

Kaiser Permanente Medicare Advantage (HMO) Part D Formulary

2020 Comprehensive Formulary

(List of Covered Drugs)

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

This formulary was updated on 09/17/2019. For more recent information or other questions, please contact the number for your Kaiser Permanente Medicare Advantage Member Services at 1-888-901-4600 or, for TTY users, 1-800-833-6388 or 711, seven days a week, 8 a.m. to 8 p.m, or visit kp.org/wa/medicare.



H5050_RXFORM_2020_Final01_C

HPMS Approved Formulary File Submission 00020512, Version 6

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Kaiser Permanente. When it refers to “plan” or “our plan,” it means Kaiser Permanente Medicare Advantage.

This document includes a list of the drugs (formulary) for our plan which is current as of September 17, 2019. For an updated formulary, please visit our website at kp.org/wa/medicare/formulary or contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. The formulary and pharmacy network may change at any time. You will receive notice when necessary.

What is the Kaiser Permanente Formulary?

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

Can the formulary (drug list) change?

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

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

New generic drugs. We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Kaiser Permanente Formulary?”

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

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Kaiser Permanente Formulary?”

Changes that will not affect you if you are currently taking the drug.

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

The enclosed formulary is current as of September 17, 2020. To get updated information about the drugs covered by our plan, please call us. Our contact information appears on the front and back cover pages.

In the event of a midyear non-maintenance formulary change, we will provide details in the Medicare Part D **Explanation of Benefits** that we send you or **Provision of Notice** posted at kp.org/wa/medicare/formulary.

How do I use the formulary?

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

Medical condition

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

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the index that begins on page 97. The index provides an alphabetical list of all of the drugs included in this document. Preferred generic and generic drugs, preferred brand-name and nonpreferred brand-name drugs, specialty-tier drugs, and injectable vaccines are listed in the index. Look in the index and

find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs. Cost sharing for preferred generic drugs may be different than for generic drugs. Please see your **Evidence of Coverage** for more information.

What are brand-name drugs?

Brand-name drugs are manufactured and sold by the pharmaceutical company that originally researched and developed the drug. When the patent on a brand-name drug expires, other pharmaceutical companies may manufacture and sell an FDA-approved generic version of the drug with the same active ingredient(s) at lower prices. Cost sharing for preferred brand-name drugs may be different than for nonpreferred brand-name drugs. Please see your **Evidence of Coverage** for more information.

What are specialty-tier drugs?

Specialty-tier drugs are very high-cost drugs approved by the FDA that are on our formulary.

What are injectable Part D vaccines?

Part D vaccines are certain injectable vaccines that are covered under Medicare Part D (for example, Zostavax for shingles, Adacel for Diphtheria, Tetanus, and Pertussis, which are approved by the FDA).

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan may require you or your network provider to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that Kaiser Permanente will cover. For example, our plan provides two inhalers (17 grams) for a one-month supply per prescription for PROAIR HFA. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Note: For Tier 5 drugs, we limit the amount of an extended day supply (amounts that exceed a 30-day supply) that you can receive.

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

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

What if my drug is not on the formulary?

If your drug is not included on this formulary (list of covered drugs), you should first check our Kaiser Permanente 2020 Comprehensive Formulary at kp.org/wa/medicare/formulary or call our plan at the number listed on the front and back cover pages and confirm if your drug is covered.

If your Medicare Part D prescription drug is not on our **Kaiser Permanente 2020 Comprehensive Formulary**, you have two options:

- You can ask your network provider to prescribe a similar drug that is included on our formulary.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Kaiser Permanente Formulary?

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

- You can ask us to cover a drug even if it is not on our **Kaiser Permanente 2020 Comprehensive Formulary**. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- In accord with our tiering exception process, you can ask us to cover a Part D formulary drug at a lower cost-sharing level. If approved this would lower the amount you must pay for your drug. **Note:** Specialty tier (Tier 5) drugs are not eligible for a tier exception.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as

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

Please note: You can only request an exception for drugs that are considered Medicare Part D prescription drugs by the Centers for Medicare & Medicaid Services (CMS). You cannot get an exception for drugs that are excluded under Medicare Part D. Please refer to your **Evidence of Coverage** for more information about requesting exceptions, including the appeals process.

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

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

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

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

For current members with level of care changes, if you enter into or are discharged from a hospital, skilled nursing facility, or long-term care facility to a different care setting or home, this is what is known as a level of care change. When your level of care changes, you may require an additional fill of your medication. We will generally cover up to a one-month supply of your Part D drugs during this level of care transition period even if the drug is not on our Drug List.

For more information

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

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

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

Kaiser Permanente's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the index that begins on page 97.

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

The second column, "Drug Tier," will indicate what tier number the drug is in:

Tier 1 – Preferred generic drugs

Tier 2 – Generic drugs (the tier includes some brand-name drugs)

Tier 3 – Preferred brand-name drugs

Tier 4 – Nonpreferred brand-name drugs (the tier includes some generic drugs)

Tier 5 – Specialty-tier drugs (the tier includes both generic and brand-name drugs)

Tier 6 – Injectable Part D vaccines (the tier includes brand-name drugs only)

Generally, the cost sharing you will pay for your drugs depends on your coverage stage, the type of network pharmacy where you purchase your drugs, and your drug's cost-sharing tier on our formulary. Please refer to your **Evidence of Coverage** for the details about your Medicare Part D prescription drug coverage, including your cost-sharing amounts.

Note: If your coverage is through an employer-sponsored group plan, you may have different drug benefits and cost sharing, and you may have coverage for other drugs that are not covered by Medicare Part D (non-Part D drugs). The amount you pay for non-Part D drugs does not count toward your total out-of-pocket expenditures, and if you are receiving Extra Help to pay for your Medicare Part D prescription drugs, you will not receive any Extra Help to pay for non-Part D drugs. Please check with your group benefits administrator or see your **Evidence of Coverage**.

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug. Certain strengths or forms of the drug may be subject to the utilization management codes listed below.

PA = Prior authorization restriction. You (or your physician) are required to prior authorization from our plan before you fill your prescription for this drug. Without prior approval, we may not cover this drug

B/D = Prior authorization restriction for Part B vs. Part D determination. This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from our plan to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

QL = Quantity limit restriction. Our plan limits the amount of this drug that is covered per prescription, or within a specific time frame.

ST = Step therapy restriction. Before our plan will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

* = Non-mail order drug. Drugs not available via your mail order benefit are noted with asterisk (*) in the Requirements/Limits column of this formulary. Additional drugs may not be available for mail order.

HI = Home infusion drug. This prescription drug is covered under our medical benefit. For more information, please call Kaiser Permanente at the number listed on the front and back cover page

Drug Name	Drug Tier	Requirements/ Limits
ANTI-HISTAMINE DRUGS		
ANTI-HISTAMINE DRUGS		
carbinoxamine maleate oral solution	2	
carbinoxamine maleate oral tablet 4 mg	2	
cetirizine hcl oral solution 1 mg/ml	2	
CLARINEX ORAL SYRUP 0.5 MG/ML	4	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	4	
clemastine fumarate oral tablet 2.68 mg	2	
cyproheptadine hcl oral syrup	2	
cyproheptadine hcl oral tablet	2	
desloratadine oral tablet	2	
desloratadine oral tablet dispersible	2	
dexchlorpheniramine maleate oral solution	2	
levocetirizine dihydrochloride oral solution	2	
levocetirizine dihydrochloride oral tablet	2	
phenadoz rectal suppository 12.5 mg	2	
promethazine hcl oral syrup	2	
promethazine hcl oral tablet	2	

Drug Name	Drug Tier	Requirements/ Limits
promethazine hcl rectal suppository	2	
promethazine-phenylephrine oral syrup	2	
promethegan rectal suppository 25 mg, 50 mg	2	
ryclora oral solution	2	
ryvent oral tablet	2	
SEMPREX-D ORAL CAPSULE	4	
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
albendazole oral tablet	2	
ALBENZA ORAL TABLET	5	
emverm oral tablet chewable	2	
ivermectin oral tablet	2	
praziquantel oral tablet	2	
ANTIBACTERIALS		
amikacin sulfate injection solution 500 mg/2ml	2	HI; *
amoxicillin oral capsule	2	
amoxicillin oral suspension reconstituted	2	
amoxicillin oral tablet	2	
amoxicillin oral tablet chewable	2	
amoxicillin-potassium clavulanate er oral tablet extended release 12 hour	2	

