PA, QL (240 strips / month); MNPA
RIGHTEST TES GS300	0	PA, QL (240 strips / month); MNPA
RIGHTEST TES GS550	0	PA, QL (240 strips / month); MNPA
SMART SENSE TES TEST	0	PA, QL (240 strips / month); MNPA
SMARTEST TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
SOLUS V2 TES AUDIBLE	0	PA, QL (240 strips / month); MNPA
SUPREME TES	0	PA, QL (240 strips / month); MNPA
SURE-TEST TES EASYPLUS	0	PA, QL (240 strips / month); MNPA
TRUE FOCUS MIS BLOOD	0	PA, QL (240 strips / month); MNPA
TRUE METRIX TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
TRUETEST TES	0	PA, QL (240 strips / month); MNPA
TRUETRACK TES	0	PA, QL (240 strips / month); MNPA
TRUETRACK TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
UNISTRIP1 TES GENERIC	0	PA, QL (240 strips / month); MNPA
VERASENS TES	0	PA, QL (240 strips / month); MNPA
VIVAGUARD TES INO	0	PA, QL (240 strips / month); MNPA

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

DIETARY MANAGEMENT PRODUCTS

BETTERMILK15 POW GLYTACTN	3	Coverage is subject to your plan/benefits
BETTERMILK PAK GLYTACTI	3	Coverage is subject to your plan/benefits
CAMINO PRO LIQ 15PE	3	Coverage is subject to your plan/benefits
COMPLEAT LIQ CLS SYS	3	PA; Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
COMPLEAT PED LIQ ORG BLND	3	PA; Coverage is subject to your plan/benefits
CRUCIAL LIQ UNFLAVOR	3	PA; Coverage is subject to your plan/benefits
DIABETIC TF LIQ	3	PA; Coverage is subject to your plan/benefits
DIABETISOURC LIQ	3	PA; Coverage is subject to your plan/benefits
EAA SUPPLEME POW TROPICAL	3	Coverage is subject to your plan/benefits
ENSURE PLANT LIQ CHOCOLAT	3	Coverage is subject to your plan/benefits
ENTERAGAM POW 5GM	3	PA; Coverage is subject to your plan/benefits
EO28 SPLASH LIQ ORANGE	3	PA; Coverage is subject to your plan/benefits
F.A.A. LIQ	3	PA; Coverage is subject to your plan/benefits
FIBERSOUR HN LIQ CLS SYS	3	PA; Coverage is subject to your plan/benefits
FIBERSOURCE LIQ CLS SYS	3	PA; Coverage is subject to your plan/benefits
FOSTEUM CAP	3	PA; Coverage is subject to your plan/benefits
FOSTEUM PLUS CAP	3	PA; Coverage is subject to your plan/benefits
GLUCERNA 1.0 LIQ CARB VAN	3	PA; Coverage is subject to your plan/benefits
GLUCERNA LIQ 1.2 CAL	3	PA; Coverage is subject to your plan/benefits
GLUCERNA SEL LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
GLYROL LIQ PREBIO1	3	PA; Coverage is subject to your plan/benefits
GLYTACTIN POW RESTOR10	3	Coverage is subject to your plan/benefits
GLYTROL LIQ PREBIO1	3	PA; Coverage is subject to your plan/benefits
HCU EXP20 PAK UNFLAVOR	3	Coverage is subject to your plan/benefits
HCU EXPRESS PAK	3	Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
HOMACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
ISOSOURCE HN LIQ	3	PA; Coverage is subject to your plan/benefits
ISOSOURCE LIQ	3	PA; Coverage is subject to your plan/benefits
ISOVACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
JEVITY 1 CAL LIQ	3	PA; Coverage is subject to your plan/benefits
JEVITY 1.2 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
JEVITY 1.5 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
LANAFLEX PAK	3	Coverage is subject to your plan/benefits
LIQUID HOPE LIQ	3	PA; Coverage is subject to your plan/benefits
LOPHLEX POW	3	Coverage is subject to your plan/benefits
LORMATE CAP	3	PA; Coverage is subject to your plan/benefits
MCT PRO-CAL PAK	3	PA; Coverage is subject to your plan/benefits
NEOCATE LIQ SPLASH	3	PA; Coverage is subject to your plan/benefits
NEOKE MCT70 POW	3	PA; Coverage is subject to your plan/benefits
NEPRO LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
NOVASOURCE LIQ RENAL	3	PA; Coverage is subject to your plan/benefits
NUTRAMINE PAK	3	PA; Coverage is subject to your plan/benefits
NUTREN 1.0 LIQ UNFLAVOR	3	PA; Coverage is subject to your plan/benefits
NUTREN 1.5 LIQ FIBER	3	PA; Coverage is subject to your plan/benefits
NUTREN 2.0 LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
NUTREN JR LIQ	3	PA; Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
NUTREN LIQ JUNIOR	3	PA; Coverage is subject to your plan/benefits
NUTREN RENAL LIQ	3	PA; Coverage is subject to your plan/benefits
NUTRIRENAL LIQ	3	PA; Coverage is subject to your plan/benefits
OPTIMENTAL LIQ	3	PA; Coverage is subject to your plan/benefits
OSMOLITE 1 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
OSMOLITE 1.2 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
OSMOLITE 1.5 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
OSMOLITE HN LIQ	3	PA; Coverage is subject to your plan/benefits
OSMOLITE LIQ	3	PA; Coverage is subject to your plan/benefits
OXEPA 1.5 LIQ	3	PA; Coverage is subject to your plan/benefits
OXEPA LIQ	3	PA; Coverage is subject to your plan/benefits
PEDIASURE EN LIQ /FIBER	3	PA; Coverage is subject to your plan/benefits
PEDIASURE LIQ PEPTIDE	3	PA; Coverage is subject to your plan/benefits
PEPTAMEN LIQ PREBIO1	3	PA; Coverage is subject to your plan/benefits
PEPTAMEN LIQ UNFLAVOR	3	PA; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ	3	PA; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
PERATIVE LIQ	3	PA; Coverage is subject to your plan/benefits
PHENACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
PHLEXY-10 POW	3	PA; Coverage is subject to your plan/benefits
PIVOT LIQ 1.5 CAL	3	PA; Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
PKU EXPLORE5 POW UNFLAVOR	3	Coverage is subject to your plan/benefits
PPA/MMA POW EXPRESS	3	Coverage is subject to your plan/benefits
PRO-PHREE POW	3	Coverage is subject to your plan/benefits
PROLEEVA CAP	3	PA; Coverage is subject to your plan/benefits
PROMACTIN AA SUS PLUS	3	Coverage is subject to your plan/benefits
PROMOTE 1.0 LIQ W/ FIBER	3	PA; Coverage is subject to your plan/benefits
PROMOTE LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
PROMOTE W/ LIQ FIBER	3	PA; Coverage is subject to your plan/benefits
PROMOTE W/FB LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
PROMOTE/ LIQ FIBER	3	PA; Coverage is subject to your plan/benefits
PROSOURCE LIQ TF	3	PA; Coverage is subject to your plan/benefits
REPLETE FIBE LIQ 1 CAL	3	PA; Coverage is subject to your plan/benefits
REPLETE LIQ ULTRAPAK	3	PA; Coverage is subject to your plan/benefits
RESOURCE DIA LIQ TF	3	PA; Coverage is subject to your plan/benefits
RHEUMATE CAP	3	PA; Coverage is subject to your plan/benefits
RIBOZEL CAP	3	PA; Coverage is subject to your plan/benefits
S.O.S. 20 POW	3	Coverage is subject to your plan/benefits
S.O.S. 25 POW	3	Coverage is subject to your plan/benefits
SUPLENA LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
TOBAIKIENT CAP	3	PA; Coverage is subject to your plan/benefits
TOLEREX POW	3	PA; Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
TWOCAL HN LIQ	3	PA; Coverage is subject to your plan/benefits
TYLACTIN POW BLD 20PE	3	Coverage is subject to your plan/benefits
ULTRACAL HN LIQ PLUS	3	PA; Coverage is subject to your plan/benefits
ULTRACAL LIQ	3	PA; Coverage is subject to your plan/benefits
ULTRIENT 1.5 LIQ SAFE-T	3	PA; Coverage is subject to your plan/benefits
VILACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
VITAL HN POW	3	PA; Coverage is subject to your plan/benefits
VIVONEX RTF LIQ	3	PA; Coverage is subject to your plan/benefits
NUTRITIONAL SUPPLEMENTS		
ENU PRO3 POW PLUS	3	PA; MNPA
EQUACARE JR POW CHOCO	3	PA; MNPA
EQUACARE JR POW UNFLAVOR	3	PA; MNPA
EQUACARE JR POW VANILLA	3	PA; MNPA
ESSENTIAL POW CARE JR	3	PA; MNPA
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
SUCRAID SOL 8500/ML	3	PA
VIOKACE TAB 10440	2	

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Drug Name	Drug Tier	Requirements/Limits
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000	2	
ZENPEP CAP 40000	2	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide cap er 12hr 500 mg	1	
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	1	
KEVEYIS TAB 50MG	3	PA, QL (120 TABLETS PER 30 DAYS)
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	
DIURETIC COMBINATIONS		
ALDACTAZIDE TAB 25/25	3	
ALDACTAZIDE TAB 50/50	3	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
LOOP DIURETICS		
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
BUMEX TAB 0.5MG	3	
EDECRIN TAB 25MG	3	
ethacrynic acid tab 25 mg	1	
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	

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Drug Name	Drug Tier	Requirements/Limits
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE TAB 25MG	2	
ALDACTONE TAB 50MG	2	
ALDACTONE TAB 100MG	2	
amiloride hcl tab 5 mg	1	
CAROSPIR SUS 25MG/5ML	3	PA; MNPA
DYRENIUM CAP 50MG	3	PA; MNPA
DYRENIUM CAP 100MG	3	PA; MNPA
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
triamterene cap 50 mg	1	
triamterene cap 100 mg	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone tab 25 mg	1	
chlorthalidone tab 50 mg	1	
DIURIL SUS 250/5ML	3	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	1	
indapamide tab 2.5 mg	1	
metolazone tab 2.5 mg	1	
metolazone tab 5 mg	1	
metolazone tab 10 mg	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA TAB 1MG	3	PA, QL (240 TABLETS PER 30 DAYS); MNPA

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Drug Name	Drug Tier	Requirements/Limits
ISTURISA TAB 5MG	3	PA, QL (360 TABLETS PER 30 DAYS); MNPA
ISTURISA TAB 10MG	3	PA, QL (180 TABLETS PER 30 DAYS); MNPA
BONE DENSITY REGULATORS		
ACTONEL TAB 35MG	3	
ACTONEL TAB 150MG	3	
alendronate sodium oral soln 70 mg/75ml	1	
alendronate sodium tab 5 mg	1	
alendronate sodium tab 10 mg	1	
alendronate sodium tab 35 mg	1	
alendronate sodium tab 70 mg	1	
ATELVIA TAB	3	
BINOSTO TAB 70MG	3	
BONIVA TAB 150MG	3	
calcitonin (salmon) nasal soln 200 unit/act	1	
FORTEO INJ 620/2.48	2	PA, QL (1 PEN PER MONTH)
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
ibandronate sodium tab 150 mg (base equivalent)	1	
MIACALCIN INJ 200/ML	3	PA; MNPA
NATPARA INJ 25MCG	3	PA, QL (2 CARTRIDGES PER 28 DAYS)
NATPARA INJ 50MCG	3	PA, QL (2 CARTRIDGES PER 28 DAYS)
NATPARA INJ 75MCG	3	PA, QL (2 CARTRIDGES PER 28 DAYS)
NATPARA INJ 100MCG	3	PA, QL (2 CARTRIDGES PER 28 DAYS)
risedronate sodium tab 5 mg	1	
risedronate sodium tab 30 mg	1	
risedronate sodium tab 35 mg	1	
risedronate sodium tab 150 mg	1	
risedronate sodium tab delayed release 35 mg	1	
TYMLOS INJ	2	PA, QL (1PEN PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
CORTICOTROPIN		
ACTHAR INJ 80UNIT	3	PA, QL (35ML PER 21 DAYS)
FERTILITY REGULATORS		
clomiphene citrate tab 50 mg	1	Coverage is subject to your plan/benefits
GONAL-F INJ 450UNIT	2	PA, QL (10 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F INJ 1050UNIT	2	PA, QL (6 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 75UNIT	2	PA, QL (60 VIALS PER 28 days); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 300/0.5	2	PA, QL (15 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 450/0.75	2	PA, QL (10 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 900/1.5	2	PA, QL (7 CARTRIDGE PER 28 DAYS); Coverage is subject to your plan/benefits
MENOPUR INJ 75UNIT	3	PA; Coverage is subject to your plan/benefits
OVIDREL INJ	2	PA; Coverage is subject to your plan/benefits
GNRH/LHRH ANTAGONISTS		
CETROTIDE KIT 0.25MG	2	PA
GANIRELIX AC INJ 250/0.5	3	PA
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml	1	PA
ORILISSA TAB 150MG	2	
ORILISSA TAB 200MG	2	

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Drug Name	Drug Tier	Requirements/Limits
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	3	PA, QL (30 VIALS PER 30 DAYS)
GROWTH HORMONES		
NORDITROPIN INJ 5/1.5ML	2	PA
NORDITROPIN INJ 10/1.5ML	2	PA
NORDITROPIN INJ 15/1.5ML	2	PA
NORDITROPIN INJ 30/3ML	2	PA
SEROSTIM INJ 4MG	3	PA
SEROSTIM INJ 5MG	3	PA
SEROSTIM INJ 6MG	3	PA
ZORBTIVE INJ 8.8MG	3	PA
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	0	
OSPHENA TAB 60MG	3	PA; MNPA
raloxifene hcl tab 60 mg	0	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	3	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOL 2MG/ML	3	
METABOLIC MODIFIERS		
calcitriol cap 0.5 mcg	1	
calcitriol cap 0.25 mcg	1	
calcitriol oral soln 1 mcg/ml	1	
CARBAGLU TAB 200MG	3	PA
CARNITOR SF SOL 1GM/10ML	3	PA; MNPA
CARNITOR SOL 1GM/10ML	3	PA; MNPA
CARNITOR TAB 330MG	3	PA; MNPA
cinacalcet hcl tab 30 mg (base equiv)	1	PA, QL (60 TABLETS PER 30 DAYS)
cinacalcet hcl tab 60 mg (base equiv)	1	PA, QL (60 TABLETS PER 30 DAYS)
cinacalcet hcl tab 90 mg (base equiv)	1	PA, QL (120 TABLETS PER 30 DAYS)
CYSTADANE POW	3	PA
doxercalciferol cap 0.5 mcg	1	
doxercalciferol cap 1 mcg	1	
doxercalciferol cap 2.5 mcg	1	
GALAFOLD CAP 123MG	3	PA, QL (14 CAPSULES PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
KUVAN POW 100MG	3	PA; MNPA
KUVAN POW 500MG	3	PA; MNPA
KUVAN TAB 100MG	3	PA; MNPA
levocarnitine oral soln 1 gm/10ml (10%)	1	
levocarnitine tab 330 mg	1	
MYALEPT INJ 11.3MG	3	PA, QL (30 VIALS PER 30 DATA)
nitisinone cap 2 mg	1	PA
nitisinone cap 5 mg	1	PA
nitisinone cap 10 mg	1	PA
NITYR TAB 2MG	3	PA
NITYR TAB 5MG	3	PA
NITYR TAB 10MG	3	PA
ORFADIN CAP 2MG	2	PA
ORFADIN CAP 5MG	2	PA
ORFADIN CAP 10MG	2	PA
ORFADIN CAP 20MG	2	PA
ORFADIN SUS 4MG/ML	2	PA
paricalcitol cap 1 mcg	1	
paricalcitol cap 2 mcg	1	
paricalcitol cap 4 mcg	1	
REVCOVI INJ 1.6MG/ML	3	
ROCALTROL CAP 0.5MCG	2	
ROCALTROL CAP 0.25MCG	2	
ROCALTROL SOL 1MCG/ML	2	
sapropterin dihydrochloride powder packet 100 mg	1	PA
sapropterin dihydrochloride powder packet 500 mg	1	PA
sapropterin dihydrochloride tab 100 mg	1	PA
SENSIPAR TAB 30MG	3	PA, QL (60 TABLETS PER 30 DAYS)
SENSIPAR TAB 60MG	3	PA, QL (60 TABLETS PER 30 DAYS)
SENSIPAR TAB 90MG	3	PA, QL (120 TABLETS PER 30 DAYS)
sodium phenylbutyrate oral powder 3 gm/teaspoonful	1	PA, QL (600 GRAMS PER 30 DATS)
sodium phenylbutyrate tab 500 mg	1	PA, QL (1200 TABLETS PER 30 DAYS)
STRENSIQ INJ 18/0.45	3	PA
STRENSIQ INJ 28/0.7ML	3	PA

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Drug Name	Drug Tier	Requirements/Limits
STRENSIQ INJ 40MG/ML	3	PA
STRENSIQ INJ 80/0.8ML	3	PA
XURIDEN POW 2GM	3	QL (4 PACKETS PER DAY)
ZEMPLAR CAP 1MCG	2	
ZEMPLAR CAP 2MCG	2	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	3	
KERENDIA TAB 20MG	3	
POSTERIOR PITUITARY HORMONES		
DDAVP SOL 0.01%	2	
DDAVP TAB 0.1MG	2	
DDAVP TAB 0.2MG	2	
desmopressin acetate nasal spray soln 0.01%	1	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1	
desmopressin acetate tab 0.1 mg	1	
desmopressin acetate tab 0.2 mg	1	
NOCDURNA SUB 27.7MCG	3	
NOCDURNA SUB 55.3MCG	3	
STIMATE SOL 1.5MG/ML	3	PA
PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX TAB 200MG	3	
mifepristone tab 200 mg	1	
PROLACTIN INHIBITORS		
cabergoline tab 0.5 mg	1	
SOMATOSTATIC AGENTS		
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	1	PA, QL (90 AMPULES PER 30 DAYS)
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	1	PA, QL (90 AMPULES PER 30 DAYS)
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	1	PA, QL (45 VIALS PER 30 DAYS)
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	1	PA, QL (90 AMPULES PER 30 DAYS)
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	1	PA, QL (9 VIALS PER 30 DAYS)
SANDOSTATIN INJ 50MCG/ML	3	PA, QL (90 AMPULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN INJ 100MCG	3	PA, QL (90 AMPULES PER 30 DAYS)
SANDOSTATIN INJ 500MCG	3	PA, QL (90 AMPULES PER 30 DAYS)
SIGNIFOR INJ 0.3MG/ML	3	PA, QL (60 AMPULES PER 30 DAYS)
SIGNIFOR INJ 0.6MG/ML	3	PA, QL (60 AMPULES PER 30 DAYS)
SIGNIFOR INJ 0.9MG/ML	3	PA, QL (60 AMPULES PER 30 DAYS)
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK 30-15MG	3	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE PAK 45-15MG	3	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE PAK 60-30MG	3	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE PAK 90-30MG	3	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE TAB 15MG	3	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE TAB 15MG	3	PA, QL (60 tabs / month)
JYNARQUE TAB 30MG	3	PA, QL (30 tabs / month)
SAMSCA TAB 15MG	3	PA, QL (60 tabs / month)
SAMSCA TAB 30MG	3	PA, QL (30 tabs / month)
tolvaptan tab 15 mg	1	PA, QL (60 tabs / month)
tolvaptan tab 30 mg	1	PA, QL (30 tabs / month)
ESTROGENS		
ESTROGEN COMBINATIONS		
ACTIVELLA TAB 1-0.5MG	3	
ANGELIQ TAB 0.5-1MG	3	
ANGELIQ TAB 0.25-0.5	3	
BIJUVA CAP 1-100MG	3	
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	2	
DUAVEE TAB 0.45-20	2	

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Drug Name	Drug Tier	Requirements/Limits
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
FEMHRT TAB 0.5-2.5	3	
MYFEMBREE TAB	3	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
ORIAHNN CAP	2	
PREFEST TAB	3	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
ESTROGENS		
ALORA DIS 0.1MG	3	
ALORA DIS 0.05MG	3	
ALORA DIS 0.025MG	3	
ALORA DIS 0.075MG	3	
CLIMARA DIS 0.1MG	3	
CLIMARA DIS 0.05MG	3	
CLIMARA DIS 0.06MG	3	
CLIMARA DIS 0.025MG	3	
CLIMARA DIS 0.075MG	3	
CLIMARA DIS 0.0375MG	3	
DELESTROGEN INJ 10MG/ML	3	PA
DELESTROGEN INJ 20MG/ML	3	PA
DELESTROGEN INJ 40MG/ML	3	PA
DEPO-ESTRADI INJ 5MG/ML	3	PA
DIVIGEL GEL 0.5MG	2	
DIVIGEL GEL 0.25MG	2	
DIVIGEL GEL 0.75MG	2	
DIVIGEL GEL 1.25MG	2	
DIVIGEL GEL 1MG/GM	2	
ELESTRIN GEL 0.06%	3	
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	

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Drug Name	Drug Tier	Requirements/Limits
estradiol tab 0.5 mg	1	
estradiol tab 1 mg	1	
estradiol tab 2 mg	1	
estradiol td patch twice weekly 0.1 mg/24hr	1	
estradiol td patch twice weekly 0.05 mg/24hr	1	
estradiol td patch twice weekly 0.025 mg/24hr	1	
estradiol td patch twice weekly 0.075 mg/24hr	1	
estradiol td patch twice weekly 0.0375 mg/24hr	1	
estradiol td patch weekly 0.1 mg/24hr	1	
estradiol td patch weekly 0.05 mg/24hr	1	
estradiol td patch weekly 0.06 mg/24hr	1	
estradiol td patch weekly 0.025 mg/24hr	1	
estradiol td patch weekly 0.075 mg/24hr	1	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	
estradiol valerate im in oil 20 mg/ml	1	PA
estradiol valerate im in oil 40 mg/ml	1	PA
ESTROGEL GEL	3	
EVAMIST SPR 1.53MG	2	
MENEST TAB 0.3MG	3	PA; MNPA
MENEST TAB 0.625MG	3	PA; MNPA
MENEST TAB 1.25MG	3	PA; MNPA
MENOSTAR DIS 14MCG	3	
MINIVELLE DIS 0.1MG	3	PA; MNPA
MINIVELLE DIS 0.05MG	3	PA; MNPA
MINIVELLE DIS 0.025MG	3	PA; MNPA
MINIVELLE DIS 0.075MG	3	PA; MNPA
MINIVELLE DIS 0.0375MG	3	PA; MNPA
PREMARIN INJ 25MG	3	PA
PREMARIN TAB 0.3MG	3	PA; MNPA
PREMARIN TAB 0.9MG	3	PA; MNPA
PREMARIN TAB 0.45MG	3	PA; MNPA
PREMARIN TAB 0.625MG	3	PA; MNPA
PREMARIN TAB 1.25MG	3	PA; MNPA
VIVELLE-DOT DIS 0.1MG	3	PA; MNPA
VIVELLE-DOT DIS 0.05MG	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
VIVELLE-DOT DIS 0.025MG	3	PA; MNPA
VIVELLE-DOT DIS 0.075MG	3	PA; MNPA
VIVELLE-DOT DIS 0.0375MG	3	PA; MNPA
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA TAB 450MG	3	
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
ciprofloxacin hcl tab 100 mg (base equiv)	1	
ciprofloxacin hcl tab 250 mg (base equiv)	1	
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
levofloxacin oral soln 25 mg/ml	1	
levofloxacin tab 250 mg	1	
levofloxacin tab 500 mg	1	
levofloxacin tab 750 mg	1	
moxifloxacin hcl tab 400 mg (base equiv)	1	
ofloxacin tab 300 mg	1	
ofloxacin tab 400 mg	1	
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
MOTEGRITY TAB 1MG	3	PA; MNPA
MOTEGRITY TAB 2MG	3	PA; MNPA
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB 3MG	3	
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP 50MG	3	PA
CHOLBAM CAP 250MG	3	PA
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB 5MG	3	PA, QL (30 TABLETS PER 30 DAYS)
OCALIVA TAB 10MG	3	PA, QL (30 TABLETS PER 30 DAYS)
GALLSTONE SOLUBILIZING AGENTS		
CHENODAL TAB 250MG	3	PA
URSO 250 TAB 250MG	2	
URSO FORTE TAB 500MG	2	
ursodiol cap 300 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
ursodiol tab 250 mg	1	
ursodiol tab 500 mg	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium oral conc 100 mg/5ml	1	
GASTROCROM CON 100/5ML	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP 8MCG	3	PA; MNPA
AMITIZA CAP 24MCG	3	PA; MNPA
lubiprostone cap 8 mcg	1	
lubiprostone cap 24 mcg	1	
GASTROINTESTINAL STIMULANTS		
GIMOTI SPR 15MG	3	PA; MNPA
METOCLOPRAMI TAB 10MG ODT	3	
metoclopramide hcl orally disintegrating tab 5 mg (base eq)	1	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM	3	
ASACOL HD TAB 800MG	1	Tier 1 with DAW9
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
balsalazide disodium cap 750 mg	1	
CANASA SUP 1000MG	3	
COLAZAL CAP 750MG	3	PA; MNPA
DELZICOL CAP 400MG	3	PA; MNPA
DIPENTUM CAP 250MG	3	
LIALDA TAB 1.2GM	3	PA; MNPA
mesalamine cap dr 400 mg	1	
mesalamine cap er 24hr 0.375 gm	1	
mesalamine enema 4 gm	1	
mesalamine rectal enema 4 gm & cleanser wipe kit*	1	
mesalamine suppos 1000 mg	1	
mesalamine tab delayed release 1.2 gm	1	

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Drug Name	Drug Tier	Requirements/Limits
PENTASA CAP 250MG CR	2	
PENTASA CAP 500MG CR	2	
ROWASA KIT 4GM	3	
SFROWASA ENE 4GM	3	
sulfasalazine tab 500 mg	1	
sulfasalazine tab delayed release 500 mg	1	
INTESTINAL ACIDIFIERS		
lactulose (encephalopathy) solution 10 gm/15ml	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tab 0.5 mg (base equiv)	1	
alosetron hcl tab 1 mg (base equiv)	1	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
LOTRONEX TAB 0.5MG	3	
LOTRONEX TAB 1MG	3	
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
ZELNORM TAB 6MG	3	PA; MNPA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan cap 12 mg	1	
ENTEREG CAP 12MG	3	
MOVANTIK TAB 12.5MG	2	
MOVANTIK TAB 25MG	2	
RELISTOR INJ 8/0.4ML	3	
RELISTOR INJ 12/0.6ML	3	
RELISTOR TAB 150MG	3	
SYMPROIC TAB 0.2MG	2	
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	3	
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
FOSRENOL CHW 500MG	3	PA; MNPA
FOSRENOL CHW 750MG	3	PA; MNPA
FOSRENOL CHW 1000MG	3	PA; MNPA
FOSRENOL POW 750MG	3	PA; MNPA
FOSRENOL POW 1000MG	3	PA; MNPA
lanthanum carbonate chew tab 500 mg (elemental)	1	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
lanthanum carbonate chew tab 750 mg (elemental)	1	PA; MNPA
lanthanum carbonate chew tab 1000 mg (elemental)	1	PA; MNPA
PHOSLYRA SOL	2	
RENAGEL TAB 800MG	3	
RENVELA POW 0.8GM	3	
RENVELA POW 2.4GM	3	
RENVELA TAB 800MG	3	
sevelamer carbonate packet 0.8 gm	1	
sevelamer carbonate packet 2.4 gm	1	
sevelamer carbonate tab 800 mg	1	
sevelamer hcl tab 400 mg	1	
sevelamer hcl tab 800 mg	1	
VELPHORO CHW 500MG	2	
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG	3	PA, QL (ONE 30-VIAL KIT PER 30 DAYS)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB 250MG	3	PA, QL (90 TABLETS PER 30 DAYS)
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
ORACIT SOL	3	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	1	
potassium citrate & citric acid powder pack 3300-1002 mg	1	
potassium citrate & citric acid soln 1100-334 mg/5ml	1	
potassium citrate tab er 5 meq (540 mg)	1	
potassium citrate tab er 10 meq (1080 mg)	1	
potassium citrate tab er 15 meq (1620 mg)	1	
sodium citrate & citric acid soln 500-334 mg/5ml	1	
UROCIT-K 5 TAB	2	
UROCIT-K 10 TAB	2	
UROCIT-K 15 TAB	2	

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Drug Name	Drug Tier	Requirements/Limits
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	2	PA
CYSTAGON CAP 150MG	2	PA
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP 100MG	3	PA; MNPA
PENTOSAN CAP 150MG	3	PA; MNPA
PENTOSAN CAP 200MG	3	PA; MNPA
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg	1	
AVODART CAP 0.5MG	3	
CARDURA XL TAB 4MG	3	
CARDURA XL TAB 8MG	3	
dutasteride cap 0.5 mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tab 5 mg	1	
FLOMAX CAP 0.4MG	3	
JALYN CAP	3	PA; MNPA
PROSCAR TAB 5MG	3	
RAPAFLO CAP 4MG	3	PA; MNPA
RAPAFLO CAP 8MG	3	PA; MNPA
silodosin cap 4 mg	1	
silodosin cap 8 mg	1	
tamsulosin hcl cap 0.4 mg	1	
UROXATRAL TAB 10MG	3	PA; MNPA
URINARY ANALGESICS		
phenazopyridine hcl tab 200 mg	1	
URINARY STONE AGENTS		
LITHOSTAT TAB 250MG	3	PA; MNPA
THIOLA EC TAB 100MG	3	PA; MNPA
THIOLA EC TAB 300MG	3	PA; MNPA
tiopronin tab 100 mg	1	PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	1	
GOUT AGENTS		
allopurinol tab 100 mg	1	
allopurinol tab 300 mg	1	
colchicine tab 0.6 mg	1	
COLCRYS TAB 0.6MG	3	PA; MNPA
febuxostat tab 40 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
febuxostat tab 80 mg	1	
GLOPERBA SOL 0.6/5ML	3	PA; MNPA
MITIGARE CAP 0.6MG	1	Tier 1 with DAW9
ULORIC TAB 40MG	3	PA; MNPA
ULORIC TAB 80MG	3	PA; MNPA
ZYLOPRIM TAB 100MG	3	
ZYLOPRIM TAB 300MG	3	
URICOSURICS		
probenecid tab 500 mg	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
HEMLIBRA INJ 30MG/ML	3	PA
HEMLIBRA INJ 60/0.4	3	PA
HEMLIBRA INJ 105/0.7	3	PA
HEMLIBRA INJ 150/ML	3	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ 30MG/3ML	3	PA, QL (45 SYRINGES PER 90 DAYS)
icatibant acetate inj 30 mg/3ml (base equivalent)	1	PA, QL (45 SYRINGES PER 90 DAYS)
COMPLEMENT INHIBITORS		
HAEGARDA INJ 2000UNIT	3	PA, QL (20 VIALS PER 30 DAYS)
HAEGARDA INJ 3000UNIT	3	PA, QL (20 VIALS PER 30 DAYS)
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG	3	PA, QL (60 TABLETS PER 30 DAYS); MNPA
TAVALISSE TAB 150MG	3	PA, QL (60 TABLETS PER 30 DAYS); MNPA
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	1	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR INJ 10MG/ML	3	PA, QL (30 CARTONS (900 MG) PER 90 DAYS)
TAKHZYRO INJ 300/2ML	2	PA, QL (2 VIALS PER 28 DAYS)
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAP 0.5MG	2	
anagrelide hcl cap 0.5 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
anagrelide hcl cap 1 mg	1	
ASA/OMEPRAZO TAB 81-40MG	3	PA; MNPA
ASP/OMEPRAZO TAB 325-40MG	3	PA; MNPA
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
cilostazol tab 50 mg	1	
cilostazol tab 100 mg	1	
clopidogrel bisulfate tab 75 mg (base equiv)	1	
clopidogrel bisulfate tab 300 mg (base equiv)	1	
dipyridamole tab 25 mg	1	
dipyridamole tab 50 mg	1	
dipyridamole tab 75 mg	1	
DURLAZA CAP 162.5MG	3	PA; MNPA
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
PLAVIX TAB 75MG	3	PA; MNPA
prasugrel hcl tab 5 mg (base equiv)	1	
prasugrel hcl tab 10 mg (base equiv)	1	
YOSPRALA TAB 81-40MG	3	PA; MNPA
YOSPRALA TAB 325-40MG	3	PA; MNPA
ZONTIVITY TAB 2.08MG	3	PA; MNPA

HEMATOPOIETIC AGENTS

AGENTS FOR GAUCHER DISEASE

CERDELGA CAP 84MG	2	PA, QL (60 CAPSULES PER 30 DAYS)
miglustat cap 100 mg	1	PA, QL (90 CAPSULES PER 30 DAYS)
ZAVESCA CAP 100MG	3	PA, QL (90 CAPSULES PER 30 DAYS)

AGENTS FOR SICKLE CELL DISEASE

DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	3	PA, QL (180 PACKETS PER 30 DAYS)
SIKLOS TAB 100MG	3	
SIKLOS TAB 1000MG	3	

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Drug Name	Drug Tier	Requirements/Limits
COBALAMINS		
CYANOCOBALAM SOL 2000MCG	3	PA; MNPA
cyanocobalamin inj 1000 mcg/ml	1	PA
NASCOBAL SPR 500MCG	3	
FOLIC ACID/FOLATES		
folic acid cap 0.8 mg	0	$0 copay for women younger than 55
folic acid tab 1 mg	1	
folic acid tab 400 mcg	0	$0 copay for women younger than 55
folic acid tab 800 mcg	0	$0 copay for women younger than 55
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	2	PA
ARANESP INJ 25MCG	2	PA
ARANESP INJ 40MCG	2	PA
ARANESP INJ 60MCG	2	PA
ARANESP INJ 100MCG	2	PA
ARANESP INJ 150MCG	2	PA
ARANESP INJ 200MCG	2	PA
ARANESP INJ 300MCG	2	PA
ARANESP INJ 500MCG	2	PA
DOPTELET TAB 20MG	2	PA, QL (90 tabs / month)
LEUKINE INJ 250MCG	3	PA
MULPLETA TAB 3MG	2	PA, QL (7 TABLETS PER 14 DAYS)
NIVESTYM INJ 300/0.5	2	PA
NIVESTYM INJ 300MCG	2	PA
NIVESTYM INJ 480/0.8	2	PA
NIVESTYM INJ 480MCG	2	PA
PROMACTA PAK 25MG	3	PA, QL (180 PACKETS PER 30 DAYS)
PROMACTA POW 12.5MG	3	PA, QL (120 PACKETS PER 30 DAYS)
PROMACTA TAB 12.5MG	3	PA, QL (30 TABLETS PER 30 DAYS)
PROMACTA TAB 25MG	3	PA, QL (30 TABLETS PER 30 DAYS)
PROMACTA TAB 50MG	3	PA, QL (60 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
PROMACTA TAB 75MG	3	PA, QL (60 TABLETS PER 30 DAYS)
RETACRIT INJ 2000UNIT	2	PA
RETACRIT INJ 3000UNIT	2	PA
RETACRIT INJ 4000UNIT	2	PA
RETACRIT INJ 10000UNT	2	PA
RETACRIT INJ 20000UNI	2	PA
RETACRIT INJ 40000UNT	2	PA
ZIEXTENZO INJ 6/0.6ML	2	PA, QL (2 SYRINGES PER 28 DAYS)
HEMATOPOIETIC MIXTURES		
FERIVA TAB 21/7	3	PA; MNPA
folic acid-cholecalciferol tab 1 mg-3775 unit	1	PA; MNPA
FOLIC D3 CAP	3	PA; MNPA
GENICIN TAB VITA-D	3	PA; MNPA
ORTHO DF CAP 1-3775IU	3	PA; MNPA
TALIVA CAP	3	PA; MNPA
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
AMICAR SOL 0.25/ML	3	PA; MNPA
AMICAR TAB 500MG	3	
AMICAR TAB 1000MG	3	
aminocaproic acid oral soln 0.25 gm/ml	1	
aminocaproic acid tab 500 mg	1	
aminocaproic acid tab 1000 mg	1	
LYSTEDA TAB 650MG	3	
tranexamic acid tab 650 mg	1	
HEMOSTATICS - TOPICAL		
ARTISS SOL 2ML	3	
ARTISS SOL 4ML	3	
ARTISS SOL 10ML	3	
TACHOSIL PAD 4.8X4.8	3	
TACHOSIL PAD 9.5X4.8	3	
TISSEEL KIT 2ML	3	
TISSEEL KIT 4ML	3	
TISSEEL KIT 10ML	3	
TISSEEL SOL 2ML	3	
TISSEEL SOL 4ML	3	
TISSEEL SOL 10ML	3	