Formulary ID 20512 Effective Date: 1/1/2020

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

Drug Name	Drug Tier	Requirements/ Limits
amoxicillin-potassium clavulanate oral suspension reconstituted	2	
amoxicillin-potassium clavulanate oral tablet	2	
amoxicillin-potassium clavulanate oral tablet chewable	2	
ampicillin oral capsule	2	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	2	HI; *
ampicillin sodium intravenous solution reconstituted 10 gm	2	HI; *
ampicillin-sulbactam sodium injection solution reconstituted	2	HI; *
ARIKAYCE INHALATION SUSPENSION	5	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	4	HI; *
AZACTAM INJECTION SOLUTION RECONSTITUTED	3	HI; *
azithromycin intravenous solution reconstituted	2	HI; *
AZITHROMYCIN ORAL PACKET	3	

Drug Name	Drug Tier	Requirements/ Limits
azithromycin oral suspension reconstituted	2	
azithromycin oral tablet	2	
aztreonam injection solution reconstituted 1 gm	2	HI; *
BACTOCILL IN DEXTROSE INTRAVENOUS SOLUTION	3	HI; *
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	4	HI
BAXDELA ORAL TABLET	4	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	4	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION	3	
cefaclor er oral tablet extended release 12 hour	2	
cefaclor oral capsule	2	
cefaclor oral suspension reconstituted	2	
cefadroxil oral capsule	2	
cefadroxil oral suspension reconstituted	2	
cefadroxil oral tablet	2	

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Drug Name	Drug Tier	Requirements/ Limits
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	2	HI; *
cefdinir oral capsule	2	
cefdinir oral suspension reconstituted	2	
cefepime hcl injection solution reconstituted	2	HI; *
cefixime oral suspension reconstituted	2	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	2	HI; *
cefoxitin sodium injection solution reconstituted	2	HI; *
cefoxitin sodium intravenous solution reconstituted 1 gm	2	HI
cefoxitin sodium intravenous solution reconstituted 2 gm	2	HI; *
cefpodoxime proxetil oral suspension reconstituted	2	
cefpodoxime proxetil oral tablet	2	
cefprozil oral suspension reconstituted	2	
cefprozil oral tablet	2	
ceftazidime injection solution reconstituted	2	HI; *
CEFTIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML	3	

Drug Name	Drug Tier	Requirements/ Limits
ceftriaxone sodium injection solution reconstituted 1 gm, 250 mg, 500 mg	2	HI; *
ceftriaxone sodium injection solution reconstituted 2 gm	2	HI
ceftriaxone sodium intravenous solution reconstituted 10 gm	2	HI
cefuroxime axetil oral tablet	2	
cefuroxime sodium injection solution reconstituted	2	HI
cefuroxime sodium intravenous solution reconstituted	2	HI
cephalexin oral capsule	2	
cephalexin oral suspension reconstituted	2	
cephalexin oral tablet	2	
ciprofloxacin hcl oral tablet	2	
ciprofloxacin in d5w intravenous solution 200 mg/100ml	2	HI; *
ciprofloxacin oral suspension reconstituted	2	
ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg	2	
clarithromycin er oral tablet extended release 24 hour	2	
clarithromycin oral suspension reconstituted	2	

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Drug Name	Drug Tier	Requirements/ Limits
clarithromycin oral tablet	2	
cleocin oral solution reconstituted	2	
clindamycin hcl oral capsule	2	
clindamycin palmitate hcl oral solution reconstituted	2	
clindamycin phosphate in d5w intravenous solution	2	HI; *
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	2	HI; *
colistimethate sodium (cba) injection solution reconstituted	2	HI; *
CUBICIN INTRAVENOUS SOLUTION RECONSTITUTED	5	HI; *
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	5	HI; *
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	5	HI; *
daptomycin intravenous solution reconstituted 500 mg	2	HI
demeclocycline hcl oral tablet	2	
dicloxacillin sodium oral capsule	2	
DIFICID ORAL TABLET	5	

Drug Name	Drug Tier	Requirements/ Limits
DORYX MPC ORAL TABLET DELAYED RELEASE	4	
doxy 100 intravenous solution reconstituted	2	HI; *
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	2	
doxycycline hyclate oral tablet delayed release	2	
doxycycline monohydrate oral capsule	2	
doxycycline monohydrate oral suspension reconstituted	2	
doxycycline monohydrate oral tablet	2	
e.e.s. 400 oral tablet	2	
ertapenem sodium injection solution reconstituted	2	HI; *
ery-tab oral tablet delayed release	2	
erythrocin lactobionate intravenous solution reconstituted	2	HI
erythrocin stearate oral tablet	2	
erythromycin base oral capsule delayed release particles	2	
erythromycin base oral tablet	2	

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Drug Name	Drug Tier	Requirements/ Limits
erythromycin ethylsuccinate oral suspension reconstituted	2	
erythromycin ethylsuccinate oral tablet	2	
FIRVANQ ORAL SOLUTION RECONSTITUTED	4	
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%	2	HI; *
gentamicin sulfate injection solution 40 mg/ml	2	HI; *
imipenem-cilastatin intravenous solution reconstituted	2	HI; *
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	2	HI; *
levofloxacin intravenous solution	2	HI
levofloxacin oral solution	2	
levofloxacin oral tablet	2	
linezolid intravenous solution	2	HI; *
linezolid oral suspension reconstituted	2	
linezolid oral tablet	2	
meropenem intravenous solution reconstituted	2	HI

Drug Name	Drug Tier	Requirements/ Limits
minocycline hcl er oral tablet extended release 24 hour	2	
minocycline hcl oral capsule	2	
minocycline hcl oral tablet	2	
mondoxyne nl oral capsule	2	
morgidox oral capsule 50 mg	2	
moxifloxacin hcl in nacl intravenous solution	2	HI; *
moxifloxacin hcl oral tablet	2	
nafcillin sodium injection solution reconstituted 1 gm	2	HI; *
nafcillin sodium injection solution reconstituted 2 gm	2	
nafcillin sodium intravenous solution reconstituted 10 gm	2	HI
neomycin sulfate oral tablet	2	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	5	HI; *
NUZYRA ORAL TABLET	5	
ofloxacin oral tablet	2	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED	5	*
oxacillin sodium injection solution reconstituted	2	HI; *

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Drug Name	Drug Tier	Requirements/ Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML	3	HI; *
penicillin g potassium injection solution reconstituted 20000000 unit	2	HI
penicillin g procaine intramuscular suspension	2	
penicillin g sodium injection solution reconstituted	2	HI
penicillin v potassium oral solution reconstituted	2	
penicillin v potassium oral tablet	2	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 40.5 (36-4.5) gm	2	HI
piperacillin sod-tazobactam so intravenous solution reconstituted 4.5 (4-0.5) gm	2	HI; *
polymyxin b sulfate injection solution reconstituted	2	HI; *
SEYSARA ORAL TABLET	5	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	5	HI; *

Drug Name	Drug Tier	Requirements/ Limits
SIVEXTRO ORAL TABLET	5	*
soloxide oral tablet delayed release 150 mg	2	
streptomycin sulfate intramuscular solution reconstituted	2	
sulfadiazine oral tablet	2	
sulfamethoxazole-trimethoprim oral suspension	2	
sulfamethoxazole-trimethoprim oral tablet	2	
sulfasalazine oral tablet	2	
sulfasalazine oral tablet delayed release	2	
SUPRAX ORAL CAPSULE	4	
suprax oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	4	
suprax oral tablet chewable	2	
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED	3	*
targadox oral tablet	2	
tazicef injection solution reconstituted	2	HI; *
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	4	HI; *
tetracycline hcl oral capsule	2	

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Drug Name	Drug Tier	Requirements/ Limits
tigecycline intravenous solution reconstituted	2	HI
tobramycin sulfate injection solution 10 mg/ml	2	HI; *
tobramycin sulfate injection solution 80 mg/2ml	2	HI
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	4	HI
VANCOCIN HCL ORAL CAPSULE	5	
vancomycin hcl intravenous solution reconstituted 1 gm	2	HI
vancomycin hcl intravenous solution reconstituted 10 gm, 500 mg	2	HI; *
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	4	*
vancomycin hcl intravenous solution reconstituted 750 mg	2	*
vancomycin hcl oral capsule	2	
VIBRAMYCIN ORAL SYRUP	4	
XENLETA INTRAVENOUS SOLUTION	5	
XENLETA ORAL TABLET	5	
XIFAXAN ORAL TABLET	5	