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Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
phenobarbital elixir 20 mg/5ml	1	
phenobarbital tab 15 mg	1	
phenobarbital tab 16.2 mg	1	
phenobarbital tab 30 mg	1	
phenobarbital tab 32.4 mg	1	
phenobarbital tab 60 mg	1	
phenobarbital tab 64.8 mg	1	
phenobarbital tab 97.2 mg	1	
phenobarbital tab 100 mg	1	
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (sleep) tab 3 mg (base equiv)	1	
doxepin hcl (sleep) tab 6 mg (base equiv)	1	
SILENOR TAB 3MG	3	PA; MNPA
SILENOR TAB 6MG	3	PA; MNPA
NON-BARBITURATE HYPNOTICS		
AMBIEN CR TAB 6.25MG	3	
AMBIEN CR TAB 12.5MG	3	
AMBIEN TAB 5MG	3	
AMBIEN TAB 10MG	3	
DORAL TAB 15MG	3	
EDLUAR SUB 5MG	3	
EDLUAR SUB 10MG	3	
estazolam tab 1 mg	1	
estazolam tab 2 mg	1	
eszopiclone tab 1 mg	1	
eszopiclone tab 2 mg	1	
eszopiclone tab 3 mg	1	
flurazepam hcl cap 15 mg	1	
flurazepam hcl cap 30 mg	1	
HALCION TAB 0.25MG	3	
LUNESTA TAB 1MG	3	PA; MNPA
LUNESTA TAB 2MG	3	PA; MNPA
LUNESTA TAB 3MG	3	PA; MNPA
quazepam tab 15 mg	1	PA; MNPA
RESTORIL CAP 7.5MG	3	
RESTORIL CAP 15MG	3	
RESTORIL CAP 22.5MG	3	
RESTORIL CAP 30MG	3	

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Drug Name	Drug Tier	Requirements/Limits
temazepam cap 7.5 mg	1	
temazepam cap 15 mg	1	
temazepam cap 22.5 mg	1	
temazepam cap 30 mg	1	
triazolam tab 0.25 mg	1	
triazolam tab 0.125 mg	1	
zaleplon cap 5 mg	1	
zaleplon cap 10 mg	1	
zolpidem tartrate sl tab 1.75 mg	1	PA; MNPA
zolpidem tartrate sl tab 3.5 mg	1	PA; MNPA
zolpidem tartrate tab 5 mg	1	
zolpidem tartrate tab 10 mg	1	
zolpidem tartrate tab er 6.25 mg	1	
zolpidem tartrate tab er 12.5 mg	1	
ZOLPIMIST SPR 5MG	3	PA; MNPA
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG	2	
BELSOMRA TAB 10MG	2	
BELSOMRA TAB 15MG	2	
BELSOMRA TAB 20MG	2	
DAYVIGO TAB 5MG	3	PA; MNPA
DAYVIGO TAB 10MG	3	PA; MNPA
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG	3	PA, QL (30 CAPSULES PER 30 DAYS)
HETLIOZ LQ SUS 4MG/ML	3	PA, QL (150 ML PER MONTH)
ramelteon tab 8 mg	1	
ROZEREM TAB 8MG	3	PA; MNPA
LAXATIVES		
LAXATIVE COMBINATIONS		
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	0	$0 copay for members age 50 through 74
CLENPIQ SOL	0	
GOLYTELY SOL	3	PA; MNPA
MOVIPREP SOL	0	PA; MNPA
NULYTELY SOL LMN/LIME	3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	1	

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Drug Name	Drug Tier	Requirements/Limits
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	0	PA; MNPA
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PLENVU SOL	0	PA; MNPA
SUPREP BOWEL SOL PREP KIT	0	PA; MNPA
SUTAB TAB	0	PA; MNPA
LAXATIVES - MISCELLANEOUS		
KRISTALOSE PAK 10GM	3	
KRISTALOSE PAK 20GM	3	
LACTULOSE PAK 10GM	3	PA; MNPA
lactulose solution 10 gm/15ml	1	
SALINE LAXATIVES		
OSMOPREP TAB 1.5GM	3	PA; MNPA
STIMULANT LAXATIVES		
CASCARA EXT SAGRADA	3	
MACROLIDES		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	
azithromycin powd pack for susp 1 gm	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 100/5ML	3	
ZITHROMAX SUS 200/5ML	3	
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	
ZITHROMAX TAB TRI-PAK	3	
ZITHROMAX TAB Z-PAK	3	
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	1	
clarithromycin for susp 250 mg/5ml	1	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	
ERYTHROMYCINS		
E.E.S. GRAN SUS 200/5ML	3	PA; MNPA
ERYPED SUS 200/5ML	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
ERYPED SUS 400/5ML	3	PA; MNPA
erythromycin ethylsuccinate for susp 200 mg/5ml	1	
erythromycin ethylsuccinate for susp 400 mg/5ml	1	
erythromycin ethylsuccinate tab 400 mg	1	
erythromycin stearate tab 250 mg	1	
erythromycin tab 250 mg	1	
erythromycin tab 500 mg	1	
erythromycin tab delayed release 250 mg	1	
erythromycin tab delayed release 333 mg	1	
erythromycin tab delayed release 500 mg	1	
erythromycin w/ delayed release particles cap 250 mg	1	
FIDAXOMICIN		
DIFICID SUS	2	
DIFICID TAB 200MG	2	
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR	0	QL (1 each / 300 days)
FC2 FEMALE MIS CONDOM	0	
FC FEMALE MIS CONDOM	0	
FEMCAP MIS 22MM	0	QL (1 each / 300 days)
FEMCAP MIS 26MM	0	QL (1 each / 300 days)
FEMCAP MIS 30MM	0	QL (1 each / 300 days)
OMNIFLEX DPR	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 60	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 65	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 70	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 75	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 80	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 85	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 90	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 95	0	QL (1 each / 300 days)
DIABETIC SUPPLIES		
ACCU-CHEK KIT FASTCLIX	0	
ACCU-CHEK KIT SOFTCLIX	0	
ACCU-CHEK LIQ GUIDE	0	
ACCU-CHEK LIQ SMART	0	
ACCU-CHEK MIS MLTICLIX	0	
ACCU-CHEK SOL	0	

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Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK SOL COMPACT	0	
ACCUTREND SOL GLUCOSE	0	
ACTI-LANCE MIS 28G	0	
ACTI-LANCE MIS LITE 28G	0	
ACTI-LANCE MIS SPEC 17G	0	
ACTI-LANCE MIS UNIV 23G	0	
ADJ LANCING MIS DEVICE	0	
ADV LANCING MIS DEVICE	0	
ADV TRAVEL MIS LANC 28G	0	
ADVANCE LIQ CONTROL	0	
ADVANCE LIQ INTUITIO	0	
ADVANCE NORM LIQ CONTROL	0	
ADVCATE SAFE MIS LANC 26G	0	
ADVOCATE LIQ HIGH	0	
ADVOCATE LIQ LOW	0	
ADVOCATE MIS LANC 30G	0	
ADVOCATE MIS LANC DEV	0	
ADVOCATE MIS LANCETS	0	
ADVOCATE+ SOL REDI-COD	0	
AGAMATRIX MIS 33G	0	
AGAMATRIX SOL HIGH	0	
AGAMATRIX SOL LEVEL 2	0	
AGAMATRIX SOL LEVEL 4	0	
AGAMATRIX SOL NORM/HGH	0	
AGAMATRIX SOL NORMAL	0	
AIMSCO TWIST MIS 32G	0	
AIMSCO TWIST MIS 33G	0	
AQUALANCE MIS 30G	0	
ASSURE 3 LIQ CONTROL	0	
ASSURE 4 LIQ LEVEL1/2	0	
ASSURE CMFRT MIS 28G	0	
ASSURE DOSE SOL NORM/HGH	0	
ASSURE DOSE SOL NORMAL	0	
ASSURE II LIQ LEVEL1/2	0	
ASSURE II LIQ LEVEL 1	0	
ASSURE LANCE MIS 21G	0	
ASSURE LANCE MIS 28G	0	
ASSURE LANCE MIS LOW FLOW	0	
ASSURE LANCE MIS MICRO	0	
ASSURE LANCE MIS SAFE 25G	0	
ASSURE LANCE MIS SAFE 30G	0	

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Drug Name	Drug Tier	Requirements/Limits
ASSURE PLUS MIS HIGH 18G	0	
ASSURE PLUS MIS LOW 25G	0	
ASSURE PLUS MIS MCRO 28G	0	
ASSURE PLUS MIS NORM 21G	0	
ASSURE PLUS MIS PEDIATRI	0	
ASSURE PRISM SOL LEVEL1/2	0	
ASSURE PRO LIQ LEVEL1/2	0	
AURORA LANCE MIS 30G	0	
AURORA LANCE MIS THIN 23G	0	
AUTO LANCET MIS	0	
AUTO-LANCET MIS	0	
AUTO-LANCET MIS MINI	0	
AUTOLET II KIT CLINISAF	0	
AUTOLET IMPR MIS LANC DEV	0	
AUTOLET LANC MIS DEVICE	0	
AUTOLET LITE KIT	0	
AUTOLET LITE KIT CLINISAF	0	
AUTOLET LITE KIT STARTER	0	
AUTOLET MINI MIS	0	
AUTOLET PLAT MIS 1.8MM	0	
AUTOLET PLAT MIS 2.4MM	0	
AUTOLET PLAT MIS 3.0MM	0	
AUTOLET PLUS MIS	0	
AUTOLET PLUS MIS LANC DEV	0	
BD LANCET UF MIS 30G	0	
BD LANCET UF MIS 33G	0	
BD MICROTAIN MIS LANCETS	0	
CARDIOCOM MIS LANCING	0	
CAREONE ADV MIS LANCING	0	
CAREONE LANC MIS 30G	0	
CAREONE LANC MIS THIN 23G	0	
CARESENS 30G MIS LANCETS	0	
CARESENS SOL CONTROL	0	
CARETOUCH MIS EJECTOR	0	
CARETOUCH MIS LANC 26G	0	
CARETOUCH MIS LANC 28G	0	
CARETOUCH MIS LANC 30G	0	
CARETOUCH MIS TWIST 28	0	
CARETOUCH MIS TWIST 30	0	
CARETOUCH MIS TWIST 33	0	
CLEANLET 28G MIS LANCETS	0	

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Drug Name	Drug Tier	Requirements/Limits
CLEVER CHECK MIS	0	
CLEVER CHECK MIS 30G	0	
CLEVR CHOICE LIQ HIGH	0	
CLEVR CHOICE LIQ LOW	0	
COAGUCHEK MIS LANCETS	0	
COMFORT ASSU MIS LANC 28G	0	
COMFORT ASSU MIS LANC 33G	0	
COMFORT EZ MIS 21G	0	
COMFORT EZ MIS 23G	0	
COMFORT EZ MIS 28G	0	
COMFORT MIS LANCETS	0	
COMFORTOUCH MIS LANCET	0	
CONTOUR HIGH LIQ CONTROL	0	
CONTOUR LOW LIQ CONTROL	0	
CONTOUR NEXT SOL LEVEL 1	0	
CONTOUR NEXT SOL LEVEL 2	0	
CONTOUR NORM LIQ CONTROL	0	
CONTROL HIGH SOL UNISTRIP	0	
CONTROL LOW SOL UNISTRIP	0	
CONTROL NORM SOL EASY STP	0	
CONTROL SOL LIQ HI/MID/L	0	
CONTROL SOL LIQ HIGH/LOW	0	
CONTROL SOL LIQ LEVEL 2	0	
CONTROL SOL LIQ MID	0	
CONTROL SOL NORMAL	0	
COOL CONTROL SOL A	0	
COOL CONTROL SOL B	0	
CVS LANCETS MIS 21G	0	
CVS LANCETS MIS 30G	0	
CVS LANCETS MIS 33G	0	
CVS LANCETS MIS ORIGINAL	0	
CVS LANCETS MIS THIN 26G	0	
CVS LANCETS MIS THIN 30G	0	
CVS LANCETS MIS THIN 33G	0	
CVS LANCING MIS DEVICE	0	
DEXCOM G5 MIS RECEIVER	2	QL (1 each / year)
DEXCOM G5 MIS TRANSMIT	2	QL (1 box / 75 days)
DEXCOM G6 MIS RECEIVER	2	QL (1 each / year)
DEXCOM G6 MIS SENSOR	2	QL (3 sensors per month)
DEXCOM G6 MIS TRANSMIT	2	QL (1 box / 75 days)

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Drug Name	Drug Tier	Requirements/Limits
DIATHRIVE LIQ CONTROL	0	
DIATHRIVE MIS LANCETS	0	
DIATHRIVE MIS LANCING	0	
DIATHRIVE MIS UT 30G	0	
DIATRUE CONT SOL LEVEL 1	0	
DIATRUE CONT SOL LEVEL 2	0	
DIATRUE CONT SOL LEVEL 3	0	
DROPLET LANC MIS 30G	0	
DROPLET LANC MIS DEVICE	0	
DROPLET PERS MIS LANC 30G	0	
DUO-CARE LIQ LEVEL1/2	0	
E-Z JECT MIS 21G	0	
E-Z JECT MIS 21G COLR	0	
E-Z JECT MIS 30G	0	
E-Z JECT MIS 32G COLR	0	
E-Z JECT MIS LANC 21G	0	
E-Z JECT MIS THIN 26G	0	
E-ZJECT LANC MIS 33G	0	
EASY COMFORT MIS 30G	0	
EASY COMFORT MIS LANC/30G	0	
EASY COMFORT MIS TWIST	0	
EASY MINI MIS	0	
EASY MINI MIS EJECT	0	
EASY PLUS II SOL HIGH	0	
EASY PLUS II SOL LOW	0	
EASY TALK SOL HIGH	0	
EASY TALK SOL LOW	0	
EASY TALK SOL NORMAL	0	
EASY TOUCH MIS	0	
EASY TOUCH MIS LANC/21G	0	
EASY TOUCH MIS LANC/23G	0	
EASY TOUCH MIS LANC/26G	0	
EASY TOUCH MIS LANC/28G	0	
EASY TOUCH MIS LANC/30G	0	
EASY TOUCH MIS LANC/32G	0	
EASY TOUCH MIS LANC/33G	0	
EASY TOUCH SOL CONTROL	0	
EASY TOUCH SOL HIGH/LOW	0	
EASY TRAK II LIQ NORMAL	0	
EASY TRAK SOL HIGH	0	
EASY TRAK SOL LOW	0	

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Drug Name	Drug Tier	Requirements/Limits
EASY TRAK SOL NORMAL	0	
EASYGLUCO SOL PLUS	0	
EASYMAX 15 LIQ LEVEL2-3	0	
EASYMAX 15 SOL LEVEL 2	0	
EASYMAX LIQ NORM/HIG	0	
EASYMAX SOL NORMAL	0	
EASYSTEP HGH SOL CONTROL	0	
EASYSTEP LOW SOL CONTROL	0	
ELEMENT CONT LIQ NORMAL	0	
ELEMENT LIQ HIGH	0	
ELEMENT LIQ LOW	0	
ELEMNT COMPA SOL LEVEL 2	0	
ELEMNT COMPA SOL LEVEL 3	0	
EMBRACE CNTR LIQ HIGH	0	
EMBRACE EVO LIQ LEVEL 1	0	
EMBRACE LANC MIS /EJECTOR	0	
EMBRACE LANC MIS THIN 30G	0	
EMBRACE PRO LIQ GLUCOSE	0	
EMBRACE SOL LOW	0	
EMBRACE TALK SOL HIGH/L2	0	
EMBRACE TALK SOL LOW/L1	0	
EQL LANCETS MIS 21G COLR	0	
EQL LANCETS MIS 33G COLR	0	
EQL LANCETS MIS THIN 26G	0	
EQL LANCETS MIS THIN 30G	0	
EVENCAR MINI SOL NORMAL	0	
EVENCARE G2 SOL LOW/HIGH	0	
EVENCARE G3 SOL LOW/HIGH	0	
EVENCARE SOL LIQ LOW/HIGH	0	
EVOLUTION SOL NORMAL	0	
EZ-LETS 21G MIS LANCETS	0	
EZ-LETS 26G MIS LANCETS	0	
EZ-LETS 28G MIS LANCETS	0	
EZ-LETS 30G MIS LANCETS	0	
FASTCLIX MIS LANCETS	0	
FIFTY50 SAFE MIS LANCETS	0	
FINE 30 MIS	0	
FINGERSTIX MIS LANCETS	0	
FORA CONTROL SOL HIGH	0	
FORA CONTROL SOL LOW	0	
FORA CONTROL SOL NORMAL	0	

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Drug Name	Drug Tier	Requirements/Limits
FORA LANCETS MIS 30G	0	
FORA MIS LANCETS	0	
FORA MIS LANCING	0	
FORACARE GDH SOL HIGH	0	
FORACARE GDH SOL LOW	0	
FORACARE GDH SOL NORMAL	0	
FORTISCARE SOL CNTL HI	0	
FORTISCARE SOL CNTL LOW	0	
FORTISCARE SOL CNTL NML	0	
FREESTY LIBR KIT 2 SENSOR	3	PA, QL (3 sensors per month); MNPA
FREESTY LIBR MIS 2 READER	3	PA, QL (1 each / year); MNPA; FREESTYLE LIBRE
FREESTYLE KIT SENSOR	3	PA, QL (3 sensors per month); MNPA
FREESTYLE LIQ CONTROL	0	
FREESTYLE MIS LANCETS	0	
FREESTYLE MIS READER	3	PA, QL (1 each / year); MNPA; FREESTYLE LIBRE
FREESTYLE MIS UNISTICK	0	
G4 PLAT PED MIS RVC/SHAR	2	QL (1 each / year)
G4 PLATINUM MIS PEDIATRC	2	QL (1 each / year)
G4 PLATINUM MIS RCV/SHAR	2	QL (1 each / year)
G4 PLATINUM MIS RECEIVER	2	QL (1 each / year)
G4 PLATINUM MIS TRANSMIT	2	QL (1 box / 75 days)
G4 SENSOR MIS	2	QL (3 sensors per month)
G5/G4 MIS SENSOR	2	QL (3 sensors per month)
GE100 CONTRL SOL NORMAL	0	
GENTEEL LANC KIT BLUE	0	
GENTEEL MIS LANCETS	0	
GENTEEL MIS NOZZLES	0	
GENTEEL PLUS MIS BLACK	0	
GENTEEL PLUS MIS BLUE	0	
GENTEEL PLUS MIS PINK	0	
GENTEEL PLUS MIS PURPLE	0	
GENTEEL PLUS MIS WHITE	0	
GENTEEL TIPS MIS BLUE	0	
GENTEEL TIPS MIS CLEAR	0	

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Drug Name	Drug Tier	Requirements/Limits
GENTEEL TIPS MIS GREEN	0	
GENTEEL TIPS MIS ORANGE	0	
GENTEEL TIPS MIS RAINBOW	0	
GENTEEL TIPS MIS VIOLET	0	
GENTEEL TIPS MIS YELLOW	0	
GENTLE-LET MIS 26G	0	
GENTLE-LET MIS 28G	0	
GENTLE-LET MIS LANCETS	0	
GENTLE-LET MIS PLATFORM	0	
GLOBAL 28G MIS LANCETS	0	
GLOBAL 30G MIS LANCETS	0	
GLOBAL LANC MIS DEVICE	0	
GLUC CONTROL LIQ NORMAL	0	
GLUC CONTROL SOL	0	
GLUC CONTROL SOL MID	0	
GLUC CONTROL SOL NORMAL	0	
GLUCOCARD 01 LIQ NORM/HGH	0	
GLUCOCARD 01 SOL NORMAL	0	
GLUCOCARD LIQ LEVEL 1	0	
GLUCOCARD SOL NORMAL	0	
GLUCOCARD SOL SHINE	0	
GLUCOCOM MIS 28G	0	
GLUCOCOM MIS 30G	0	
GLUCOCOM MIS 33G	0	
GLUCOCOM TES HIGH CON	0	
GLUCOCOM TES NORM CON	0	
GLUCOSE CONT LIQ HIGH/LOW	0	
GLUCOSE CONT SOL HIGH	0	
GLUCOSE CONT SOL NORMAL	0	
GLUCOSE CONT SOL PRECISIO	0	
GNP LANCETS MIS 21G	0	
GNP LANCETS MIS THIN	0	
GNP LANCETS MIS THIN 26G	0	
GOJJI CNTRL SOL NORMAL	0	
GOJJI LANCET MIS 30G	0	
GOJJI MIS LANC DEV	0	
GOODSENSE MIS LANC 26G	0	
GOODSENSE MIS LANC 30G	0	
GOODSENSE MIS LANC 33G	0	
GOODSENSE MIS LANC DVC	0	
HAEMOLANCE MIS HIGH FLO	0	

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Drug Name	Drug Tier	Requirements/Limits
HAEMOLANCE MIS LOW FLOW	0	
HAEMOLANCE MIS PLUS	0	
HAEMOLANCE MIS PLUS LOW	0	
HAEMOLANCE MIS PLUS MAX	0	
HAEMOLANCE MIS PLUS PED	0	
HAEMOLANCE MIS RETRACT	0	
HC LANCING MIS DEVICE	0	
HLTHY ACCNTS MIS LANC 30G	0	
HYPOLANCE KIT LANCING	0	
IN TOUCH LAN MIS 30G	0	
IN TOUCH LAN MIS DEVICE	0	
IN TOUCH SOL GLUCOSE	0	
INCONTROL MIS LANC 28G	0	
INCONTROL MIS LANC 30G	0	
INCONTROL MIS LANC 33G	0	
INCONTROL MIS LANC DEV	0	
INFINITY SOL NORM CON	0	
INFNTY VOICE LIQ LEVEL 2	0	
KINNEY MIS LANCETS	0	
KINNEY THIN MIS LANCETS	0	
KROGER LANCE MIS	0	
KROGER LANCE MIS 26G	0	
KROGER LANCE MIS THIN	0	
KROGER LANCE MIS THIN 30G	0	
LANCET AUTO MIS INJECTOR	0	
LANCET CARRY MIS CASE	0	
LANCET DEVIC MIS 30G	0	
LANCET DEVIC MIS ADJUST	0	
LANCET MICRO MIS THIN 33G	0	
LANCET STAND MIS 21G	0	
LANCET SUPER MIS THIN 30G	0	
LANCET ULTRA MIS 28G	0	
LANCET ULTRA MIS THIN 30G	0	
LANCET WITH MIS EJECTOR	0	
LANCETS MICR MIS THIN 33G	0	
LANCETS MIS	0	
LANCETS MIS 21G	0	
LANCETS MIS 21G COLR	0	
LANCETS MIS 28G	0	
LANCETS MIS 30G	0	
LANCETS MIS 33G	0	

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Drug Name	Drug Tier	Requirements/Limits
LANCETS MIS ORANGE	0	
LANCETS MIS ORIGINAL	0	
LANCETS MIS THIN	0	
LANCETS MIS THIN 26G	0	
LANCETS MIS THIN 30G	0	
LANCETS SUPR MIS THIN 28G	0	
LANCETS THIN MIS	0	
LANCETS THIN MIS 26G	0	
LANCETS ULTR MIS THIN	0	
LANCING DEVI MIS	0	
LANCING DEVI MIS 25G	0	
LANCING DEVI MIS 30G	0	
LANCING MIS DEVICE	0	
LANZO MIS LANCING	0	
LB LANCET MIS 28G	0	
LB LANCING MIS DEVICE	0	
LIFESCAN MIS UNISTIK2	0	
LITE TOUCH MIS LANC PEN	0	
LITE TOUCH MIS LANCETS	0	
LITETOUCH MIS LANCETS	0	
LONGS LANCET MIS STANDARD	0	
LONGS LANCET MIS THIN	0	
LONGS LANCET MIS ULTRA TH	0	
MEDICHOICE MIS LANCET	0	
MEDISENSE LIQ GLUC-KET	0	
MEDISENSE LIQ GLUC/KET	0	
MEDLANCE MIS 30G PLUS	0	
MEDLANCE MIS EXTR 21G	0	
MEDLANCE MIS LITE 25G	0	
MEDLANCE MIS PLUS	0	
MEDLANCE MIS PLUS 30G	0	
MEDLANCE MIS UNV 21G	0	
MEDLANCE PLS MIS 0.8MM	0	
MEDLANCE PLS MIS EXTR 21G	0	
MEDLANCE PLS MIS LITE 25G	0	
MEDLANCE PLS MIS UNIV 21G	0	
MEIJER LANCE MIS COLOR	0	
MEIJER LANCE MIS UNIV 21G	0	
MEIJER LANCE MIS UNIV 30G	0	
MEIJER LANCE MIS UNIVERSA	0	
MEIJER MIS LANCETS	0	

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Drug Name	Drug Tier	Requirements/Limits
MICRO THIN MIS LANC 33G	0	
MICRODOT CON SOL HIGH/LOW	0	
MICROLET MIS LANCETS	0	
MICROLET MIS NEXT	0	
MINI LANCING MIS DEVICE	0	
MM LANCING MIS DEVICE	0	
MM TWIST MIS LANCETS	0	
MOBILE LANCE MIS 30G	0	
MONOLET MIS LANCETS	0	
MONOLET OPD MIS LANCETS	0	
MONOLETTOR MIS LANCETS	0	
MPD SFTY LAN MIS 21G	0	
MPD SFTY LAN MIS 23G	0	
MPD SFTY LAN MIS 28G	0	
MPD SFTY LAN MIS 30G	0	
MULTI-LANCET KIT DEVICE	0	
MULTI-LANCET MIS DEVICE	0	
MYGLUCOHEALT MIS LANC 30G	0	
MYGLUCOHEALT SOL LO/NL/HI	0	
NEUTEK 2TEK SOL CONTROL	0	
NOVA MAX GLU LIQ /KET CON	0	
NOVA SAFETY MIS LANC 23G	0	
NOVA SAFETY MIS LANC 28G	0	
NOVA SURE MIS LANCETS	0	
NOVA SUREFLX MIS LANC DEV	0	
OMNIPOD KIT STARTER	2	QL (1 kit / month)
OMNIPOD MIS 5 PACK	2	QL (30 boxes / month)
ON-THE-GO MIS LANC 30G	0	
ONETOUCH DEL MIS LANC DEV	0	
ONETOUCH DEL MIS PLUS 30G	0	
ONETOUCH DEL MIS PLUS 33G	0	
ONETOUCH FP MIS LANCETS	0	
ONETOUCH MIS 30G	0	
ONETOUCH MIS LANC DEV	0	
ONETOUCH MIS LANCETS	0	
ONETOUCH SOL ULT CONT	0	
ONETOUCH SOL VERIO	0	
ONETOUCH SOL VERIO-HI	0	
ONETOUCH US MIS LANCETS	0	
PC LANCETS MIS 30G	0	
PENLET II KIT BLOOD	0	

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Drug Name	Drug Tier	Requirements/Limits
PENLET II MIS REPL CAP	0	
PERFECT 28G MIS LANCETS	0	
PERFECT 30G MIS LANCETS	0	
PHARMACY COU MIS LANCETS	0	
PIP LANCETS MIS 28G	0	
PIP LANCETS MIS 30G	0	
POCKETCHEM SOL EZ	0	
PRECISION LIQ CONTROL	0	
PRECISION LIQ GLUC/KET	0	
PRECISION LIQ NRML/MID	0	
PRESSURE ACT MIS LANCET	0	
PRESSURE ACT MIS LANCETS	0	
PRO COMFORT MIS 31G	0	
PRO COMFORT MIS LANCETS	0	
PRODIGY MIS 26G	0	
PRODIGY MIS 28G	0	
PRODIGY MIS LANC DEV	0	
PRODIGY SOL HIGH	0	
PRODIGY SOL LOW	0	
PSS SAFE LAN MIS	0	
PSS SEL LANC MIS	0	
PSS SEL PLAT MIS	0	
PX LANCETS MIS 28G	0	
PX LANCETS MIS ULT THIN	0	
QC LANCETS MIS 28G	0	
QC LANCETS MIS 30G	0	
QC LANCING MIS DEVICE	0	
QUICKTEK LIQ SOLUTION	0	
QUINTET CONT SOL HGH/NORM	0	
RA E-ZJECT MIS 28G	0	
RA E-ZJECT MIS THIN 26G	0	
RA E-ZJECT MIS THIN 28G	0	
RA E-ZJECT MIS ULT THIN	0	
RAPID-SAFE MIS LANCING	0	
READYLANCE MIS 21G	0	
READYLANCE MIS 23G	0	
READYLANCE MIS 26G	0	
READYLANCE MIS 28G	0	
READYLANCE MIS 30G	0	
REALITY MIS LANCETS	0	
REALITY TRIG MIS LANCETS	0	

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Drug Name	Drug Tier	Requirements/Limits
REFUAH PLUS SOL CONTROL	0	
RELION KIT LANCING	0	
RELION LANCE MIS THIN 26G	0	
RELION LANCE MIS THIN 30G	0	
RELION LANCI MIS DEVICE	0	
RELION MICRO MIS THIN 33G	0	
RELION ULTRA MIS THIN 30G	0	
RELION ULTRA MIS THIN PLS	0	
RIGHTEST ALT MIS ADAPTOR	0	
RIGHTEST LIQ HIGH CON	0	
RIGHTEST LIQ NORM CON	0	
RIGHTEST MIS GD500	0	
RIGHTEST MIS GL300	0	
SAFE-T-LANCE MIS 21G	0	
SAFE-T-LANCE MIS 25G	0	
SAFE-T-LANCE MIS HI FLOW	0	
SAFE-T-LANCE MIS LOW FLOW	0	
SAFE-T-LANCE MIS NOR FLOW	0	
SAFE-T-PRO MIS LANCETS	0	
SAFE-T-PRO MIS PLUS	0	
SAFETY 21G MIS LANCETS	0	
SAFETY 23G MIS LANCETS	0	
SAFETY 28G MIS LANCETS	0	
SAFETY 30G MIS LANCETS	0	
SAFETY MIS LANCETS	0	
SAPS HEALTH MIS TWIST	0	
SAPS TWIST MIS 30G	0	
SAPSCARE MIS TWIST	0	
SB LANCETS MIS THIN	0	
SB LANCETS MIS ULTR THN	0	
SELECT-LITE KIT DEV/LANC	0	
SELECT-LITE MIS LANC DEV	0	
SHOPKO LANC MIS DEVICE	0	
SIDE BUTTON MIS SAFETY	0	
SIMPLE DIAG MIS LANCING	0	
SINGLE-LET MIS 23G	0	
SM LANCETS MIS 33G	0	
SM TRUEDRAW MIS LANC DEV	0	
SMART SENSE MIS LANC 21G	0	
SMART SENSE MIS LANC 26G	0	
SMART SENSE MIS LANC 30G	0	

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Drug Name	Drug Tier	Requirements/Limits
SMART SENSE MIS LANC 33G	0	
SMARTEST MIS LANCETS	0	
SMARTEST SOL CONTROL	0	
SOFTCLIX MIS LANCETS	0	
SOLUS V2 MIS LANC 28G	0	
SOLUS V2 MIS LANC 30G	0	
SOLUS V2 MIS LANC DEV	0	
SOLUS V2 SOL HIGH	0	
SOLUS V2 SOL LOW	0	
STERILANCE MIS 1.8MM	0	
STERILANCE MIS TL 28G	0	
STERILANCE MIS TL 30G	0	
STERILANCE MIS TL 32G	0	
SUPER THIN MIS LANC 28G	0	
SUPER THIN MIS LANCETS	0	
SUPREME II LIQ HIGH/LOW	0	
SURE COMFORT MIS LANC 18G	0	
SURE COMFORT MIS LANC 21G	0	
SURE COMFORT MIS LANC 23G	0	
SURE COMFORT MIS LANC 30G	0	
SURE COMFORT MIS LANC PEN	0	
SURE COMFORT MIS LANCETS	0	
SURE-LANCE MIS 26G	0	
SURE-LANCE MIS LANCETS	0	
SURE-PEN MIS	0	
SURE-TOUCH MIS UNV LANC	0	
SUREFLEX MIS LANCETS	0	
SURELITE MIS LANCETS	0	
SURESTEP GLU SOL	0	
SURESTEP GLU SOL HIGH/LOW	0	
SURESTEP PRO TES HIGH CON	0	
SURESTEP PRO TES LOW CON	0	
SURESTEP PRO TES NORM CON	0	
SURESTEP SOL CONTROL	0	
TAI DOC SOL NORM CON	0	
TECHLITE AST MIS LANCETS	0	
TECHLITE MIS LANC 30G	0	
TECHLITE MIS LANCETS	0	
TGT LANCET MIS 26G	0	
TGT LANCET MIS 30G	0	
TGT LANCET MIS 33G	0	

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Drug Name	Drug Tier	Requirements/Limits
TGT LANCING MIS DEVICE	0	
THIN LANCETS MIS	0	
THIN LANCETS MIS 26G	0	
THIN LANCETS MIS 30G	0	
THINLETS GP MIS 26G	0	
TOPCARE MIS LANC 33G	0	
TRAVEL LANCE MIS 30G	0	
TRAVEL LANCE MIS ADV 28G	0	
TRUE METRIX SOL LEVEL 1	0	
TRUE METRIX SOL LEVEL 2	0	
TRUE METRIX SOL LEVEL 3	0	
TRUECONTROL LIQ LEVEL 0	0	
TRUECONTROL LIQ LEVEL 1	0	
TRUEDRAW MIS LANC DEV	0	
TRUPLUS LANC MIS 26G	0	
TRUPLUS LANC MIS 28G	0	
TRUPLUS LANC MIS 30G	0	
TRUPLUS LANC MIS 33G	0	
ULTI-LANCE MIS CLR TIP	0	
ULTILET MIS 26G	0	
ULTILET MIS 28G	0	
ULTILET MIS 30G	0	
ULTILET MIS 33G	0	
ULTILET MIS LANCETS	0	
ULTILET MIS SAFETY	0	
ULTILET SAFE MIS 21G	0	
ULTRA THIN MIS 28G	0	
ULTRA THIN MIS 30G	0	
ULTRA THIN MIS 31G	0	
ULTRA THIN MIS 33G	0	
ULTRA THIN MIS LAN 31G	0	
ULTRA THIN MIS LANC 28G	0	
ULTRA THIN MIS LANC 30G	0	
ULTRA THIN MIS LANCETS	0	
UNILET CMFR MIS TCH 28G	0	
UNILET CMFR MIS TCH 30G	0	
UNILET EX II MIS 28G	0	
UNILET EXCEL MIS 23G	0	
UNILET G.P MIS SUPR 23G	0	
UNILET G.P. MIS 21G	0	
UNILET GP 28 MIS ULT THIN	0	

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Drug Name	Drug Tier	Requirements/Limits
UNILET LANC MIS 33G	0	
UNILET LANCE MIS 21G	0	
UNILET LANCE MIS 28G	0	
UNILET LANCE MIS 33G	0	
UNILET LANCT MIS 28G	0	
UNILET LANCT MIS 30G	0	
UNILET LANCT MIS 33G	0	
UNILET MICRO MIS 33G	0	
UNILET MIS 21G	0	
UNILET SUPER MIS 23G	0	
UNILET SUPER MIS G.P. 23G	0	
UNISTIK 1 MIS 2.4MM	0	
UNISTIK 1 MIS 3.0MM	0	
UNISTIK 2 MIS	0	
UNISTIK 2 MIS 1.8MM	0	
UNISTIK 2 MIS 2.4MM	0	
UNISTIK 2 MIS COMFORT	0	
UNISTIK 2 MIS EXTRA	0	
UNISTIK 2 MIS NEONATAL	0	
UNISTIK 2 MIS NORMAL	0	
UNISTIK 2 MIS SUPER	0	
UNISTIK 3 MIS 1.8MM	0	
UNISTIK 3 MIS COMFORT	0	
UNISTIK 3 MIS EXTRA	0	
UNISTIK 3 MIS GENT 30G	0	
UNISTIK 3 MIS NEONATAL	0	
UNISTIK 3 MIS NORMAL	0	
UNISTIK 3 MIS XTR 21G	0	
UNISTIK CZT MIS COMFORT	0	
UNISTIK CZT MIS NORMAL	0	
UNISTIK II MIS LANCETS	0	
UNISTIK PRO MIS LANC 21G	0	
UNISTIK PRO MIS LANC 28G	0	
UNISTIK SAFE MIS LANC 28G	0	
UNISTIK SAFE MIS LANC 30G	0	
UNISTIK TOUC MIS LANC 21G	0	
UNISTIK TOUC MIS LANC 23G	0	
UNISTIK TOUC MIS LANC 28G	0	
UNISTIK TOUC MIS LANC 30G	0	
UNITSTIK PRO MIS LANC 25G	0	
UNIVERSAL 1 MIS 33G	0	