Drug Name	Drug Tier	Requirements/ Limits
ZEMDRI INTRAVENOUS SOLUTION	5	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	4	HI; *
ZITHROMAX ORAL PACKET	4	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	4	HI; *
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML	5	*
ZYVOX INTRAVENOUS SOLUTION 600 MG/300ML	5	HI; *
ZYVOX ORAL SUSPENSION RECONSTITUTED	5	
ZYVOX ORAL TABLET	5	
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION	4	HI; *
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	5	HI; *
amphotericin b intravenous solution reconstituted	2	HI
ANCOBON ORAL CAPSULE	5	

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Drug Name	Drug Tier	Requirements/ Limits
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED	5	HI; *
casposfungin acetate intravenous solution reconstituted	5	HI; *
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED	5	*
CRESEMBA ORAL CAPSULE	5	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	4	HI; *
fluconazole in sodium chloride intravenous solution	2	HI; *
fluconazole oral suspension reconstituted	2	
fluconazole oral tablet	2	
flucytosine oral capsule	5	
griseofulvin microsize oral suspension	2	
griseofulvin microsize oral tablet	2	
griseofulvin ultramicrosize oral tablet	2	
itraconazole oral capsule	2	
itraconazole oral solution	2	
ketoconazole oral tablet	2	

Drug Name	Drug Tier	Requirements/ Limits
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	4	HI; *
NOXAFIL ORAL SUSPENSION	5	
NOXAFIL ORAL TABLET DELAYED RELEASE	5	
nystatin mouth/throat suspension	2	
nystatin oral tablet	2	
posaconazole oral tablet delayed release	5	
terbinafine hcl oral tablet	2	
TOLSURA ORAL CAPSULE	5	
VFEND ORAL SUSPENSION RECONSTITUTED	5	
VFEND ORAL TABLET	5	
voriconazole intravenous solution reconstituted	2	HI
voriconazole oral suspension reconstituted	2	
voriconazole oral tablet	2	
ANTIMYCOBACTERIA LS		
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED	3	
dapsone oral tablet	2	
ethambutol hcl oral tablet	2	
isoniazid oral syrup	2	
isoniazid oral tablet	2	

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Drug Name	Drug Tier	Requirements/ Limits
paser oral packet	2	
PRIFTIN ORAL TABLET	4	
pyrazinamide oral tablet	2	
rifabutin oral capsule	2	
RIFADIN ORAL CAPSULE 150 MG	2	
rifamate oral capsule	2	
rifampin intravenous solution reconstituted	2	HI
rifampin oral capsule	2	
RIFATER ORAL TABLET	4	
SIRTURO ORAL TABLET	5	
TRECTOR ORAL TABLET	4	
ANTIPROTOZOALS		
ALINIA ORAL SUSPENSION RECONSTITUTED	3	
ALINIA ORAL TABLET	3	
atovaquone oral suspension	5	
atovaquone-proguanil hcl oral tablet	2	
BENZNIDAZOLE ORAL TABLET	4	
chloroquine phosphate oral tablet	2	
COARTEM ORAL TABLET	3	
DARAPRIM ORAL TABLET	3	
hydroxychloroquine sulfate oral tablet	2	
IMPAVIDO ORAL CAPSULE	5	

Drug Name	Drug Tier	Requirements/ Limits
mefloquine hcl oral tablet	2	
MEPRON ORAL SUSPENSION	5	
metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%	2	HI
metronidazole oral capsule	2	
metronidazole oral tablet	2	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	3	B/D
paromomycin sulfate oral capsule	2	
primaquine phosphate oral tablet	2	
quinine sulfate oral capsule	2	
SOLOSEC ORAL PACKET	4	
tinidazole oral tablet	2	
ANTIVIRALS		
abacavir sulfate oral solution	2	
abacavir sulfate oral tablet	2	
abacavir sulfate- lamivudine oral tablet	2	
abacavir-lamivudine- zidovudine oral tablet	2	
acyclovir oral capsule	2	
acyclovir oral suspension	2	
acyclovir oral tablet	2	
acyclovir sodium intravenous solution	2	HI; *

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Drug Name	Drug Tier	Requirements/ Limits
adefovir dipivoxil oral tablet	5	
APTIVUS ORAL CAPSULE	3	
APTIVUS ORAL SOLUTION	3	
atazanavir sulfate oral capsule	2	
ATRIPLA ORAL TABLET	4	
BARACLUDE ORAL SOLUTION	3	
BARACLUDE ORAL TABLET	5	
BIKTARVY ORAL TABLET	3	
CIMDUO ORAL TABLET	2	
COMBIVIR ORAL TABLET	4	
COMPLERA ORAL TABLET	3	
CRIXIVAN ORAL CAPSULE	3	
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG	5	PA
DELSTRIGO ORAL TABLET	4	
DESCOVY ORAL TABLET	3	
didanosine oral capsule delayed release	2	
DOVATO ORAL TABLET	4	
EDURANT ORAL TABLET	3	
efavirenz oral capsule	2	
efavirenz oral tablet	2	

Drug Name	Drug Tier	Requirements/ Limits
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	3	
entecavir oral tablet	2	
EPCLUSA ORAL TABLET	5	PA
EPIVIR HBV ORAL SOLUTION	3	
EPIVIR ORAL SOLUTION	4	
EPIVIR ORAL TABLET	4	
EPZICOM ORAL TABLET	4	
EVOTAZ ORAL TABLET	4	
famciclovir oral tablet	2	
fosamprenavir calcium oral tablet	2	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
GENVOYA ORAL TABLET	3	
HARVONI ORAL TABLET	5	PA; QL (30 EA per 30 days)
HEPSERA ORAL TABLET	5	
INTELENCE ORAL TABLET	3	
INVIRASE ORAL CAPSULE 200 MG	3	
INVIRASE ORAL TABLET	3	
ISENTRESS HD ORAL TABLET	3	
ISENTRESS ORAL PACKET	3	

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Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS ORAL TABLET	3	
ISENTRESS ORAL TABLET CHEWABLE	3	
JULUCA ORAL TABLET	3	
KALETRA ORAL TABLET	3	
lamivudine oral solution	2	
lamivudine oral tablet	2	
lamivudine-zidovudine oral tablet	2	
ledipasvir-sofosbuvir oral tablet	5	PA; QL (30 EA per 30 days)
LEXIVA ORAL SUSPENSION	4	
LEXIVA ORAL TABLET	4	
lopinavir-ritonavir oral solution	2	
MAVYRET ORAL TABLET	5	PA
nevirapine er oral tablet extended release 24 hour	2	
nevirapine oral suspension	2	
nevirapine oral tablet	2	
NORVIR ORAL CAPSULE 100 MG	3	
NORVIR ORAL PACKET	4	
NORVIR ORAL SOLUTION	3	
NORVIR ORAL TABLET	4	
ODEFSEY ORAL TABLET	3	

Drug Name	Drug Tier	Requirements/ Limits
OLYSIO ORAL CAPSULE 150 MG	5	QL (28 EA per 28 days)
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION	5	
PEGASYS SUBCUTANEOUS SOLUTION	5	
PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS KIT 120 MCG/0.5ML	5	
PEGINTRON SUBCUTANEOUS KIT	5	
PIFELTRO ORAL TABLET	4	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (2 ML per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (2 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (2 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (2 ML per 28 days)