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Drug Name	Drug Tier	Requirements/Limits
UNIVERSAL 1 MIS LANC 26G	0	
UNIVERSAL 1 MIS LANC 30G	0	
V-GO 20 KIT	2	QL (1 kit / month)
V-GO 30 KIT	2	QL (1 kit / month)
V-GO 40 KIT	2	QL (1 kit / month)
VANTAGE LANC MIS DEVICE	0	
VERASENS LIQ LEVEL 1	0	
VIVAGUARD LIQ CONTROL	0	
VIVAGUARD MIS 30G	0	
VIVAGUARD MIS LANCING	0	
MISC. DEVICES		
ALCOH-GLOVE PAD CONTOURE	0	
ALCOHOL PAD	0	
ALCOHOL PAD 70%	0	
ALCOHOL PAD PREP	0	
ALCOHOL PAD SWABSTIC	0	
ALCOHOL PREP PAD	0	
ALCOHOL PREP PAD 70%	0	
ALCOHOL PREP PAD MED 70%	0	
ALCOHOL PREP PAD PADS 70%	0	
ALCOHOL SWAB PAD	0	
ALCOHOL SWAB PAD 70%	0	
ALCOHOL SWAB PAD EX-THICK	0	
ALCOHOL WIPE PAD	0	
APLICARE ALC PAD SWABSTIC	0	
BD SWAB BFLY PAD SNGL USE	0	
CARETOUCH PAD ALCOHOL	0	
CURITY PREP PAD ALCOHOL	0	
CURITY SWABS PAD ALCOHOL	0	
EASY COMFORT PAD ALCOHOL	0	
FIFTY50 PREP PAD PADS	0	
GLOBAL PREP PAD PADS	0	
GNP ALCOHOL PAD SWABS	0	
HM STERILE PAD ALCHOL	0	
INCONTROL PAD ALCOHOL	0	
PREP PADS PAD	0	
PRO COMFORT PAD ALCOHOL	0	
PURE COMFORT PAD	0	
QC ALCOHOL PAD SWABS	0	
REALITY SWAB PAD	0	
SAPS CARE PAD ALCOHOL	0	

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Drug Name	Drug Tier	Requirements/Limits
SAPS HEALTH PAD ALCOHOL	0	
SB ALCOHOL PAD PREP	0	
SM ALCOHOL PAD PREP	0	
ULTICARE PAD ALCOHOL	0	
ULTILET PAD ALCOHOL	0	
WEBCOL PREP PAD LARGE	0	
WEBCOL PREP PAD MEDIUM	0	
PARENTERAL THERAPY SUPPLIES		
BD U-500 MIS 31GX6MM	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	PA; MNPA
BD ULTRAFINE PEN NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	
COMFORT EZ MIS 31GX5/16	0	PA; MNPA
HM INSULIN S MIS 0.3/31G	0	PA; MNPA
HM INSULIN S MIS 1ML/30G	0	PA; MNPA
INSULIN SRYG MIS 1ML/32G	0	PA; MNPA
SYRINGE MIS 0.5/30G	0	PA; MNPA
1ML SYRINGE MIS 29G	0	PA; MNPA
1ML SYRINGE MIS 30G	0	PA; MNPA
RESPIRATORY THERAPY SUPPLIES		
AERCHMBR PLS MIS FLOW-VU	3	
AERCHMBR PLS MIS LRG MASK	3	
AERCHMBR PLS MIS MED MASK	3	
AERCHMBR PLS MIS SM MASK	3	
AERCHMBR Z- MIS STAT PLS	3	
AEROCHAMBER KIT ACTION	3	
AEROCHAMBER MIS CHAMBER	3	
AEROCHAMBER MIS FLOSIGNA	3	
AEROCHAMBER MIS MV	3	
AEROCHAMBER MIS PLUS	3	
AEROVENT MIS PLUS	3	
BREATHE EASE MIS LG MASK	3	
BREATHE EASE MIS MED MASK	3	
BREATHE EASE MIS SM MASK	3	
COMPACT SPAC MIS CHAMBER	3	
COMPACT SPAC MIS LG MASK	3	
COMPACT SPAC MIS MD MASK	3	
COMPACT SPAC MIS SM MASK	3	

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Drug Name	Drug Tier	Requirements/Limits
EASIVENT MIS	3	
EASIVENT MIS MASK LG	3	
EASIVENT MIS MASK MED	3	
EASIVENT MIS MASK SM	3	
FLEXICHAMBER MIS	3	
FLEXICHAMBER MIS MASK LRG	3	
FLEXICHAMBER MIS MASK SM	3	
HOLD CHAMBER MIS ADLT LG	3	
HOLD CHAMBER MIS MEDIUM	3	
HOLD CHAMBER MIS SMALL	3	
INSPIRACHAMB MIS LARGE	3	
INSPIRACHAMB MIS MEDIUM	3	
INSPIRACHAMB MIS MOUTHPCE	3	
INSPIRACHAMB MIS SMALL	3	
INSPIREASE MIS DD SYST	3	
INSPIREASE MIS RES BAG	3	
MICROCHAMBER MIS	3	
OPTICHAMBER MIS DIA MD	3	
OPTICHAMBER MIS DIA SM	3	
OPTICHAMBER MIS DIAMOND	3	
POCKET CHAMB MIS	3	
POCKET SPACE MIS	3	
RITEFLO MIS	3	
TRUZONE PEAK MIS FLOW MTR	3	

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG INJ 70MG/ML	2	ST, QL (2 pens / month)
AIMOVIG INJ 140MG/ML	2	ST, QL (1 pen / month)
AJOVY INJ 225/1.5	2	ST, QL (3 pens / 75 days)
EMGALITY INJ 100MG/ML	2	ST, QL (3 syringes / month)
EMGALITY INJ 120MG/ML	2	ST, QL (2 pens / 25 days); Loading Dose: 2 injectors per month; Maintenance Dose: 1 injector per month

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Drug Name	Drug Tier	Requirements/Limits
EMGALITY INJ 120MG/ML	2	ST, QL (2 syringes / 25 days); Loading Dose: 2 syringes per month; Maintenance Dose: 1 syringe per month
NURTEC TAB 75MG ODT	2	
UBRELVY TAB 50MG	2	
UBRELVY TAB 100MG	2	
MIGRAINE COMBINATIONS		
CAFERGOT TAB 1-100MG	3	PA; MNPA
ergotamine w/ caffeine suppos 2-100 mg	1	PA; MNPA
ergotamine w/ caffeine tab 1-100 mg	1	PA; MNPA
sumatriptan-naproxen sodium tab 85-500 mg	1	PA, QL (9 tabs per month); MNPA
TREXIMET TAB 85-500MG	3	PA, QL (9 tabs per month); MNPA
MIGRAINE PRODUCTS		
dihydroergotamine mesylate nasal spray 4 mg/ml	1	PA, QL (8 per month); MNPA
ERGOMAR SUB 2MG	3	
MIGRANAL SPR 4MG/ML	3	QL (8 per month)
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POW 50MG	3	PA; MNPA
SEROTONIN AGONISTS		
almotriptan malate tab 6.25 mg	1	QL (12 TABS PER MONTH)
almotriptan malate tab 12.5 mg	1	QL (12 TABS PER MONTH)
AMERGE TAB 1MG	3	QL (12 TABS PER MONTH)
AMERGE TAB 2.5MG	3	QL (12 TABS PER MONTH)
eletriptan hydrobromide tab 20 mg (base equivalent)	1	QL (12 TABS PER MONTH)
eletriptan hydrobromide tab 40 mg (base equivalent)	1	QL (12 TABS PER MONTH)
FROVA TAB 2.5MG	3	QL (18 tablets per month)
frovatriptan succinate tab 2.5 mg (base equivalent)	1	QL (18 tablets per month)
IMITREX INJ 4MG/0.5	3	QL (18 syringes per month)

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Drug Name	Drug Tier	Requirements/Limits
IMITREX INJ 4MG/0.5	3	QL (6 UNITS PER MONTH)
IMITREX INJ 6MG/0.5	3	QL (12 cartridges per month)
IMITREX INJ 6MG/0.5	3	QL (6 UNITS PER MONTH)
IMITREX SPR 5MG/ACT	3	QL (4 packages per month)
IMITREX SPR 20MG/ACT	3	QL (12 UNITS PER MONTH)
IMITREX TAB 25MG	3	QL (12 TABS PER MONTH)
IMITREX TAB 50MG	3	QL (12 TABS PER MONTH)
IMITREX TAB 100MG	3	QL (12 TABS PER MONTH)
MAXALT TAB 10MG	3	PA, QL (18 tabs / month); MNPA
MAXALT-MLT TAB 10MG	3	PA, QL (18 tabs / month); MNPA
naratriptan hcl tab 1 mg (base equiv)	1	QL (12 TABS PER MONTH)
naratriptan hcl tab 2.5 mg (base equiv)	1	QL (12 TABS PER MONTH)
ONZETRA XSAI MIS 11MG	2	QL (16 nosepieces / month)
RELPAX TAB 20MG	3	QL (12 TABS PER MONTH)
RELPAX TAB 40MG	3	QL (12 TABS PER MONTH)
REYVOW TAB 50MG	2	ST, QL (4 tablets per month)
REYVOW TAB 100MG	2	ST, QL (8 tablets per month)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	QL (18 tabs / month)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	QL (18 tabs / month)
rizatriptan benzoate tab 5 mg (base equivalent)	1	QL (18 tablets per month)
rizatriptan benzoate tab 10 mg (base equivalent)	1	QL (18 tabs / month)

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Drug Name	Drug Tier	Requirements/Limits
sumatriptan nasal spray 5 mg/act	1	QL (4 packages per month)
sumatriptan nasal spray 20 mg/act	1	QL (12 UNITS PER MONTH)
sumatriptan succinate inj 6 mg/0.5ml	1	QL (6 UNITS PER MONTH)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	1	QL (6 UNITS PER MONTH)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	1	QL (6 UNITS PER MONTH)
sumatriptan succinate solution cartridge 4 mg/0.5ml	1	QL (18 syringes per month)
sumatriptan succinate solution cartridge 6 mg/0.5ml	1	QL (12 cartridges per month)
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	1	QL (12 syringes per month)
sumatriptan succinate tab 25 mg	1	QL (12 TABS PER MONTH)
sumatriptan succinate tab 50 mg	1	QL (12 TABS PER MONTH)
sumatriptan succinate tab 100 mg	1	QL (12 TABS PER MONTH)
TOSYMRA SOL 10MG	3	PA, QL (3 packages per month); MNPA
ZEMBRACE SYM INJ 3/0.5ML	2	QL (24 injections / month)
zolmitriptan nasal spray 2.5 mg/spray unit	1	QL (12 UNITS PER MONTH)
zolmitriptan nasal spray 5 mg/spray unit	1	QL (12 UNITS PER MONTH)
zolmitriptan orally disintegrating tab 2.5 mg	1	QL (12 TABS PER MONTH)
zolmitriptan orally disintegrating tab 5 mg	1	QL (12 TABS PER MONTH)
zolmitriptan tab 2.5 mg	1	QL (12 TABS PER MONTH)
zolmitriptan tab 5 mg	1	QL (12 TABS PER MONTH)
ZOMIG SPR 2.5MG	2	QL (12 UNITS PER MONTH)
ZOMIG SPR 5MG	2	QL (12 UNITS PER MONTH)

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Drug Name	Drug Tier	Requirements/Limits
ZOMIG TAB 2.5MG	3	QL (12 TABS PER MONTH)
ZOMIG TAB 5MG	3	QL (12 TABS PER MONTH)
ZOMIG ZMT TAB 2.5 MG	3	QL (12 TABS PER MONTH)
ZOMIG ZMT TAB 5MG ODT	3	QL (12 TABS PER MONTH)

MINERALS & ELECTROLYTES

FLUORIDE

sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	0	OTC; $0 copay-age and gender restrictions apply
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	0	OTC; $0 copay-age and gender restrictions apply
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	0	
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)	0	
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)	0	OTC; $0 copay-age and gender restrictions apply
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	0	

POTASSIUM

K-TAB TAB 8MEQ CR	3	
K-TAB TAB 10MEQ CR	2	
K-TAB TAB 20MEQ	3	
potassium chloride cap er 8 meq	1	
potassium chloride cap er 10 meq	1	
potassium chloride microencapsulated crys er tab 10 meq	1	
potassium chloride microencapsulated crys er tab 15 meq	1	
potassium chloride microencapsulated crys er tab 20 meq	1	
potassium chloride oral soln 10% (20 meq/15ml)	1	
potassium chloride oral soln 20% (40 meq/15ml)	1	
potassium chloride powder packet 20 meq	1	
potassium chloride tab er 8 meq (600 mg)	1	
potassium chloride tab er 10 meq	1	

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Drug Name	Drug Tier	Requirements/Limits
potassium chloride tab er 20 meq (1500 mg)	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
CUPRIMINE CAP 250MG	3	PA; MNPA
DEPEN TITRA TAB 250MG	3	
penicillamine cap 250 mg	1	
penicillamine tab 250 mg	1	
SYPRINE CAP 250MG	3	PA; MNPA
trientine hcl cap 250 mg	1	
IMMUNOMODULATORS		
REVLIMID CAP 2.5MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 5MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 10MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 15MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 20MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
REVLIMID CAP 25MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
THALOMID CAP 50MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
THALOMID CAP 100MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
THALOMID CAP 150MG	0	PA, QL (56 CAPSULES PER 28 DAYS)
THALOMID CAP 200MG	0	PA, QL (56 CAPSULES PER 28 DAYS)
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab 50 mg	1	
AZATHIOPRINE TAB 75 MG	1	
AZATHIOPRINE TAB 100 MG	1	
cyclosporine cap 25 mg	1	
cyclosporine cap 100 mg	1	
cyclosporine modified cap 25 mg	1	
cyclosporine modified cap 50 mg	1	
cyclosporine modified cap 100 mg	1	
cyclosporine modified oral soln 100 mg/ml	1	

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Drug Name	Drug Tier	Requirements/Limits
everolimus tab 0.5 mg	1	
everolimus tab 0.25 mg	1	
everolimus tab 0.75 mg	1	
IMURAN TAB 50MG	2	
mycophenolate mofetil cap 250 mg	1	
mycophenolate mofetil for oral susp 200 mg/ml	1	
mycophenolate mofetil tab 500 mg	1	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	1	
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	1	
NEORAL CAP 25MG	3	
NEORAL CAP 100MG	3	
NEORAL SOL 100MG/ML	3	
SANDIMMUNE CAP 25MG	3	
SANDIMMUNE CAP 100MG	3	
SANDIMMUNE SOL 100MG/ML	3	
sirolimus oral soln 1 mg/ml	1	
sirolimus tab 0.5 mg	1	
sirolimus tab 1 mg	1	
sirolimus tab 2 mg	1	
tacrolimus cap 0.5 mg	1	
tacrolimus cap 1 mg	1	
tacrolimus cap 5 mg	1	
POTASSIUM REMOVING AGENTS		
LOKELMA PAK 5GM	2	
LOKELMA PAK 10GM	2	
sodium polystyrene sulfonate oral susp 15 gm/60ml	1	
sodium polystyrene sulfonate powder*	1	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	3	PA, QL (120 CAPSULES PER 30 DAYS)
ZOKINVY CAP 75MG	3	PA, QL (120 CAPSULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	3	PA, QL (4 INJ PER 28 DAYS)
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	1	
nystatin susp 100000 unit/ml	1	
ORAVIG TAB 50MG	3	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12%	1	
PERIDEX SOL 0.12%	3	
DENTAL PRODUCTS		
NAFRINSE DLY SOL /NEUTRAL	3	
NAFRINSE SOL DAILY	3	
NAFRINSE WK SOL 0.2%	3	
sodium fluoride gel 1.1% (0.5% f)	1	
stannous fluoride conc 0.63%	1	
stannous fluoride gel 0.4%	1	
STEROIDS - MOUTH/THROAT/DENTAL		
triamcinolone acetonide dental paste 0.1%	1	
THROAT PRODUCTS - MISC.		
cevimeline hcl cap 30 mg	1	
EVOXAC CAP 30MG	2	
NUMOISYN LOZ	3	
ORAFATE PST 10%	3	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
PROTHELIAL PST 10%	3	
SALAGEN TAB 5MG	2	
SALAGEN TAB 7.5MG	2	
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
b-complex w/ c & folic acid tab 1 mg**	1	PA; MNPA
b-complex w/ c & folic acid tab 5 mg**	1	PA; MNPA
b-complex w/ c & folic acid tab**	1	PA; MNPA
FOLIC-K CAP	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
MULTIPLE VITAMINS W/ MINERALS		
multiple vitamins w/ minerals cap*	1	PA; MNPA
MULTIVITAMINS		
GENICIN TAB VITA-Q	3	PA; MNPA
PRENATAL VITAMINS		
ATABEX EC TAB 29-1MG	3	PA; MNPA
ATABEX OB TAB 29-1MG	3	PA; MNPA
AZESCHEW CHW 13-1MG	3	PA; MNPA
AZESCO TAB 13-1MG	3	PA; MNPA
C-NATE DHA CAP 28-1-200	3	PA; MNPA
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	
CITRANATAL TAB BLOOM	2	
CITRANATAL TAB RX	2	
CO-NATAL FA TAB 29-1MG	3	PA; MNPA
CONCEPT DHA CAP	3	PA; MNPA
CONCEPT OB CAP	3	PA; MNPA
DUET DHA 400 MIS 25-1-400	3	PA; MNPA
DUET DHA MIS BALANCED	3	PA; MNPA
ENBRACE HR CAP	3	PA; MNPA
JENLIVA CAP	3	PA; MNPA
KOSHR PRENAT TAB 30-1MG	3	PA; MNPA
M-NATAL PLUS TAB	3	PA; MNPA
MYNATAL CAP	3	PA; MNPA
MYNATAL PLUS TAB	3	PA; MNPA
MYNATAL-Z TAB	3	PA; MNPA
NATACHEW CHW	3	PA; MNPA
NATALVIT TAB 75-1MG	3	PA; MNPA
NEEVO DHA CAP 27-1.13	3	PA; MNPA
NEONATAL 19 TAB	3	PA; MNPA
NEONATAL FE TAB	3	PA; MNPA
NEONATAL PLS TAB 27-1MG	3	PA; MNPA
NEONATAL TAB COMPLETE	3	PA; MNPA
NEONATAL TAB COMPLTE	3	PA; MNPA
NEONATAL/DHA MIS	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
NESTABS DHA PAK	3	PA; MNPA
NESTABS ONE CAP	3	PA; MNPA
NESTABS TAB	3	PA; MNPA
NIVA-PLUS TAB	3	PA; MNPA
O-CAL TAB PRENATAL	3	PA; MNPA
OB COMPLETE CAP ONE	3	PA; MNPA
OB COMPLETE CAP PETITE	3	PA; MNPA
OB COMPLETE TAB	3	PA; MNPA
OB COMPLETE TAB PREMIER	3	PA; MNPA
OB COMPLETE/ CAP DHA	3	PA; MNPA
OBSTETRIX EC TAB	3	PA; MNPA
OBSTETRIX PAK DHA	3	PA; MNPA
OBSTETRX ONE CAP 38-1-225	3	PA; MNPA
ONE VITE TAB 1MG PLUS	3	PA; MNPA
PNV TAB 20-1 TAB	3	PA; MNPA
PNV TABS TAB 29-1MG	3	PA; MNPA
PNV-DHA CAP DOCUSATE	3	PA; MNPA
PNV-OMEGA CAP	3	PA; MNPA
PREGENNA TAB	3	PA; MNPA
PREMESISRX TAB	3	PA; MNPA
PRENA1 CHW	3	PA; MNPA
PRENA1 PEARL CAP	3	PA; MNPA
PRENA 1 TRUE MIS	3	PA; MNPA
PRENAISSANCE CAP	3	PA; MNPA
PRENAISSANCE CAP PLUS	3	PA; MNPA
PRENARA CAP PRENATAL	3	PA; MNPA
prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg*	1	
PRENATABS FA TAB 29-1MG	3	PA; MNPA
PRENATAL 19 CHW 29-1MG	3	PA; MNPA
PRENATAL 19 TAB 29-1MG	3	PA; MNPA
PRENATAL TAB 27-1MG	3	PA; MNPA
PRENATAL VIT TAB LOW IRON	3	PA; MNPA
prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg**	1	
prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg**	1	
prenatal vit w/ fe fumarate-fa chew tab 29-1 mg**	1	
prenatal vit w/ fe fumarate-fa tab 28-1 mg**	1	