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Drug Name	Drug Tier	Requirements/ Limits
PREVYMIS INTRAVENOUS SOLUTION	5	*
PREVYMIS ORAL TABLET	5	
PREZCOBIX ORAL TABLET	3	
PREZISTA ORAL SUSPENSION	3	
PREZISTA ORAL TABLET	3	
RAPIVAB INTRAVENOUS SOLUTION	5	*
REBETOL ORAL SOLUTION 40 MG/ML	4	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
RESCRIPTOR ORAL TABLET	3	
RETROVIR INTRAVENOUS SOLUTION	3	*
RETROVIR ORAL CAPSULE	4	
RETROVIR ORAL SYRUP	4	
REYATAZ ORAL CAPSULE	4	
REYATAZ ORAL PACKET	4	
ribasphere oral capsule	2	
ribasphere oral tablet 600 mg	2	
ribasphere ribapak oral tablet 600 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
ribasphere ribapak oral tablet therapy pack 400 & 600 mg	2	
ribavirin oral capsule	2	
ribavirin oral tablet	2	
rimantadine hcl oral tablet	2	
ritonavir oral tablet	2	
SELZENTRY ORAL SOLUTION	4	
SELZENTRY ORAL TABLET	3	
sofosbuvir-velpatasvir oral tablet	5	PA
SOVALDI ORAL TABLET	5	PA; QL (30 EA per 30 days)
stavudine oral capsule	2	
STRIBILD ORAL TABLET	3	
SUSTIVA ORAL CAPSULE	4	
SUSTIVA ORAL TABLET	4	
SYMFI LO ORAL TABLET	2	
SYMFI ORAL TABLET	2	
SYMTUZA ORAL TABLET	4	
SYNAGIS INTRAMUSCULAR SOLUTION	5	*
tenofovir disoproxil fumarate oral tablet	2	
TIVICAY ORAL TABLET	3	
TRIUMEQ ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements/ Limits
TRIZIVIR ORAL TABLET	4	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	
TRUVADA ORAL TABLET 200-300 MG	3	
TYBOST ORAL TABLET	3	
valacyclovir hcl oral tablet	2	
VALCYTE ORAL TABLET	5	
valganciclovir hcl oral solution reconstituted	2	
valganciclovir hcl oral tablet	2	
VEMLIDY ORAL TABLET	5	
VIDEX EC ORAL CAPSULE DELAYED RELEASE	4	
VIDEX ORAL SOLUTION RECONSTITUTED	3	
VIEKIRA PAK ORAL TABLET THERAPY PACK	5	PA
VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200-8.33-50- 33.33 MG	5	
VIRACEPT ORAL TABLET	3	
VIRAMUNE ORAL SUSPENSION	4	
VIRAMUNE ORAL TABLET	4	

Drug Name	Drug Tier	Requirements/ Limits
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG	3	
VIREAD ORAL TABLET 200 MG, 250 MG, 300 MG	4	
VOSEVI ORAL TABLET	5	PA
XOFLUZA ORAL TABLET THERAPY PACK	4	
ZEPATIER ORAL TABLET	5	PA
ZERIT ORAL CAPSULE	4	
ZIAGEN ORAL SOLUTION	4	
ZIAGEN ORAL TABLET	4	
zidovudine oral capsule	2	
zidovudine oral syrup	2	
zidovudine oral tablet	2	
URINARY ANTI- INFECTIVES		
methenamine hippurate oral tablet	2	
MONUROL ORAL PACKET	4	
nitrofurantoin macrocrystal oral capsule	2	
nitrofurantoin monohydrate macrocrystals oral capsule	2	
nitrofurantoin oral suspension	2	

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Drug Name	Drug Tier	Requirements/ Limits
trimethoprim oral tablet	2	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
abiraterone acetate oral tablet	5	
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED	3	*
AFINITOR DISPERZ ORAL TABLET SOLUBLE	5	
AFINITOR ORAL TABLET	5	
ALECENSA ORAL CAPSULE	5	
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	*
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED	5	*
ALUNBRIG ORAL TABLET	5	
ALUNBRIG ORAL TABLET THERAPY PACK	5	
anastrozole oral tablet	2	
ARZERRA INTRAVENOUS CONCENTRATE	5	*
AVASTIN INTRAVENOUS SOLUTION	5	*

Drug Name	Drug Tier	Requirements/ Limits
BALVERSA ORAL TABLET	5	
BAVENCIO INTRAVENOUS SOLUTION	5	*
BCG VACCINE INJECTION INJECTABLE	3	*
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED	5	*
belrapzo intravenous solution	5	*
BENDAMUSTINE HCL INTRAVENOUS SOLUTION	5	*
BENDEKA INTRAVENOUS SOLUTION	5	*
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED	5	*
bexarotene oral capsule	5	
bicalutamide oral tablet	2	
BICNU INTRAVENOUS SOLUTION RECONSTITUTED	3	*
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED	5	*
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED	3	*
BOSULIF ORAL TABLET	5	
BRAFTOVI ORAL CAPSULE	5	

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Drug Name	Drug Tier	Requirements/ Limits
CABOMETYX ORAL TABLET	5	
CALQUENCE ORAL CAPSULE	5	
CAPRELSA ORAL TABLET	3	
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	5	*
cladribine intravenous solution	2	B/D; *
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	5	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	5	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	5	PA
COPIKTRA ORAL CAPSULE	5	
COTELLIC ORAL TABLET	5	
cyclophosphamide oral capsule	2	B/D
CYRAMZA INTRAVENOUS SOLUTION	5	*
DARZALEX INTRAVENOUS SOLUTION	5	*
DAURISMO ORAL TABLET	5	
DOCETAXEL (NON-ALCOHOL) INTRAVENOUS SOLUTION 160 MG/8ML, 20 MG/ML, 80 MG/4ML	5	*

Drug Name	Drug Tier	Requirements/ Limits
DROXIA ORAL CAPSULE	4	
ELIGARD SUBCUTANEOUS KIT	4	
ELZONRIS INTRAVENOUS SOLUTION	5	
EMCYT ORAL CAPSULE	3	
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED	5	*
ERBITUX INTRAVENOUS SOLUTION	3	*
ERIVEDGE ORAL CAPSULE	5	
ERLEADA ORAL TABLET	5	
erlotinib hcl oral tablet	5	
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED	5	*
exemestane oral tablet	2	
FARESTON ORAL TABLET	5	PA
FARYDAK ORAL CAPSULE	5	
FASLODEX INTRAMUSCULAR SOLUTION	5	*
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	*
flutamide oral capsule	2	
fulvestrant intramuscular solution	5	

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Drug Name	Drug Tier	Requirements/ Limits
GAZYVA INTRAVENOUS SOLUTION	5	*
GILOTRIF ORAL TABLET	5	
GLEEVEC ORAL TABLET	5	
GLEOSTINE ORAL CAPSULE 10 MG, 5 MG	3	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	5	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	5	*
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED	5	*
HEXALEN ORAL CAPSULE 50 MG	5	
hydroxyurea oral capsule	2	
IBRANCE ORAL CAPSULE	5	
ICLUSIG ORAL TABLET	5	
IDHIFA ORAL TABLET	5	
imatinib mesylate oral tablet	2	
IMBRUVICA ORAL CAPSULE	5	
IMBRUVICA ORAL TABLET	5	
IMFINZI INTRAVENOUS SOLUTION	5	*

Drug Name	Drug Tier	Requirements/ Limits
INFUGEM INTRAVENOUS SOLUTION	5	*
INLYTA ORAL TABLET	5	
INREBIC ORAL CAPSULE	5	
INTRON A INJECTION SOLUTION	5	
INTRON A INJECTION SOLUTION RECONSTITUTED	5	
IRESSA ORAL TABLET	5	
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 45 MG	5	*
JAKAFI ORAL TABLET	5	
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED	5	*
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED	5	*
KEYTRUDA INTRAVENOUS SOLUTION	5	*
KEYTRUDA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	5	*
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	5	
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	5	

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Drug Name	Drug Tier	Requirements/ Limits
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	5	
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	5	
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	5	
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	5	
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED	5	*
LARTRUVO INTRAVENOUS SOLUTION	5	*
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	
letrozole oral tablet	2	
LEUKERAN ORAL TABLET	5	
leuprolide acetate injection kit	2	
LIBTAYO INTRAVENOUS SOLUTION	5	*
LONSURF ORAL TABLET	5	
LORBRENA ORAL TABLET	5	
LUMOXITI INTRAVENOUS SOLUTION RECONSTITUTED	5	*
LUPANETA PACK COMBINATION KIT	4	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	3	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	3	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT	3	

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Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	3	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	3	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	4	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	4	
LYNPARZA ORAL CAPSULE 50 MG	5	
LYNPARZA ORAL TABLET	5	
LYSODREN ORAL TABLET	3	
MARQIBO INTRAVENOUS SUSPENSION	5	*
MATULANE ORAL CAPSULE	5	
megestrol acetate oral suspension 40 mg/ml	2	
megestrol acetate oral tablet	2	
MEKINIST ORAL TABLET	5	
MEKTOVI ORAL TABLET	5	
mercaptopurine oral tablet	2	
methotrexate oral tablet	2	