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Drug Name	Drug Tier	Requirements/Limits
prenatal vit w/ iron carbonyl-fa tab 29-1 mg**	1	
PRENATAL+FE TAB 29-1MG	3	PA; MNPA
PRENATAL-U CAP 106.5-1	3	PA; MNPA
PRENATE AM TAB 1MG	3	PA; MNPA
PRENATE CAP ENHANCE	3	PA; MNPA
PRENATE CAP ESSENT	3	PA; MNPA
PRENATE CAP PIXIE	3	PA; MNPA
PRENATE CAP RESTORE	3	PA; MNPA
PRENATE CHW 0.6-0.4	3	PA; MNPA
PRENATE DHA CAP	3	PA; MNPA
PRENATE MINI CAP	3	PA; MNPA
PRENATE TAB ELITE	3	PA; MNPA
PRENATRIX TAB	3	PA; MNPA
PRENATRYL TAB	3	PA; MNPA
PRENATVITE TAB COMPLETE	3	PA; MNPA
PRENATVITE TAB PLUS	3	PA; MNPA
PRENATVITE TAB RX	3	PA; MNPA
PREPLUS TAB 27-1MG	3	PA; MNPA
PRETAB TAB 29-1MG	3	PA; MNPA
PRIMACARE CAP	3	PA; MNPA
PROVIDA OB CAP	3	PA; MNPA
REDICHEW RX CHW	3	PA; MNPA
RELNATE DHA CAP	3	PA; MNPA
SE-NATAL 19 CHW	3	PA; MNPA
SE-NATAL 19 TAB	3	PA; MNPA
SELECT-OB CHW	3	PA; MNPA
SELECT-OB+ PAK DHA	3	PA; MNPA
TARON-PREX CAP	3	PA; MNPA
THRIVITE RX TAB 29-1MG	3	PA; MNPA
TRICARE PRE CAP 27-1-500	3	PA; MNPA
TRICARE TAB PRENATAL	3	PA; MNPA
TRINAZ TAB 12-1MG	3	PA; MNPA
TRISTART DHA CAP	3	PA; MNPA
TRISTART ONE CAP 35-1-215	3	PA; MNPA
VINATE DHA CAP 27-1.13	3	PA; MNPA
VINATE II TAB	3	PA; MNPA
VINATE ONE TAB	3	PA; MNPA
VIRT-C DHA CAP	3	PA; MNPA
VIRT-NATE CAP DHA	3	PA; MNPA
VIRT-PN DHA CAP	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
VIRT-PN PLUS CAP	3	PA; MNPA
VITAFOL CAP ULTRA	3	PA; MNPA
VITAFOL CHW GUMMIES	3	PA; MNPA
VITAFOL FE+ CAP	3	PA; MNPA
VITAFOL STRP MIS 1MG	3	PA; MNPA
VITAFOL-NANO TAB	3	PA; MNPA
VITAFOL-OB PAK +DHA	3	PA; MNPA
VITAFOL-OB TAB 65-1MG	3	PA; MNPA
VITAFOL-ONE CAP	3	PA; MNPA
VITAMEDMD CAP ONE RX	3	PA; MNPA
VITAPEARL CAP	3	PA; MNPA
VITATHELY TAB	3	PA; MNPA
VITATRUE MIS	3	PA; MNPA
VIVA DHA CAP	3	PA; MNPA
VP-PNV-DHA CAP	3	PA; MNPA
WESTAB PLUS TAB 27-1MG	3	PA; MNPA
WESTGEL DHA CAP	3	PA; MNPA
ZALVIT TAB 13-1MG	3	PA; MNPA
VITAMIN MIXTURES		
NICOMIDE TAB	3	PA; MNPA
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
AMRIX CAP 15MG	3	PA; MNPA
AMRIX CAP 30MG	3	PA; MNPA
baclofen tab 5 mg	1	
baclofen tab 10 mg	1	
baclofen tab 20 mg	1	
carisoprodol tab 250 mg	1	PA, QL (90 tablets per month); MNPA
carisoprodol tab 350 mg	1	QL (90 tablets per month)
carisoprodol tab 350 mg	1	PA, QL (90 tablets per month); MNPA
CHLORZOXAZON TAB 250MG	3	PA; MNPA
chlorzoxazone tab 375 mg	1	PA; MNPA
chlorzoxazone tab 500 mg	1	PA; MNPA
chlorzoxazone tab 750 mg	1	PA; MNPA
cyclobenzaprine hcl cap er 24hr 15 mg	1	PA; MNPA
cyclobenzaprine hcl cap er 24hr 30 mg	1	PA; MNPA
cyclobenzaprine hcl tab 5 mg	1	
cyclobenzaprine hcl tab 7.5 mg	1	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
cyclobenzaprine hcl tab 10 mg	1	
metaxalone tab 400 mg	1	PA; MNPA
metaxalone tab 800 mg	1	
methocarbamol tab 500 mg	1	
methocarbamol tab 500 mg	1	PA; MNPA
methocarbamol tab 750 mg	1	PA; MNPA
orphenadrine citrate tab er 12hr 100 mg	1	
OZOBAX SOL 5MG/5ML	3	PA; MNPA
SKELAXIN TAB 800MG	2	
SOMA TAB 250MG	3	QL (90 tablets per month)
SOMA TAB 350MG	3	QL (90 tablets per month)
tizanidine hcl cap 2 mg (base equivalent)	1	
tizanidine hcl cap 4 mg (base equivalent)	1	
tizanidine hcl cap 6 mg (base equivalent)	1	
tizanidine hcl tab 2 mg (base equivalent)	1	
tizanidine hcl tab 4 mg (base equivalent)	1	
ZANAFLEX CAP 2MG	3	
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX TAB 4MG	3	
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	2	
DANTRIUM CAP 50MG	2	
dantrolene sodium cap 25 mg	1	
dantrolene sodium cap 50 mg	1	
dantrolene sodium cap 100 mg	1	
MUSCLE RELAXANT COMBINATIONS		
carisoprodol w/ aspirin & codeine tab 200-325-16 mg	1	QL (90 tablets per month)
NORGESIC TAB FORTE	3	PA; MNPA
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg	1	PA; MNPA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	
DYMISTA SPR 137-50	3	
NASAL AGENTS - MISC.		
NOZIN NASAL MIS SANITIZE	0	

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Drug Name	Drug Tier	Requirements/Limits
NASAL ANESTHETICS		
COCAINE HCL SOL 40MG/ML	3	PA; MNPA
GOPRELTO SOL 40MG/ML	3	PA; MNPA
NUMBRINO SOL 40MG/ML	3	PA; MNPA
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	1	
olopatadine hcl nasal soln 0.6%	1	
PATANASE SPR 0.6%	3	
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	
NASAL STEROIDS		
BECONASE AQ SUS 0.042%	3	PA; MNPA
flunisolide nasal soln 25 mcg/act (0.025%)	1	
fluticasone propionate nasal susp 50 mcg/act	1	
mometasone furoate nasal susp 50 mcg/act	1	
NASONEX SPR 50MCG/AC	3	
OMNARIS SPR	3	PA; MNPA
QNASL AER 80MCG	3	PA; MNPA
QNASL CHILD SPR 40MCG	3	PA; MNPA
XHANCE MIS 93MCG	3	
ZETONNA AER 37MCG	3	PA; MNPA
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOL 1:1000	3	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RILUTEK TAB 50MG	3	
riluzole tab 50 mg	1	
TIGLUTIK SUS 50/10ML	3	PA; MNPA
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	3	PA, QL (2 bottles (120 mg) per 24 days)

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT MIS 5MG OP	3	PA; MNPA
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	1	
BETIMOL SOL 0.5%	2	PA; MNPA
BETIMOL SOL 0.25%	2	PA; MNPA
BETOPTIC-S SUS 0.25% OP	2	
carteolol hcl ophth soln 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 22.3-6.8	3	
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf	1	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	1	
ISTALOL SOL 0.5% OP	3	
levobunolol hcl ophth soln 0.5%	1	
TIM/BRIM/DOR SOL	3	PA; MNPA
TIM/DORZ/LAT SOL	3	PA; MNPA
TIMOL/BRIM SOL DORZ/LAT	3	PA; MNPA
TIMOL/LATAN SOL	3	PA; MNPA
timolol maleate ophth gel forming soln 0.5%	1	
timolol maleate ophth gel forming soln 0.25%	1	
timolol maleate ophth soln 0.5%	1	
timolol maleate ophth soln 0.5% (once-daily)	1	
timolol maleate ophth soln 0.25%	1	
timolol maleate preservative free ophth soln 0.5%	1	
TIMOPTIC OCU SOL 0.5% OP	3	PA; MNPA
TIMOPTIC OCU SOL 0.25% OP	3	PA; MNPA
TIMOPTIC SOL 0.5% OP	3	
TIMOPTIC SOL 0.25% OP	3	
TIMOPTIC-XE SOL 0.5% OP	3	
TIMOPTIC-XE SOL 0.25% OP	3	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 0.01%	3	PA; MNPA
ATROPINE SUL SOL 1% OP	3	

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Drug Name	Drug Tier	Requirements/Limits
CYCLOGYL SOL 0.5% OP	3	
CYCLOGYL SOL 1% OP	3	
CYCLOGYL SOL 2% OP	3	
CYCLOMYDRIL SOL OP	3	
cyclopentolate hcl ophth soln 0.5%	1	
cyclopentolate hcl ophth soln 1%	1	
cyclopentolate hcl ophth soln 2%	1	
ISOPTO ATROP SOL 1% OP	3	
phenylephrine hcl ophth soln 2.5%	1	
phenylephrine hcl ophth soln 10%	1	
TROP-CYC-PE DRO 1-1-2.5	3	PA; MNPA
TROP-PHENYL SOL 1-2.5%	3	PA; MNPA
TROP/CYC/PE/ SOL KETO/PRO	3	PA; MNPA
TROP/CYC/PE/ SOL KETOROLA	3	PA; MNPA
TROP/CYCL/PE SOL KETOROLA	3	PA; MNPA
MIOTICS		
ISOPTO CARP SOL 1% OP	3	
ISOPTO CARP SOL 2% OP	3	
ISOPTO CARP SOL 4% OP	3	
PHOSPHOLINE SOL 0.125%OP	3	
pilocarpine hcl ophth soln 1%	1	
pilocarpine hcl ophth soln 2%	1	
pilocarpine hcl ophth soln 4%	1	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	2	
apraclonidine hcl ophth soln 0.5% (base equivalent)	1	
BRIMO/DORZO SOL 0.15-2%	3	PA; MNPA
brimonidine tartrate ophth soln 0.2%	1	
brimonidine tartrate ophth soln 0.15%	1	
IOPIDINE SOL 1% OP	3	
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOL 1%	3	PA; MNPA
bacitracin ophth oint 500 unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUS 0.6%	2	
BETADINE SOL 5% OP	3	
BLEPH-10 SOL 10% OP	3	

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Drug Name	Drug Tier	Requirements/Limits
CILOXAN OIN 0.3% OP	2	PA; MNPA
CILOXAN SOL 0.3% OP	3	PA; MNPA
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
erythromycin ophth oint 5 mg/gm	1	
gatifloxacin ophth soln 0.5%	1	
gentamicin sulfate ophth oint 0.3%	1	
gentamicin sulfate ophth soln 0.3%	1	
KLARITY-A DRO 1%	3	PA; MNPA
levofloxacin ophth soln 0.5%	1	
MITOSOL KIT 0.2MG	3	
MOXEZA SOL 0.5%	3	
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	1	PA; MNPA
moxifloxacin hcl ophth soln 0.5% (base equiv)	1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	1	PA; MNPA
MOXIFLOXACIN SOL 0.5%	3	PA; MNPA
NATACYN SUS 5% OP	3	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
OCUFLOX DRO 0.3% OP	3	
ofloxacin ophth soln 0.3%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
POLYTRIM SOL OP	3	
POVIDONE IOD SOL 5%	3	
sulfacetamide sodium ophth oint 10%	1	
sulfacetamide sodium ophth soln 10%	1	
tobramycin ophth soln 0.3%	1	
TOBREX OIN 0.3% OP	3	
TOBREX SOL 0.3% OP	3	
trifluridine ophth soln 1%	1	
VANCOMYCIN SOL 10MG/ML	3	PA; MNPA
VIGAMOX DRO 0.5%	3	
ZIRGAN GEL 0.15%	3	PA; MNPA
ZYMAXID SOL 0.5%	3	

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC IMMUNOMODULATORS		
CEQUA SOL 0.09%	3	PA; MNPA
RESTASIS EMU 0.05%	2	
RESTASIS MUL EMU 0.05%	2	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02%	2	
ROCKLATAN DRO	2	
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5%	3	
ALCAINE SOL 0.5% OP	3	
proparacaine hcl ophth soln 0.5%	1	
tetracaine hcl ophth soln 0.5%	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	3	PA, QL (16 CARTONS PER 56 days - ONE TIME TREATMENT)
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA VIS SOL 0.146-20	3	PA; MNPA
PHOTREXA/PHO SOL VISC KIT	3	PA; MNPA
OPHTHALMIC STEROIDS		
ALREX SUS 0.2%	3	PA; MNPA
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
BLEPHAMIDE OIN S.O.P.	3	
BLEPHAMIDE SUS OP	3	
dexamethasone sodium phosphate ophth soln 0.1%	1	
difluprednate ophth emulsion 0.05%	1	
DUREZOL EMU 0.05%	2	
EYSUVIS DRO 0.25%	3	PA; MNPA
FLAREX SUS 0.1% OP	3	PA; MNPA
fluorometholone ophth susp 0.1%	1	
FML FORTE SUS 0.25% OP	2	PA; MNPA
FML LIQUIFLM SUS 0.1% OP	3	PA; MNPA
FML OIN 0.1% OP	2	PA; MNPA
INVELTYS SUS 1%	3	PA; MNPA
KLARITY-L DRO 0.2%	3	PA; MNPA
KLARITY-L DRO 0.5%	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
LOTEMAX GEL 0.5%	3	PA; MNPA
LOTEMAX OIN 0.5%	3	PA; MNPA
LOTEMAX SM GEL 0.38%	3	PA; MNPA
LOTEMAX SUS 0.5%	3	PA; MNPA
loteprednol etabonate ophth gel 0.5%	1	PA; MNPA
loteprednol etabonate ophth susp 0.5%	1	
MAXIDEX SUS 0.1% OP	2	PA; MNPA
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
PRED FORTE SUS 1% OP	3	PA; MNPA
PRED MILD SUS 0.12% OP	2	PA; MNPA
PRED MOXIFLO SOL 1-0.5%	3	PA; MNPA
PRED MOXIFLO SUS BROMFEN	3	PA; MNPA
PRED SOD PHO SOL 1% OP	3	
PRED-G S.O.P OIN OP	3	
PRED-G SUS OP	3	
PRED-GATI SUS 1-0.5%	3	PA; MNPA
PRED-GATIFL- SUS BROMFENA	3	PA; MNPA
PRED/NEPAFEN DRO 1-0.1%	3	PA; MNPA
PREDNI/MOXI/ DRO NEPAFENA	3	PA; MNPA
PREDNI/MOXIF DRO 1-0.5%	3	PA; MNPA
prednisolone acetate ophth susp 1%	1	
PREDNISOLONE SOL MOX-BROM	3	PA; MNPA
PREDNISOLONE SUS 1%	3	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	PA; MNPA
TOBRADEX SUS 0.3-0.1%	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
ZYLET SUS 0.5-0.3%	3	PA; MNPA
OPHTHALMIC SURGICAL AIDS		
GELFILM MIS OP	3	
MEMBRANEBLUE SOL 0.15%	3	
VISIONBLUE SOL 0.06%	3	

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4%	3	
ACULAR SOL 0.5% OP	3	
ACUVAIL SOL 0.45%	2	PA; MNPA
ALOCRIL SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
azelastine hcl ophth soln 0.05%	1	
AZOPT SUS 1% OP	3	
BEPREVE DRO 1.5%	3	PA; MNPA
brinzolamide ophth susp 1%	1	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1	
BROMSITE DRO 0.075%	3	PA; MNPA
CHONDROITIN SOL	3	PA; MNPA
cromolyn sodium ophth soln 4%	1	
CYSTADROPS SOL 0.37%	3	PA, QL (4 BOTTLES PER 28 DAYS); MNPA
CYSTARAN SOL 0.44%	3	PA, QL (4 BOTTLES PER 28 DAYS)
diclofenac sodium ophth soln 0.1%	1	
dorzolamide hcl ophth soln 2%	1	
DORZOLAMIDE SOL 2%	3	
epinastine hcl ophth soln 0.05%	1	
flurbiprofen sodium ophth soln 0.03%	1	
ILEVRO DRO 0.3% OP	2	
ketorolac tromethamine ophth soln 0.4%	1	
ketorolac tromethamine ophth soln 0.5%	1	
LASTACAFT SOL 0.25%	2	PA; MNPA
NEVANAC SUS 0.1%	2	PA; MNPA
PROLENSA SOL 0.07%	2	
TRUSOPT SOL 2% OP	3	
UPNEEQ SOL 0.1%	3	PA; MNPA
ZERVIATE DRO 0.24%	3	PA; MNPA
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln 0.03%	1	PA; MNPA
latanoprost ophth soln 0.005%	1	
LUMIGAN SOL 0.01%	2	
TRAVATAN Z DRO 0.004%	3	PA; MNPA
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	1	
VYZULTA SOL 0.024%	3	

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Drug Name	Drug Tier	Requirements/Limits
XALATAN SOL 0.005%	3	
XELPROS EMU 0.005%	3	PA; MNPA
ZIOPTAN DRO 0.0015%	2	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln 2%	1	
OTIC ANTI-INFECTIVES		
CETRAXAL SOL 0.2%	3	
ciprofloxacin hcl otic soln 0.2% (base equivalent)	1	
ofloxacin otic soln 0.3%	1	
OTIC COMBINATIONS		
CIPRO HC SUS OTIC	3	PA; MNPA
CIPRODEX SUS 0.3-0.1%	3	PA; MNPA
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	1	PA; MNPA
CORTISPORIN SUS -TC OTIC	3	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
OTOVEL DRO	3	PA; MNPA
OTIC STEROIDS		
DERMOTIC OIL 0.01%	3	
fluocinolone acetonide (otic) oil 0.01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
CERVIDIL VAG MIS 10MG INS	3	
PREPIDIL GEL 0.5MG/3G	3	
PROSTIN E2 SUP 20MG	3	
OXYTOCICS		
methylergonovine maleate tab 0.2 mg	1	PA, QL (120 tablets per month)
PENICILLINS		
AMINOPENICILLINS		
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
ampicillin cap 500 mg	1	
NATURAL PENICILLINS		
penicillin v potassium for soln 125 mg/5ml	1	
penicillin v potassium for soln 250 mg/5ml	1	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS 250/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium cap 250 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
dicloxacillin sodium cap 500 mg	1	
PROGESTINS		
PROGESTINS		
AYGESTIN TAB 5MG	3	
medroxyprogesterone acetate tab 2.5 mg	1	
medroxyprogesterone acetate tab 5 mg	1	
medroxyprogesterone acetate tab 10 mg	1	
megestrol acetate susp 625 mg/5ml	1	
norethindrone acetate tab 5 mg	1	
progesterone cap 100 mg	1	
progesterone cap 100 mg	1	PA
progesterone cap 200 mg	1	
progesterone cap 200 mg	1	PA
progesterone im in oil 50 mg/ml	1	
PROMETRIUM CAP 100MG	3	PA; MNPA
PROMETRIUM CAP 200MG	3	PA; MNPA
PROVERA TAB 2.5MG	3	
PROVERA TAB 5MG	3	
PROVERA TAB 10MG	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tab delayed release 333 mg	1	
disulfiram tab 250 mg	1	
disulfiram tab 500 mg	1	
LUCEMYRA TAB 0.18MG	3	PA; MNPA
ANTI-CATAPLECTIC AGENTS		
XYREM SOL 500MG/ML	3	PA
XYWAV SOL 0.5GM/ML	3	PA, QL (540 ML (270 GRAMS) PER 30 DAYS); MNPA
ANTIDEMENTIA AGENTS		
ARICEPT TAB 5MG	3	
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
donepezil hydrochloride orally disintegrating tab 5 mg	1	
donepezil hydrochloride orally disintegrating tab 10 mg	1	
donepezil hydrochloride tab 5 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
donepezil hydrochloride tab 10 mg	1	
donepezil hydrochloride tab 23 mg	1	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	
galantamine hydrobromide cap er 24hr 8 mg	1	
galantamine hydrobromide cap er 24hr 16 mg	1	
galantamine hydrobromide cap er 24hr 24 mg	1	
galantamine hydrobromide oral soln 4 mg/ml	1	
galantamine hydrobromide tab 4 mg	1	
galantamine hydrobromide tab 8 mg	1	
galantamine hydrobromide tab 12 mg	1	
memantine hcl cap er 24hr 7 mg	1	
memantine hcl cap er 24hr 14 mg	1	
memantine hcl cap er 24hr 21 mg	1	
memantine hcl cap er 24hr 28 mg	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl tab 5 mg	1	
memantine hcl tab 10 mg	1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	
NAMENDA TAB 5-10MG	3	
NAMENDA TAB 5MG	3	
NAMENDA TAB 10MG	3	
NAMENDA XR CAP 7MG	3	
NAMENDA XR CAP 14MG	3	
NAMENDA XR CAP 21MG	3	
NAMENDA XR CAP 28MG	3	
NAMENDA XR CAP TITRATIO	3	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
RAZADYNE ER CAP 8MG	3	
RAZADYNE ER CAP 16MG	3	
RAZADYNE ER CAP 24MG	3	

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Drug Name	Drug Tier	Requirements/Limits
rivastigmine tartrate cap 1.5 mg (base equivalent)	1	
rivastigmine tartrate cap 3 mg (base equivalent)	1	
rivastigmine tartrate cap 4.5 mg (base equivalent)	1	
rivastigmine tartrate cap 6 mg (base equivalent)	1	
rivastigmine td patch 24hr 4.6 mg/24hr	1	
rivastigmine td patch 24hr 9.5 mg/24hr	1	
rivastigmine td patch 24hr 13.3 mg/24hr	1	
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide-amitriptyline tab 5-12.5 mg	1	
chlordiazepoxide-amitriptyline tab 10-25 mg	1	
olanzapine-fluoxetine hcl cap 3-25 mg	1	
olanzapine-fluoxetine hcl cap 6-25 mg	1	
olanzapine-fluoxetine hcl cap 6-50 mg	1	
olanzapine-fluoxetine hcl cap 12-25 mg	1	
olanzapine-fluoxetine hcl cap 12-50 mg	1	
perphenazine-amitriptyline tab 2-10 mg	1	
perphenazine-amitriptyline tab 2-25 mg	1	
perphenazine-amitriptyline tab 4-10 mg	1	
perphenazine-amitriptyline tab 4-25 mg	1	
perphenazine-amitriptyline tab 4-50 mg	1	
SYMBYAX CAP 3-25MG	3	
SYMBYAX CAP 6-25MG	3	
SYMBYAX CAP 6-50MG	3	
SYMBYAX CAP 12-50MG	3	
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
VYLEESI INJ 1.75/0.3	3	PA; MNPA
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	2	PA, QL (60 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
AUSTEDO TAB 9MG	2	PA, QL (120 TABLETS PER 30 DAYS)
AUSTEDO TAB 12MG	2	PA, QL (120 TABLETS PER 30 DAYS)
INGREZZA CAP 40-80MG	2	PA
INGREZZA CAP 40MG	2	PA, QL (30 CAPSULES PER 30 DAYS)
INGREZZA CAP 60MG	2	PA, QL (30 CAPSULES PER 30 DAYS)
INGREZZA CAP 80MG	2	PA, QL (30 CAPSULES PER 30 DAYS)
tetrabenazine tab 12.5 mg	1	PA, QL (120 TABLETS PER 30 DAYS)
tetrabenazine tab 25 mg	1	PA, QL (60 TABLETS PER 30 DAYS)
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	3	PA, QL (60 TABLETS PER 30 DAYS)
AUBAGIO TAB 7MG	2	PA, QL (30 TABLETS PER 30 DAYS)
AUBAGIO TAB 14MG	2	PA, QL (30 TABLETS PER 30 DAYS)
BETASERON INJ 0.3MG	2	PA, QL (14 KITS PER 28 DAYS); MNPA
COPAXONE INJ 20MG/ML	2	PA, QL (30 SYRINGES PER 30 DAYS)
COPAXONE INJ 40MG/ML	2	PA, QL (12 SYRINGES PER 28 DAYS)
dalfampridine tab er 12hr 10 mg	1	PA, QL (60 TABLETS PER 30 DAYS)
dimethyl fumarate capsule delayed release 120 mg	1	PA, QL (14 CAPSULES PER 28 DAYS)
dimethyl fumarate capsule delayed release 240 mg	1	PA, QL (60 CAPSULES PER 30 DAYS)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	1	PA, QL (60 CAPSULES PER 30 DAYS)
GILENYA CAP 0.5MG	2	PA, QL (30 CAPSULES PER 30 DAYS)
glatiramer acetate soln prefilled syringe 20 mg/ml	1	PA, QL (30 SYRINGES PER 30 DAYS)
glatiramer acetate soln prefilled syringe 40 mg/ml	1	PA, QL (12 SYRINGES PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
KESIMPTA INJ 20/.4ML	2	PA, QL (1 PEN PER 28 DAYS)
MAVENCLAD PAK 10MG(4)	3	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(5)	3	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(6)	3	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(7)	3	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(8)	3	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(9)	3	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(10)	3	PA, QL (20 TABLETS PER 9 MONTHS)
MAYZENT PAK STARTER	2	PA, QL (12 TABLETS PER 5 DAYS)
MAYZENT TAB 0.25MG	2	PA, QL (112 TABLETS PER 28 DAYS)
MAYZENT TAB 2MG	2	PA, QL (30 TABLETS PER 30 DAYS)
PONVORY TAB 20MG	3	PA, QL (30 tabs per month); MNPA
PONVORY TAB STARTER	3	PA, QL (1 Pack (14 tabs) for 14 days); MNPA
REBIF INJ 22/0.5	2	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF INJ 44/0.5	2	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF REBIDO INJ 22/0.5	2	PA, QL (12 INJ PER 28 DAYS)
REBIF REBIDO INJ 44/0.5	2	PA, QL (12 INJ PER 28 DAYS)
REBIF REBIDO INJ TITRATN	2	PA, QL (12 INJ PER 28 DAYS)
REBIF TITRTN INJ PACK	2	PA, QL (12 SYRINGES PER 28 DAYS)
VUMERITY CAP 231MG	2	PA, QL (120 CAPSULES PER 30 DAYS)
ZEPOSIA 7DAY CAP STR PACK	2	PA, QL (7 TABLETS PER 7 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA CAP .92MG	2	PA, QL (30 TABLETS PER 30 DAYS)
ZEPOSIA CAP STR KIT	2	PA, QL (37 TABLETS PER 37 DAYS)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE TAB 300MG	2	
GRALISE TAB 600MG	2	
LYRICA CR TAB 82.5MG	3	PA, QL (60 tabs / month); MNPA
LYRICA CR TAB 165MG	3	PA, QL (60 tabs / month); MNPA
LYRICA CR TAB 330MG	3	PA, QL (60 tabs / month); MNPA
pregabalin tab er 24hr 82.5 mg	1	QL (60 TABLETS PER 30 DAYS)
pregabalin tab er 24hr 165 mg	1	QL (60 TABLETS PER 30 DAYS)
pregabalin tab er 24hr 330 mg	1	QL (60 TABLETS PER 30 DAYS)
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
fluoxetine hcl (pmdd) tab 10 mg	1	PA; MNPA
fluoxetine hcl (pmdd) tab 20 mg	1	PA; MNPA
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG	2	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates tab 1 mg	1	
pimozide tab 1 mg	1	
pimozide tab 2 mg	1	
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB 300MG ER	3	PA; MNPA
HORIZANT TAB 600MG ER	3	PA; MNPA
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	0	
CHANTIX PAK 0.5& 1MG	0	
CHANTIX PAK 1MG	0	
CHANTIX TAB 0.5MG	0	
CHANTIX TAB 1MG	0	
NICODERM CQ DIS 7MG/24HR	0	OTC; $0 limited to 2 treatment cycles/year

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Drug Name	Drug Tier	Requirements/Limits
NICODERM CQ DIS 14MG/24H	0	OTC; $0 limited to 2 treatment cycles/year
NICODERM CQ DIS 21MG/24H	0	OTC; $0 limited to 2 treatment cycles/year
NICORETTE GUM 2MG	0	OTC; $0 limited to 2 treatment cycles/year
NICORETTE GUM 2MG CINN	0	OTC; $0 limited to 2 treatment cycles/year
NICORETTE GUM 2MG MINT	0	OTC; $0 limited to 2 treatment cycles/year
NICORETTE GUM 2MG ORIG	0	OTC; $0 limited to 2 treatment cycles/year
NICORETTE GUM 2MGFRUIT	0	OTC; $0 limited to 2 treatment cycles/year
NICORETTE GUM 4MG	0	OTC; $0 limited to 2 treatment cycles/year
NICORETTE GUM 4MG CINN	0	OTC; $0 limited to 2 treatment cycles/year
NICORETTE GUM 4MG MINT	0	OTC; $0 limited to 2 treatment cycles/year
NICORETTE GUM 4MG ORIG	0	OTC; $0 limited to 2 treatment cycles/year
NICORETTE GUM 4MGFRUIT	0	OTC; $0 limited to 2 treatment cycles/year
NICORETTE LOZ 2MG MINT	0	OTC; $0 limited to 2 treatment cycles/year
NICORETTE LOZ 4MG MINT	0	OTC; $0 limited to 2 treatment cycles/year
NICORETTE ST GUM 2MG MINT	0	OTC; $0 limited to 2 treatment cycles/year
NICORETTE ST GUM 2MG ORIG	0	OTC; $0 limited to 2 treatment cycles/year
NICORETTE ST GUM 4MG ORIG	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex gum 2 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex gum 4 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex lozenge 2 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex lozenge 4 mg	0	OTC; $0 limited to 2 treatment cycles/year

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Drug Name	Drug Tier	Requirements/Limits
nicotine td patch 24hr 7 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 14 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 21 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
NICOTROL INH	0	
NICOTROL NS SPR 10MG/ML	0	
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ 284/1.5	2	PA, QL (4 PFS PER 28 DAYS)
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP 7.5MG	3	
paroxetine mesylate cap 7.5 mg (base equiv)	1	PA; MNPA
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK 25MG	3	PA, QL (56 PACKETS PER 28 DAYS)
KALYDECO PAK 50MG	3	PA, QL (56 PACKETS PER 28 DAYS)
KALYDECO PAK 75MG	3	PA, QL (56 PACKETS PER 28 DAYS)
ORKAMBI GRA 100-125	3	PA, QL (56 PACKETS PER 28 DAYS)
ORKAMBI GRA 150-188	3	PA, QL (56 PACKETS PER 28 DAYS)
ORKAMBI TAB 100-125	3	PA, QL (112 TABLETS PER 28 DAYS)
ORKAMBI TAB 200-125	3	PA, QL (112 TABLETS PER 28 DAYS)
PULMOZYME SOL 1MG/ML	3	PA, QL (60 AMPULES PER 30 DAYS)
SYMDEKO TAB 50-75MG	3	PA, QL (56 TABLETS PER 28 DAYS)
SYMDEKO TAB 100-150	3	PA, QL (56 TABLETS PER 28 DAYS)
TRIKAFTA TAB	3	PA, QL (84 TABLETS PER 28 DAYS)
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG	2	PA, QL (270 CAPSULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
ESBRIET TAB 267MG	2	PA, QL (270 TABLETS PER 30 DAYS)
ESBRIET TAB 801MG	2	PA, QL (90 TABLETS PER 30 DAYS)
OFEV CAP 100MG	2	PA, QL (60 CAPSULES PER 30 DAYS)
OFEV CAP 150MG	2	PA, QL (60 CAPSULES PER 30 DAYS)
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB 500MG	3	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB 150MG	3	
TETRACYCLINES		
ACTICLATE TAB 75MG	3	PA; MNPA
ACTICLATE TAB 150MG	3	PA; MNPA
demeclocycline hcl tab 150 mg	1	
demeclocycline hcl tab 300 mg	1	
DORYX MPC TAB 120MG	3	PA; MNPA
DORYX TAB 50MG	3	PA; MNPA
DORYX TAB 80MG	3	PA; MNPA
DORYX TAB 200MG	3	PA; MNPA
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 100 mg	1	
doxycycline hyclate tab 20 mg	1	
doxycycline hyclate tab 50 mg	1	PA; MNPA
doxycycline hyclate tab 75 mg	1	PA; MNPA
doxycycline hyclate tab 100 mg	1	
doxycycline hyclate tab 150 mg	1	PA; MNPA
doxycycline hyclate tab delayed release 50 mg	1	PA; MNPA
doxycycline hyclate tab delayed release 75 mg	1	
doxycycline hyclate tab delayed release 80 mg	1	PA; MNPA
doxycycline hyclate tab delayed release 100 mg	1	PA; MNPA
doxycycline hyclate tab delayed release 150 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
doxycycline hyclate tab delayed release 200 mg	1	PA; MNPA
doxycycline monohydrate cap 50 mg	1	
doxycycline monohydrate cap 75 mg	1	PA; MNPA
doxycycline monohydrate cap 100 mg	1	
doxycycline monohydrate cap 150 mg	1	PA; MNPA
doxycycline monohydrate for susp 25 mg/5ml	1	
doxycycline monohydrate tab 50 mg	1	
doxycycline monohydrate tab 75 mg	1	
doxycycline monohydrate tab 75 mg	1	PA; MNPA
doxycycline monohydrate tab 100 mg	1	
doxycycline monohydrate tab 150 mg	1	
doxycycline monohydrate tab 150 mg	1	PA; MNPA
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg	1	
minocycline hcl cap 100 mg	1	
minocycline hcl cap er 24hr 45 mg (base equivalent)	1	PA; MNPA
minocycline hcl cap er 24hr 90 mg (base equivalent)	1	PA; MNPA
minocycline hcl cap er 24hr 135 mg (base equivalent)	1	PA; MNPA
minocycline hcl tab 50 mg	1	
minocycline hcl tab 75 mg	1	
minocycline hcl tab 100 mg	1	
minocycline hcl tab er 24hr 45 mg	1	PA; MNPA
minocycline hcl tab er 24hr 55 mg	1	PA; MNPA
minocycline hcl tab er 24hr 65 mg	1	PA; MNPA
minocycline hcl tab er 24hr 80 mg	1	PA; MNPA
minocycline hcl tab er 24hr 90 mg	1	PA; MNPA
minocycline hcl tab er 24hr 105 mg	1	PA; MNPA
minocycline hcl tab er 24hr 115 mg	1	PA; MNPA
minocycline hcl tab er 24hr 135 mg	1	PA; MNPA
MINOLIRA TAB 105MG	3	PA; MNPA
MINOLIRA TAB 135MG	3	PA; MNPA
SEYSARA TAB 60MG	3	PA; MNPA
SEYSARA TAB 100MG	3	PA; MNPA
SEYSARA TAB 150MG	3	PA; MNPA
SOLODYN TAB 55MG	3	
SOLODYN TAB 65MG	3	