Drug Name	Drug Tier	Requirements/ Limits
methotrexate sodium (pf) injection solution 50 mg/2ml	2	
methotrexate sodium injection solution 50 mg/2ml	2	
MUSTARGEN INJECTION SOLUTION RECONSTITUTED 10 MG	3	
MVASI INTRAVENOUS SOLUTION	5	*
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED	5	*
NERLYNX ORAL TABLET	5	
NEXAVAR ORAL TABLET	5	
nilutamide oral tablet	2	
NINLARO ORAL CAPSULE	5	
NUBEQA ORAL TABLET	5	
ODOMZO ORAL CAPSULE	5	
ONIVYDE INTRAVENOUS INJECTABLE	5	*
OPDIVO INTRAVENOUS SOLUTION	5	*
PERJETA INTRAVENOUS SOLUTION	5	*
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	

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Drug Name	Drug Tier	Requirements/ Limits
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED	5	*
POMALYST ORAL CAPSULE	5	*
PORTRAZZA INTRAVENOUS SOLUTION	5	*
POTELIGEO INTRAVENOUS SOLUTION	5	*
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	5	*
PURIXAN ORAL SUSPENSION	5	
REVLIMID ORAL CAPSULE	5	*
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	5	*
RITUXAN INTRAVENOUS SOLUTION	5	*
ROZLYTREK ORAL CAPSULE	5	
RUBRACA ORAL TABLET	5	PA
RYDAPT ORAL CAPSULE	5	

Drug Name	Drug Tier	Requirements/ Limits
SIKLOS ORAL TABLET 1000 MG	5	
SOLTAMOX ORAL SOLUTION	4	
SPRYCEL ORAL TABLET	5	
STIVARGA ORAL TABLET	5	
SUTENT ORAL CAPSULE	5	
SYLATRON SUBCUTANEOUS KIT	4	
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED	5	*
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	5	*
TABLOID ORAL TABLET	3	
TAFINLAR ORAL CAPSULE	5	
TAGRISSE ORAL TABLET	5	
TALZENNA ORAL CAPSULE	5	
tamoxifen citrate oral tablet	2	
TARGRETIN ORAL CAPSULE	5	
TASIGNA ORAL CAPSULE	5	
TECENTRIQ INTRAVENOUS SOLUTION	5	*
TENIPOSIDE INTRAVENOUS SOLUTION	3	*

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Drug Name	Drug Tier	Requirements/ Limits
TEPADINA INJECTION SOLUTION RECONSTITUTED 100 MG	5	
THALOMID ORAL CAPSULE	5	
THIOTEPA INJECTION SOLUTION RECONSTITUTED	5	
TIBSOVO ORAL TABLET	5	
toremifene citrate oral tablet	5	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	
tretinoin oral capsule	2	
trexall oral tablet	2	
TRISENOX INTRAVENOUS SOLUTION	5	*
TURALIO ORAL CAPSULE	5	
TYKERB ORAL TABLET	5	
UNITUXIN INTRAVENOUS SOLUTION	5	*
VANTAS SUBCUTANEOUS KIT	3	*
VELCADE INJECTION SOLUTION RECONSTITUTED	3	*
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	
VENCLEXTA ORAL TABLET 100 MG	5	

Drug Name	Drug Tier	Requirements/ Limits
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	5	
VERZENIO ORAL TABLET	5	
vincasar pfs intravenous solution 1 mg/ml	2	B/D; *
vincristine sulfate intravenous solution	2	B/D; *
VITRAKVI ORAL CAPSULE	5	
VITRAKVI ORAL SOLUTION	5	
VIZIMPRO ORAL TABLET	5	
VOTRIENT ORAL TABLET	5	
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED	5	*
XALKORI ORAL CAPSULE	5	PA
XATMEP ORAL SOLUTION	4	
XOSPATA ORAL TABLET	5	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	

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Drug Name	Drug Tier	Requirements/ Limits
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	
XTANDI ORAL CAPSULE	5	
YERVOY INTRAVENOUS SOLUTION	3	*
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	5	*
YONSA ORAL TABLET	5	
ZALTRAP INTRAVENOUS SOLUTION	5	*
ZEJULA ORAL CAPSULE	5	
ZELBORAF ORAL TABLET	5	
ZOLINZA ORAL CAPSULE	5	
ZYDELIG ORAL TABLET	5	
ZYKADIA ORAL CAPSULE	5	PA
ZYKADIA ORAL TABLET	5	PA
ZYTIGA ORAL TABLET	5	
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	4	
ATROVENT HFA INHALATION AEROSOL SOLUTION	3	

Drug Name	Drug Tier	Requirements/ Limits
BEVESPI AEROSPHERE INHALATION AEROSOL	4	
CUVPOSA ORAL SOLUTION	3	
dicyclomine hcl oral capsule	2	
dicyclomine hcl oral solution	2	
dicyclomine hcl oral tablet	2	
glycopyrrolate oral tablet 1 mg, 2 mg	2	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	4	
ipratropium bromide inhalation solution	1	B/D
ipratropium bromide nasal solution	2	
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION	5	
methscopolamine bromide oral tablet	2	
propantheline bromide oral tablet	2	
SPIRIVA HANDIHALER INHALATION CAPSULE	4	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	4	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	3	

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Drug Name	Drug Tier	Requirements/ Limits
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	3	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	4	
YUPELRI INHALATION SOLUTION	5	B/D
AUTONOMIC DRUGS, MISCELLANEOUS		
CHANTIX CONTINUING MONTH PAK ORAL TABLET	3	
CHANTIX ORAL TABLET	3	
CHANTIX STARTING MONTH PAK ORAL TABLET	3	
NICOTROL INHALATION INHALER	3	
NICOTROL NS NASAL SOLUTION	4	
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
bethanechol chloride oral tablet	2	
cevimeline hcl oral capsule	2	
donepezil hcl oral tablet	2	
donepezil hcl oral tablet dispersible	2	
galantamine hydrobromide er oral capsule extended release 24 hour	2	
galantamine hydrobromide oral solution	2	

Drug Name	Drug Tier	Requirements/ Limits
galantamine hydrobromide oral tablet	2	
GUANIDINE HCL ORAL TABLET	4	
MESTINON ORAL SYRUP	2	
pilocarpine hcl oral tablet	2	
pyridostigmine bromide er oral tablet extended release	2	
pyridostigmine bromide oral solution	2	
pyridostigmine bromide oral tablet	2	
REGONOL INTRAVENOUS SOLUTION	3	*
rivastigmine tartrate oral capsule	2	
rivastigmine transdermal patch 24 hour	2	
urecholine oral tablet	2	
SKELETAL MUSCLE RELAXANTS		
baclofen oral tablet	2	
carisoprodol oral tablet	2	PA
carisoprodol-aspirin oral tablet	2	PA
carisoprodol-aspirin-codeine oral tablet	2	PA; QL (240 EA per 30 days)
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	2	
cyclobenzaprine hcl er oral capsule extended release 24 hour	2	PA

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Drug Name	Drug Tier	Requirements/ Limits
cyclobenzaprine hcl oral tablet	2	PA
dantrolene sodium oral capsule	2	
fexmid oral tablet	2	PA
lorzone oral tablet	2	
metaxall oral tablet 800 mg	2	PA
metaxalone oral tablet	2	PA
methocarbamol injection solution	2	PA
methocarbamol oral tablet	2	PA
orphenadrine citrate er oral tablet extended release 12 hour	2	PA
orphenadrine citrate injection solution	2	PA
tizanidine hcl oral capsule	2	
tizanidine hcl oral tablet	2	
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
alfuzosin hcl er oral tablet extended release 24 hour	2	
D.H.E. 45 INJECTION SOLUTION	5	
DIBENZYLINE ORAL CAPSULE	5	
dihydroergotamine mesylate nasal solution	2	
ergoloid mesylates oral tablet	2	
phenoxybenzamine hcl oral capsule	5	
silodosin oral capsule	2	

Drug Name	Drug Tier	Requirements/ Limits
tamsulosin hcl oral capsule	2	
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	4	
ADVAIR HFA INHALATION AEROSOL	3	
albuterol sulfate er oral tablet extended release 12 hour	2	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (brand equivalent proventil)	2	QL (13.4 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (brand equivalent ventolin)	2	QL (36 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%	1	B/D
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	2	B/D
albuterol sulfate oral syrup	2	
albuterol sulfate oral tablet	2	
ARCAPTA NEOHALER INHALATION CAPSULE	4	

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Drug Name	Drug Tier	Requirements/ Limits
BROVANA INHALATION NEBULIZATION SOLUTION	5	B/D
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	3	
epinephrine injection solution 0.3 mg/0.3ml	2	
epinephrine injection solution auto-injector	2	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	2	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	2	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	2	
ipratropium-albuterol inhalation solution	2	B/D
levalbuterol hcl inhalation nebulization solution	2	B/D
levalbuterol hfa inhalation aerosol 45 mcg/act	2	QL (30 GM per 30 days)
metaproterenol sulfate oral syrup	2	
metaproterenol sulfate oral tablet 10 mg, 20 mg	2	
midodrine hcl oral tablet	2	
NORTHERA ORAL CAPSULE	5	PA

Drug Name	Drug Tier	Requirements/ Limits
PERFORMIST INHALATION NEBULIZATION SOLUTION	4	B/D
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	4	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	3	
terbutaline sulfate oral tablet	2	
VENTOLIN HFA INHALATION AEROSOL SOLUTION	2	QL (36 GM per 30 days)
wixela inhub inhalation aerosol powder breath activated	2	
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
BLOOD FORMATION MODIFIERS		
BERINERT INTRAVENOUS KIT	5	HI; *
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	5	HI
FIRAZYR SUBCUTANEOUS SOLUTION	5	*
icatibant acetate subcutaneous solution	5	

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Drug Name	Drug Tier	Requirements/ Limits
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	5	HI; *
COAGULANTS AND ANTICOAGULANTS		
AMICAR ORAL TABLET 1000 MG	4	
anagrelide hcl oral capsule	2	
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML	5	
aspirin-dipyridamole er oral capsule extended release 12 hour	2	
BEVYXXA ORAL CAPSULE	4	
BRILINTA ORAL TABLET	3	
cilostazol oral tablet	2	
clopidogrel bisulfate oral tablet 75 mg	2	
ELIQUIS ORAL TABLET	4	
ELIQUIS STARTER PACK ORAL TABLET	4	
enoxaparin sodium injection solution	2	
enoxaparin sodium subcutaneous solution	2	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml	5	

Drug Name	Drug Tier	Requirements/ Limits
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	2	
FRAGMIN SUBCUTANEOUS SOLUTION	4	
heparin sodium (porcine) injection solution	2	
jantoven oral tablet	1	
lovenox injection solution	2	
LOVENOX SUBCUTANEOUS SOLUTION	2	
pentoxifylline er oral tablet extended release	2	
PRADAXA ORAL CAPSULE	3	
prasugrel hcl oral tablet	2	
SAVAYSA ORAL TABLET	4	PA
tranexamic acid oral tablet	2	QL (30 EA per 30 days)
warfarin sodium oral tablet	1	
XARELTO ORAL TABLET	4	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	4	
ZONTIVITY ORAL TABLET	4	
HEMATOPOIETIC AGENTS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION	4	B/D; *

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Drug Name	Drug Tier	Requirements/ Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML	4	B/D; *
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 60 MCG/0.3ML	5	B/D; *
CABLIVI INJECTION KIT	5	
DOPTELET ORAL TABLET	5	
EPOGEN INJECTION SOLUTION	4	B/D
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
GRANIX SUBCUTANEOUS SOLUTION	5	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
LEUKINE INJECTION SOLUTION RECONSTITUTED	3	*
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	4	
MULPLETA ORAL TABLET	5	

Drug Name	Drug Tier	Requirements/ Limits
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	5	*
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	*
NEUPOGEN INJECTION SOLUTION	5	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5	
NIVESTYM INJECTION SOLUTION	5	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	5	
PROCRIT INJECTION SOLUTION	3	B/D
PROMACTA ORAL PACKET	5	
PROMACTA ORAL TABLET	5	
RETACRIT INJECTION SOLUTION	4	B/D
TAVALISSE ORAL TABLET	5	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	5	
CARDIOVASCULAR DRUGS		
A-ADRENERGIC BLOCKING AGENTS		

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Drug Name	Drug Tier	Requirements/ Limits
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
DEMSER ORAL CAPSULE	4	
doxazosin mesylate oral tablet	2	
prazosin hcl oral capsule	2	
terazosin hcl oral capsule	2	
ANTILIPEMIC AGENTS		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
ANTARA ORAL CAPSULE	4	
atorvastatin calcium oral tablet	1	
cholestyramine light oral powder	2	
cholestyramine oral packet	2	
colesevelam hcl oral packet	2	
colesevelam hcl oral tablet	2	
colestipol hcl oral packet	2	
colestipol hcl oral tablet	2	
ezetimibe oral tablet	1	
ezetimibe-simvastatin oral tablet	2	
fenofibrate micronized oral capsule	2	
fenofibrate oral capsule 150 mg, 50 mg	2	
fenofibrate oral tablet	2	

Drug Name	Drug Tier	Requirements/ Limits
fenofibric acid oral capsule delayed release	2	
FENOFIBRIC ACID ORAL TABLET 105 MG	4	
fenofibric acid oral tablet 35 mg	4	
FIBRICOR ORAL TABLET 105 MG	4	
FLOLIPID ORAL SUSPENSION	4	
fluvastatin sodium er oral tablet extended release 24 hour	2	
fluvastatin sodium oral capsule	2	
gemfibrozil oral tablet	2	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG	5	PA; QL (56 EA per 28 days)
JUXTAPID ORAL CAPSULE 30 MG, 40 MG, 60 MG	5	PA; QL (28 EA per 28 days)
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (4 ML per 28 days)
LIVALO ORAL TABLET	4	
lovastatin oral tablet	1	
niacin er (antihyperlipidemic) oral tablet extended release	2	
niacor oral tablet	2	
omega-3-acid ethyl esters oral capsule	2	
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (2 ML per 28 days)

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Drug Name	Drug Tier	Requirements/ Limits
pravastatin sodium oral tablet	1	
prevalite oral packet	2	
questran light oral powder	2	
questran oral packet	2	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA
rosuvastatin calcium oral tablet	1	
simvastatin oral tablet	1	
VASCEPA ORAL CAPSULE	4	
ZYPITAMAG ORAL TABLET	4	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl oral capsule	2	
atenolol oral tablet	1	
atenolol-chlorthalidone oral tablet	2	
betaxolol hcl oral tablet	2	
bisoprolol fumarate oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
bisoprolol- hydrochlorothiazide oral tablet	1	
BYSTOLIC ORAL TABLET	4	
carvedilol oral tablet	1	
carvedilol phosphate er oral capsule extended release 24 hour	2	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
labetalol hcl oral tablet	2	
metoprolol succinate er oral tablet extended release 24 hour	2	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol- hydrochlorothiazide oral tablet	2	
nadolol oral tablet	1	
nadolol- bendroflumethiazide oral tablet 40-5 mg, 80-5 mg	2	
pindolol oral tablet	2	
propranolol hcl er oral capsule extended release 24 hour	2	
propranolol hcl oral solution	2	
propranolol hcl oral tablet	1	
propranolol-hctz oral tablet	2	

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Drug Name	Drug Tier	Requirements/ Limits
sorine oral tablet	2	
sotalol hcl (af) oral tablet 120 mg	2	
sotalol hcl oral tablet	2	
SOTYLIZE ORAL SOLUTION	4	
timolol maleate oral tablet	2	
CALCIUM-CHANNEL BLOCKING AGENTS		
amlodipine besylate oral tablet	1	
amlodipine besylate-benazepril hcl oral capsule	2	
amlodipine besylate-valsartan oral tablet	2	
amlodipine-atorvastatin oral tablet	2	
amlodipine-olmesartan oral tablet	2	
amlodipine-valsartan-hctz oral tablet	2	
CARDENE IV INTRAVENOUS SOLUTION 20-4.8 MG/200ML-%	3	*
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	4	
cartia xt oral capsule extended release 24 hour	2	
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	
diltiazem hcl er oral capsule extended release 12 hour	2	
diltiazem hcl oral tablet	2	
dilt-xr oral capsule extended release 24 hour	2	
felodipine er oral tablet extended release 24 hour	2	
isradipine oral capsule	2	
matzim la oral tablet extended release 24 hour	2	
nicardipine hcl oral capsule	2	
nifedipine er oral tablet extended release 24 hour	2	
nifedipine er osmotic release oral tablet extended release 24 hour	2	
nifedipine oral capsule	2	
nimodipine oral capsule	2	
nisoldipine er oral tablet extended release 24 hour	2	
NYMALIZE ORAL SOLUTION 60 MG/20ML	4	
olmesartan-amlodipine-hctz oral tablet	2	