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Drug Name	Drug Tier	Requirements/Limits
SOLODYN TAB 80MG	3	
SOLODYN TAB 105MG	3	
SOLODYN TAB 115MG	3	
TARGADOX TAB 50MG	3	PA; MNPA
tetracycline hcl cap 250 mg	1	
tetracycline hcl cap 500 mg	1	
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SUS 25MG/5ML	2	
VIBRAMYCIN SYP 50MG/5ML	2	
XIMINO CAP 45MG ER	3	PA; MNPA
XIMINO CAP 90MG ER	3	PA; MNPA
XIMINO CAP 135MG ER	3	PA; MNPA
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	1	
TAPAZOLE TAB 5MG	2	
TAPAZOLE TAB 10MG	2	
THYROID HORMONES		
ARMOUR THYRO TAB 15MG	3	
ARMOUR THYRO TAB 30MG	3	
ARMOUR THYRO TAB 60MG	3	
ARMOUR THYRO TAB 90MG	3	
ARMOUR THYRO TAB 120MG	3	
ARMOUR THYRO TAB 180MG	3	
ARMOUR THYRO TAB 240MG	3	
ARMOUR THYRO TAB 300MG	3	
CYTOMEL TAB 5MCG	3	PA; MNPA
CYTOMEL TAB 25MCG	3	PA; MNPA
CYTOMEL TAB 50MCG	3	PA; MNPA
LEVOTHYROXIN CAP 13MCG	1	PA; MNPA
LEVOTHYROXIN CAP 25MCG	1	PA; MNPA
LEVOTHYROXIN CAP 50MCG	1	PA; MNPA
LEVOTHYROXIN CAP 75MCG	1	PA; MNPA
LEVOTHYROXIN CAP 88MCG	1	PA; MNPA
LEVOTHYROXIN CAP 100MCG	1	PA; MNPA
LEVOTHYROXIN CAP 112MCG	1	PA; MNPA
LEVOTHYROXIN CAP 125MCG	1	PA; MNPA
LEVOTHYROXIN CAP 137MCG	1	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
LEVOTHYROXIN CAP 150MCG	1	PA; MNPA
LEVOTHYROXIN CAP 175MCG	1	PA; MNPA
LEVOTHYROXIN CAP 200MCG	1	PA; MNPA
levothyroxine sodium tab 25 mcg	1	
levothyroxine sodium tab 50 mcg	1	
levothyroxine sodium tab 75 mcg	1	
levothyroxine sodium tab 88 mcg	1	
levothyroxine sodium tab 100 mcg	1	
levothyroxine sodium tab 112 mcg	1	
levothyroxine sodium tab 125 mcg	1	
levothyroxine sodium tab 137 mcg	1	
levothyroxine sodium tab 150 mcg	1	
levothyroxine sodium tab 175 mcg	1	
levothyroxine sodium tab 200 mcg	1	
levothyroxine sodium tab 300 mcg	1	
liothyronine sodium tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg	1	
NATURE THROI TAB 162.5MG	3	PA; MNPA
NATURE-THROI TAB 16.25MG	3	PA; MNPA
NATURE-THROI TAB 32.5MG	3	PA; MNPA
NATURE-THROI TAB 48.75MG	3	PA; MNPA
NATURE-THROI TAB 65MG	3	PA; MNPA
NATURE-THROI TAB 81.25MG	3	PA; MNPA
NATURE-THROI TAB 97.5MG	3	PA; MNPA
NATURE-THROI TAB 113.75MG	3	PA; MNPA
NATURE-THROI TAB 130MG	3	PA; MNPA
NATURE-THROI TAB 146.25MG	3	PA; MNPA
NATURE-THROI TAB 195MG	3	PA; MNPA
NATURE-THROI TAB 260MG	3	PA; MNPA
NATURE-THROI TAB 325MG	3	PA; MNPA
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	

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Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
thyroid tab 15 mg (1/4 grain)	1	
thyroid tab 30 mg (1/2 grain)	1	
thyroid tab 60 mg (1 grain)	1	
thyroid tab 90 mg (1 1/2 grain)	1	
thyroid tab 120 mg (2 grain)	1	
TIROSINT CAP 13MCG	3	PA; MNPA
TIROSINT CAP 25MCG	3	PA; MNPA
TIROSINT CAP 50MCG	3	PA; MNPA
TIROSINT CAP 75MCG	3	PA; MNPA
TIROSINT CAP 88MCG	3	PA; MNPA
TIROSINT CAP 100MCG	3	PA; MNPA
TIROSINT CAP 112MCG	3	PA; MNPA
TIROSINT CAP 125MCG	3	PA; MNPA
TIROSINT CAP 137MCG	3	PA; MNPA
TIROSINT CAP 150MCG	3	PA; MNPA
TIROSINT CAP 175MCG	3	PA; MNPA
TIROSINT CAP 200	3	PA; MNPA
TIROSINT-SOL SOL 13MCG/ML	3	PA; MNPA
TIROSINT-SOL SOL 25MCG/ML	3	PA; MNPA
TIROSINT-SOL SOL 50MCG/ML	3	PA; MNPA
TIROSINT-SOL SOL 75MCG/ML	3	PA; MNPA
TIROSINT-SOL SOL 88MCG/ML	3	PA; MNPA
TIROSINT-SOL SOL 100MCG	3	PA; MNPA
TIROSINT-SOL SOL 112MCG	3	PA; MNPA
TIROSINT-SOL SOL 125MCG	3	PA; MNPA
TIROSINT-SOL SOL 137MCG	3	PA; MNPA
TIROSINT-SOL SOL 150MCG	3	PA; MNPA
TIROSINT-SOL SOL 175MCG	3	PA; MNPA
TIROSINT-SOL SOL 200MCG	3	PA; MNPA
WESTHROID TAB 32.5MG	3	PA; MNPA
WESTHROID TAB 65MG	3	PA; MNPA
WESTHROID TAB 97.5MG	3	PA; MNPA
WESTHROID TAB 130MG	3	PA; MNPA
WESTHROID TAB 195MG	3	PA; MNPA
WP THYROID TAB 16.25MG	3	PA; MNPA
WP THYROID TAB 32.5MG	3	PA; MNPA
WP THYROID TAB 48.75MG	3	PA; MNPA
WP THYROID TAB 65MG	3	PA; MNPA
WP THYROID TAB 81.25MG	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
WP THYROID TAB 97.5MG	3	PA; MNPA
WP THYROID TAB 113.75MG	3	PA; MNPA
WP THYROID TAB 130MG	3	PA; MNPA

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

ANASPAZ TAB 0.125MG	2	
BELLA/OPIUM SUP 16.2-30	3	
BELLA/OPIUM SUP 16.2-60	3	
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	1	PA; MNPA
CUVPOSA SOL 1MG/5ML	3	
dicyclomine hcl cap 10 mg	1	
dicyclomine hcl oral soln 10 mg/5ml	1	
dicyclomine hcl tab 20 mg	1	
GLYCATE TAB 1.5MG	3	PA; MNPA
GLYCOPYRROL INJ 0.2MG/ML	3	PA; MNPA
GLYCOPYRROL INJ 0.4/2ML	3	PA; MNPA
GLYCOPYRROLA TAB 1.5MG	3	PA; MNPA
glycopyrrolate tab 1 mg	1	
glycopyrrolate tab 2 mg	1	
hyoscyamine sulfate elixir 0.125 mg/5ml	1	
hyoscyamine sulfate sl tab 0.125 mg	1	
hyoscyamine sulfate soln 0.125 mg/ml	1	
hyoscyamine sulfate tab 0.125 mg	1	
hyoscyamine sulfate tab disint 0.125 mg	1	
hyoscyamine sulfate tab er 12hr 0.375 mg	1	PA; MNPA
LEVBID TAB 0.375 ER	3	
LEVSIN TAB 0.125MG	2	
LEVSIN/SL SUB 0.125MG	2	
LIBRAX CAP 5-2.5MG	3	PA; MNPA
methscopolamine bromide tab 2.5 mg	1	
methscopolamine bromide tab 5 mg	1	
SYMAX DUOTAB TAB	3	

H-2 ANTAGONISTS

cimetidine hcl soln 300 mg/5ml	1	
cimetidine tab 300 mg	1	
cimetidine tab 400 mg	1	
cimetidine tab 800 mg	1	
famotidine for susp 40 mg/5ml	1	
famotidine tab 40 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
nizatidine cap 150 mg	1	
nizatidine cap 300 mg	1	
nizatidine oral soln 15 mg/ml	1	
PEPCID TAB 40MG	3	
MISC. ANTI-ULCER		
CARAFATE SUS 1GM/10ML	3	PA; MNPA
CARAFATE TAB 1GM	3	PA; MNPA
sucralfate susp 1 gm/10ml	1	PA; MNPA
sucralfate tab 1 gm	1	
PROTON PUMP INHIBITORS		
ACIPHEX SPR CAP 5MG	3	PA, QL (90 caps / year); MNPA
ACIPHEX SPR CAP 10MG	3	PA, QL (90 caps / year); MNPA
ACIPHEX TAB 20MG	3	PA, QL (90 tabs / year); MNPA
DEXILANT CAP 30MG DR	2	QL (90 caps / year)
DEXILANT CAP 60MG DR	2	QL (90 caps / year)
ESOMEPRAZOLE CAP 49.3MG	3	PA, QL (90 caps / year); MNPA
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	QL (90 caps / year)
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	QL (90 caps / year)
esomeprazole magnesium for delayed release susp packet 10 mg	1	QL (90 packets / year)
esomeprazole magnesium for delayed release susp packet 20 mg	1	QL (90 packets / year)
esomeprazole magnesium for delayed release susp packet 40 mg	1	QL (90 packets / year)
lansoprazole cap delayed release 15 mg	1	QL (90 caps / year)
lansoprazole cap delayed release 30 mg	1	QL (90 caps / year)
lansoprazole tab delayed release orally disintegrating 15 mg	1	QL (90 ea / year)
lansoprazole tab delayed release orally disintegrating 30 mg	1	QL (90 ea / year)
NEXIUM CAP 20MG	3	PA, QL (90 caps / year); MNPA
NEXIUM CAP 40MG	3	PA, QL (90 caps / year); MNPA
NEXIUM GRA 2.5MG DR	3	PA, QL (90 packets / year); MNPA

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Drug Name	Drug Tier	Requirements/Limits
NEXIUM GRA 5MG DR	3	PA, QL (90 packets / year); MNPA
NEXIUM GRA 10MG DR	3	PA, QL (90 packets / year); MNPA
NEXIUM GRA 20MG DR	3	PA, QL (90 packets / year); MNPA
NEXIUM GRA 40MG DR	3	PA, QL (90 packets / year); MNPA
omeprazole cap delayed release 10 mg	1	QL (90 caps / year)
omeprazole cap delayed release 20 mg	1	QL (90 caps / year)
omeprazole cap delayed release 40 mg	1	QL (90 caps / year)
pantoprazole sodium ec tab 20 mg (base equiv)	1	QL (90 tabs / year)
pantoprazole sodium ec tab 40 mg (base equiv)	1	QL (90 tabs / year)
pantoprazole sodium for delayed release susp packet 40 mg	1	PA, QL (90 packets / year); MNPA
PREVACID CAP 15MG DR	3	PA, QL (90 caps / year); MNPA
PREVACID CAP 30MG DR	3	PA, QL (90 caps / year); MNPA
PREVACID TAB 15MG STB	3	PA, QL (90 ea / year); MNPA
PREVACID TAB 30MG STB	3	PA, QL (90 ea / year); MNPA
PRILOSEC POW 2.5MG	3	PA, QL (90 packets / year); MNPA
PRILOSEC POW 10MG	3	PA, QL (90 packets / year); MNPA
PROTONIX PAK 40MG	3	PA, QL (90 packets / year); MNPA
PROTONIX TAB 20MG	3	PA, QL (90 tabs / year); MNPA
PROTONIX TAB 40MG	3	PA, QL (90 tabs / year); MNPA
RABEPRAZOLE CAP 10MG DR	3	QL (90 caps / year)
rabeprazole sodium ec tab 20 mg	1	QL (90 tabs / year)
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG	2	
CYTOTEC TAB 200MCG	2	
misoprostol tab 100 mcg	1	
misoprostol tab 200 mcg	1	

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Drug Name	Drug Tier	Requirements/Limits
ULCER THERAPY COMBINATIONS		
amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack	1	
HELIDAC MIS THERAPY	3	PA; MNPA
OMECLAMOX- MIS PAK	3	
omeprazole-sodium bicarbonate cap 20-1100 mg	1	PA, QL (90 caps / year); MNPA
omeprazole-sodium bicarbonate cap 40-1100 mg	1	PA, QL (90 caps / year); MNPA
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg	1	PA, QL (90 packets / year); MNPA
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg	1	PA, QL (90 packets / year); MNPA
PYLERA CAP	2	
TALICIA CAP	3	
ZEGERID CAP 20-1100	3	PA, QL (90 caps / year); MNPA
ZEGERID CAP 40-1100	3	PA, QL (90 caps / year); MNPA
ZEGERID POW 20-1680	3	PA, QL (90 packets / year); MNPA
ZEGERID POW 40-1680	3	PA, QL (90 packets / year); MNPA
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	1	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	1	
DETROL LA CAP 2MG	3	PA; MNPA
DETROL LA CAP 4MG	3	PA; MNPA
DETROL TAB 1MG	3	
DETROL TAB 2MG	3	
DITROPAN XL TAB 5MG	3	
DITROPAN XL TAB 10MG	3	
ENABLEX TAB 7.5MG	3	PA; MNPA
GELNIQUE GEL 10%	3	
oxybutynin chloride syrup 5 mg/5ml	1	
oxybutynin chloride tab 5 mg	1	
oxybutynin chloride tab er 24hr 5 mg	1	
oxybutynin chloride tab er 24hr 10 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
oxybutynin chloride tab er 24hr 15 mg	1	
OXYTROL DIS 3.9MG/24	3	PA; MNPA
solifenacin succinate tab 5 mg	1	
solifenacin succinate tab 10 mg	1	
tolterodine tartrate cap er 24hr 2 mg	1	
tolterodine tartrate cap er 24hr 4 mg	1	
tolterodine tartrate tab 1 mg	1	
tolterodine tartrate tab 2 mg	1	
TOVIAZ TAB 4MG	2	
TOVIAZ TAB 8MG	2	
trospium chloride cap er 24hr 60 mg	1	
trospium chloride tab 20 mg	1	
VESICARE LS SUS 5MG/5ML	3	
VESICARE TAB 5MG	3	
VESICARE TAB 10MG	3	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ SUS 8MG/ML	2	
MYRBETRIQ TAB 25MG	2	
MYRBETRIQ TAB 50MG	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride tab 5 mg	1	
bethanechol chloride tab 10 mg	1	
bethanechol chloride tab 25 mg	1	
bethanechol chloride tab 50 mg	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tab 100 mg	1	
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
INTRAROSA SUP 6.5MG	3	PA; MNPA
SPERMICIDES		
ENCARE SUP 100MG	0	
GYNOL II GEL 3%	0	
nonoxynol-9 gel 4%	0	
SHUR-SEAL GEL 2%	0	
TODAY SPONGE MIS	0	
VCF VAGINAL AER CONTRACP	0	
VCF VAGINAL MIS CONTRACP	0	
VAGINAL ANTI-INFECTIVES		
CLEOCIN CRE 2% VAG	2	
CLEOCIN SUP 100MG	3	

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Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate vaginal cream 2%	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	
metronidazole vaginal gel 0.75%	1	
miconazole nitrate vaginal suppos 200 mg	1	
NUVESSA GEL 1.3%	3	PA; MNPA
terconazole vaginal cream 0.4%	1	
terconazole vaginal cream 0.8%	1	
terconazole vaginal suppos 80 mg	1	
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ESTRACE VAG CRE 0.01%	3	
estradiol vaginal cream 0.1 mg/gm	1	
ESTRING MIS 2MG	3	PA; MNPA
FEMRING MIS 0.1MG/24	3	PA; MNPA
FEMRING MIS 0.05/24H	3	PA; MNPA
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
PREMARIN VAG CRE 0.625MG	3	PA; MNPA
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CRINONE GEL 8% VAG	2	
ENDOMETRIN SUP 100MG	2	
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ANAPHYLAXIS THERAPY AGENTS		
ADRENALIN INJ 1MG/ML	3	
ADRENALIN INJ 30/30ML	3	
AUVI-Q INJ 0.1MG	3	PA, QL (3 pens / 300 days); MNPA
AUVI-Q INJ 0.3MG	3	PA, QL (6 pens / 300 days); MNPA
AUVI-Q INJ 0.15MG	3	PA, QL (3 pens / 300 days); MNPA
EPINEPHR PRO KIT 1MG/ML	3	PA, QL (6 kits / 300 days); MNPA
epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)	1	
EPINEPHRINE KIT 1MG/ML	3	PA, QL (6 kits / 300 days); MNPA

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	QL (6 pens / 300 days)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	1	QL (6 pens / 300 days)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1	QL (3 pens / 300 days)
EPINPHEPHRIN KIT SNAP-V	3	PA, QL (6 kits / 300 days); MNPA
EPIPEN 2-PAK INJ 0.3MG	2	QL (6 pens / 300 days)
EPIPEN-JR INJ 0.15MG	2	QL (6 pens / 300 days)
SYMJEPI INJ 0.3MG	2	QL (3 syringes / 300 days)
SYMJEPI INJ 0.15MG	2	QL (6 syringes / 300 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap 100 mg	1	PA, QL (90 CAPSULES PER 30 DAYS)
droxidopa cap 200 mg	1	PA, QL (180 CAPSULES PER 30 DAYS)
droxidopa cap 300 mg	1	PA, QL (180 CAPSULES PER 30 DAYS)
VASOPRESSORS		
EPINEPHRINE INJ 0.2MG	3	
EPINEPHRINE INJ 1MG/10ML	3	
EPINEPHRINE INJ 1MG/ML	3	
midodrine hcl tab 2.5 mg	1	
midodrine hcl tab 5 mg	1	
midodrine hcl tab 10 mg	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
DRISDOL CAP 50000UNT	3	
ERGOCAL CAP 2500UNIT	3	PA; MNPA
ergocalciferol cap 1.25 mg (50000 unit)	1	
MEPHYTON TAB 5MG	3	
phytonadione tab 5 mg	1	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

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(UPDATED 8/5/19)

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Civil Rights Coordinator, Corporate Office of Civil Rights

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

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
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አማርኛ(Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀነ-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላል። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ እገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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