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Drug Name	Drug Tier	Requirements/ Limits
taztia xt oral capsule extended release 24 hour	2	
telmisartan-amlodipine oral tablet	2	
trandolapril-verapamil hcl er oral tablet extended release	2	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg	2	
VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	2	
verapamil hcl er oral tablet extended release	2	
verapamil hcl oral tablet 120 mg, 80 mg	1	
verapamil hcl oral tablet 40 mg	2	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	4	
CARDIAC DRUGS		
amiodarone hcl oral tablet	2	
CORLANOR ORAL SOLUTION	4	
CORLANOR ORAL TABLET	4	
digitek oral tablet	2	
digox oral tablet	2	
DIGOXIN ORAL SOLUTION	3	
digoxin oral tablet	2	

Drug Name	Drug Tier	Requirements/ Limits
disopyramide phosphate oral capsule	2	
dofetilide oral capsule	2	
flecainide acetate oral tablet	2	
LANOXIN ORAL TABLET 62.5 MCG	4	
LANOXIN PEDIATRIC INJECTION SOLUTION	3	
mexiletine hcl oral capsule	2	
MULTAQ ORAL TABLET	4	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
pacerone oral tablet	2	
propafenone hcl er oral capsule extended release 12 hour	2	
propafenone hcl oral tablet	2	
quinidine gluconate er oral tablet extended release	2	
QUINIDINE GLUCONATE INJECTION SOLUTION 80 MG/ML	3	*
quinidine sulfate oral tablet	2	
ranolazine er oral tablet extended release 12 hour	2	
VYNDAMAX ORAL CAPSULE	5	
VYNDAQEL ORAL CAPSULE	5	

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Drug Name	Drug Tier	Requirements/ Limits
HYPOTENSIVE AGENTS		
clonidine hcl er oral tablet extended release 12 hour	2	
clonidine hcl oral tablet	2	
clonidine transdermal patch weekly	2	
guanfacine hcl oral tablet	2	
hydralazine hcl oral tablet	1	
methyldopa oral tablet	2	
methyldopa-hydrochlorothiazide oral tablet	2	
minoxidil oral tablet	2	
vecamyl oral tablet	2	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
ALDACTAZIDE ORAL TABLET 50-50 MG	4	
aliskiren fumarate oral tablet	2	
benazepril hcl oral tablet	1	
benazepril-hydrochlorothiazide oral tablet	2	
BYVALSON ORAL TABLET 5-80 MG	4	
candesartan cilexetil oral tablet	2	
candesartan cilexetil-hctz oral tablet	2	
captopril oral tablet	2	

Drug Name	Drug Tier	Requirements/ Limits
captopril-hydrochlorothiazide oral tablet	2	
CAROSPIR ORAL SUSPENSION	4	
EDARBI ORAL TABLET	4	
EDARBYCLOR ORAL TABLET	4	
enalapril maleate oral tablet	2	
enalapril-hydrochlorothiazide oral tablet	2	
ENTRESTO ORAL TABLET	3	
eplerenone oral tablet	2	
eprosartan mesylate oral tablet	2	
fosinopril sodium oral tablet	2	
fosinopril sodium-hctz oral tablet	2	
irbesartan oral tablet	2	
irbesartan-hydrochlorothiazide oral tablet	2	
lisinopril oral tablet	1	
lisinopril-hydrochlorothiazide oral tablet	1	
losartan potassium oral tablet	1	
losartan potassium-hctz oral tablet	1	
moexipril hcl oral tablet	2	
olmesartan medoxomil oral tablet	2	
olmesartan medoxomil-hctz oral tablet	2	

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Drug Name	Drug Tier	Requirements/ Limits
perindopril erbumine oral tablet	2	
QBRELIS ORAL SOLUTION	4	
quinapril hcl oral tablet	2	
quinapril-hydrochlorothiazide oral tablet	2	
ramipril oral capsule	2	
spironolactone oral tablet	1	
spironolactone-hctz oral tablet	2	
TEKTRUNA HCT ORAL TABLET	4	
telmisartan oral tablet	2	
telmisartan-hctz oral tablet	2	
trandolapril oral tablet	2	
valsartan oral tablet	2	
valsartan-hydrochlorothiazide oral tablet	2	
VASODILATING AGENTS		
ADCIRCA ORAL TABLET	5	PA
alyq oral tablet	2	PA
BIDIL ORAL TABLET	4	
dipyridamole oral tablet	2	
GONITRO SUBLINGUAL PACKET	4	
ISORDIL TITRADOSE ORAL TABLET 40 MG	4	
isosorbide dinitrate er oral tablet extended release	2	

Drug Name	Drug Tier	Requirements/ Limits
isosorbide dinitrate oral tablet	2	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg	2	
isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet	2	
minitran transdermal patch 24 hour	2	
nitro-bid transdermal ointment	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	
nitroglycerin sublingual tablet sublingual	2	
nitroglycerin transdermal patch 24 hour	2	
nitroglycerin translingual solution	2	
REVATIO INTRAVENOUS SOLUTION	5	PA; *
REVATIO ORAL TABLET	5	PA
sildenafil citrate intravenous solution	2	PA; *
sildenafil citrate oral suspension reconstituted	2	PA
sildenafil citrate oral tablet 20 mg	2	PA
tadalafil (pah) oral tablet	2	PA

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Drug Name	Drug Tier	Requirements/ Limits
tadalafil oral tablet 2.5 mg, 5 mg	2	PA
CENTRAL NERVOUS SYSTEM AGENTS		
ALCOHOL DETERRENTS		
acamprosate calcium oral tablet delayed release	2	
antabuse oral tablet	2	
disulfiram oral tablet	2	
ANALGESICS AND ANTIPIRETICS		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL	4	PA; QL (120 EA per 30 days)
acetaminophen-codeine #3 oral tablet	2	QL (360 EA per 30 days)
acetaminophen-codeine oral solution	2	QL (5000 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg	2	QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	2	QL (180 EA per 30 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL (120 EA per 30 days)
allzital oral tablet	2	
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 60 MG	5	QL (90 EA per 30 days)
ascomp-codeine oral capsule	2	QL (180 EA per 30 days)
BELBUCA BUCCAL FILM	4	QL (60 EA per 30 days)
bupap oral tablet	2	

Drug Name	Drug Tier	Requirements/ Limits
buprenorphine transdermal patch weekly	2	QL (4 EA per 28 days)
butalbital-acetaminophen oral capsule	4	
butalbital-acetaminophen oral tablet	2	
butalbital-apap-caff-cod oral capsule	2	QL (180 EA per 30 days)
butalbital-apap-caffeine oral capsule	2	
butalbital-apap-caffeine oral tablet	2	
butalbital-asa-caff-codeine oral capsule	2	QL (180 EA per 30 days)
butalbital-aspirin-caffeine oral capsule	2	
butorphanol tartrate nasal solution	2	QL (5 ML per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 7.5 MCG/HR	4	QL (8 EA per 28 days)
celecoxib oral capsule	2	
codeine sulfate oral tablet	2	QL (180 EA per 30 days)
DEMEROL INJECTION SOLUTION 100 MG/2ML, 25 MG/0.5ML, 75 MG/1.5ML, 75 MG/ML	4	PA
diclofenac potassium oral tablet	2	
diclofenac sodium er oral tablet extended release 24 hour	2	
diclofenac sodium oral tablet delayed release	2	

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Drug Name	Drug Tier	Requirements/ Limits
diclofenac-misoprostol oral tablet delayed release	2	
diflunisal oral tablet	2	
DUEXIS ORAL TABLET	5	
DURAMORPH INJECTION SOLUTION	2	HI; *
dvorah oral tablet	2	QL (360 EA per 30 days)
EMBEDA ORAL CAPSULE EXTENDED RELEASE	4	QL (60 EA per 30 days)
endocet oral tablet	2	QL (360 EA per 30 days)
esgic oral tablet	2	
etodolac er oral tablet extended release 24 hour	2	
etodolac oral capsule	2	
etodolac oral tablet	2	
fenoprofen calcium oral capsule 400 mg	2	
fenoprofen calcium oral tablet	2	
FENTANYL CITRATE (PF) INJECTION SOLUTION 100 MCG/2ML, 250 MCG/5ML	4	
fentanyl citrate (pf) injection solution 1000 mcg/20ml, 2500 mcg/50ml	2	
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg	5	PA; QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
fentanyl citrate buccal lozenge on a handle 200 mcg	2	PA; QL (120 EA per 30 days)
fentanyl citrate buccal tablet	2	PA; QL (120 EA per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr	2	QL (20 EA per 30 days)
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	2	QL (15 EA per 30 days)
fioricet oral capsule	2	
fioricet/codeine oral capsule	2	QL (180 EA per 30 days)
flurbiprofen oral tablet	2	
GRALISE ORAL TABLET	4	
GRALISE STARTER ORAL	4	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	QL (2700 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	2	QL (390 EA per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	QL (360 EA per 30 days)
hydrocodone-ibuprofen oral tablet	2	QL (150 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 8 mg	2	ST; QL (30 EA per 30 days)
hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 32 mg	2	ST; QL (60 EA per 30 days)
hydromorphone hcl injection solution 2 mg/ml	2	
hydromorphone hcl oral liquid	2	QL (1200 ML per 30 days)
hydromorphone hcl oral tablet 2 mg, 4 mg	2	QL (180 EA per 30 days)
hydromorphone hcl oral tablet 8 mg	2	QL (240 EA per 30 days)
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml	2	
ibu oral tablet 600 mg, 800 mg	2	
ibudone oral tablet	2	QL (150 EA per 30 days)
ibuprofen oral suspension	2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	2	
ILARIS SUBCUTANEOUS SOLUTION	5	
INDOCIN ORAL SUSPENSION	4	PA
indocin rectal suppository	2	PA
indomethacin er oral capsule extended release	2	PA
indomethacin oral capsule	2	PA

Drug Name	Drug Tier	Requirements/ Limits
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	4	QL (120 EA per 30 days)
ketoprofen er oral capsule extended release 24 hour	2	
ketoprofen oral capsule	2	
ketorolac tromethamine injection solution	2	PA
ketorolac tromethamine intramuscular solution	2	PA
ketorolac tromethamine oral tablet	2	PA
LAZANDA NASAL SOLUTION	4	PA; QL (30 EA per 30 days)
levorphanol tartrate oral tablet 2 mg	2	QL (180 EA per 30 days)
levorphanol tartrate oral tablet 3 mg	5	QL (60 EA per 30 days)
Iodine oral tablet	2	
lorcet hd oral tablet	2	QL (360 EA per 30 days)
lorcet oral tablet	2	QL (360 EA per 30 days)
lorcet plus oral tablet	2	QL (360 EA per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	QL (30 EA per 30 days)
meclofenamate sodium oral capsule	2	
mefenamic acid oral capsule	2	
meloxicam oral tablet	2	
meperidine hcl injection solution	2	PA

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Drug Name	Drug Tier	Requirements/ Limits
meperidine hcl oral solution	2	PA; QL (900 ML per 30 days)
meperidine hcl oral tablet	2	QL (180 EA per 30 days)
methadone hcl intensol oral concentrate	2	QL (900 ML per 30 days)
methadone hcl oral concentrate	2	QL (900 ML per 30 days)
methadone hcl oral solution	2	QL (900 ML per 30 days)
methadone hcl oral tablet 10 mg	2	QL (180 EA per 30 days)
methadone hcl oral tablet 5 mg	2	QL (360 EA per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml	2	QL (200 ML per 30 days)
morphine sulfate (pf) intravenous solution 8 mg/ml	4	HI
morphine sulfate er beads oral capsule extended release 24 hour 120 mg	2	QL (60 EA per 30 days)
morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	2	QL (30 EA per 30 days)
morphine sulfate er oral capsule extended release 24 hour	2	QL (60 EA per 30 days)
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg	2	QL (120 EA per 30 days)
morphine sulfate er oral tablet extended release 200 mg	2	QL (180 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
morphine sulfate injection solution 10 mg/ml, 4 mg/ml	4	HI; *
MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML	4	HI; *
MORPHINE SULFATE INJECTION SOLUTION 5 MG/ML	4	HI
morphine sulfate intravenous solution 1 mg/ml	2	
morphine sulfate oral solution 10 mg/5ml	2	QL (700 ML per 30 days)
morphine sulfate oral solution 20 mg/5ml	2	QL (300 ML per 30 days)
MORPHINE SULFATE ORAL TABLET	3	QL (180 EA per 30 days)
nabumetone oral tablet	2	
nalfon oral tablet	2	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	4	
naproxen dr oral tablet delayed release	2	
naproxen oral suspension	2	
naproxen oral tablet	2	
naproxen sodium er oral tablet extended release 24 hour	2	
naproxen sodium oral tablet 275 mg, 550 mg	2	
norco oral tablet	2	QL (360 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 50 MG	4	ST; QL (60 EA per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG, 250 MG	5	ST; QL (60 EA per 30 days)
NUCYNTA ORAL TABLET 100 MG	5	QL (181 EA per 30 days)
NUCYNTA ORAL TABLET 50 MG, 75 MG	4	QL (181 EA per 30 days)
oxaprozin oral tablet	2	
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg	2	ST; QL (90 EA per 30 days)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 80 mg	2	ST; QL (120 EA per 30 days)
oxycodone hcl oral capsule	2	QL (360 EA per 30 days)
oxycodone hcl oral concentrate 100 mg/5ml	2	QL (180 ML per 30 days)
oxycodone hcl oral solution	2	QL (1300 ML per 30 days)
oxycodone hcl oral tablet	2	QL (360 EA per 30 days)
oxycodone-acetaminophen oral solution 5-325 mg/5ml	2	QL (1800 ML per 30 days)
oxycodone-acetaminophen oral tablet	2	QL (360 EA per 30 days)
oxycodone-aspirin oral tablet	2	QL (360 EA per 30 days)
oxycodone-ibuprofen oral tablet	2	QL (28 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	2	ST; QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG	2	ST; QL (120 EA per 30 days)
oxymorphone hcl er oral tablet extended release 12 hour	2	ST; QL (60 EA per 30 days)
oxymorphone hcl oral tablet	2	QL (180 EA per 30 days)
panlor oral tablet 325-30-16 mg	2	QL (360 EA per 30 days)
pentazocine-naloxone hcl oral tablet	2	QL (360 EA per 30 days)
percocet oral tablet	2	QL (360 EA per 30 days)
phrenilin forte oral capsule	2	
piroxicam oral capsule	2	
primlev oral tablet	2	QL (390 EA per 30 days)
ROXYBOND ORAL TABLET ABUSE-DETERRENT	5	QL (360 EA per 30 days)
SUBSYS SUBLINGUAL LIQUID	4	PA; QL (120 EA per 30 days)
sulindac oral tablet	2	
tencon oral tablet	2	
TIVORBEX ORAL CAPSULE	4	PA
tolmetin sodium oral capsule	2	
tolmetin sodium oral tablet 600 mg	2	

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Drug Name	Drug Tier	Requirements/ Limits
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg	2	QL (90 EA per 30 days)
tramadol hcl er (biphasic) oral tablet extended release 24 hour 200 mg, 300 mg	2	QL (30 EA per 30 days)
tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	2	QL (30 EA per 30 days)
tramadol hcl er oral tablet extended release 24 hour 100 mg	2	QL (90 EA per 30 days)
tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg	2	QL (30 EA per 30 days)
tramadol hcl oral tablet	2	QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet	2	QL (240 EA per 30 days)
trezix oral capsule	2	QL (300 EA per 30 days)
tylenol with codeine #3 oral tablet	2	QL (360 EA per 30 days)
tylenol with codeine #4 oral tablet	2	QL (180 EA per 30 days)
vanatol lq oral solution	2	
vicodin es oral tablet	2	QL (390 EA per 30 days)
vicodin hp oral tablet	2	QL (390 EA per 30 days)
vicodin oral tablet	2	QL (390 EA per 30 days)
VIMOVO ORAL TABLET DELAYED RELEASE	4	

Drug Name	Drug Tier	Requirements/ Limits
VIVLODEX ORAL CAPSULE	4	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	4	ST; QL (90 EA per 30 days)
xylon oral tablet 10-200 mg	2	QL (150 EA per 30 days)
zebutal oral capsule	2	
ZIPSOR ORAL CAPSULE	4	
ZORVOLEX ORAL CAPSULE	4	
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
adderall oral tablet 20 mg, 5 mg, 7.5 mg	2	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE	4	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	4	
amphetamine sulfate oral tablet	2	
amphetamine-dextroamphetamine er oral capsule extended release 24 hour	2	
amphetamine-dextroamphetamine oral tablet	2	

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Drug Name	Drug Tier	Requirements/ Limits
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
armodafinil oral tablet	2	PA
CONCERTA ORAL TABLET EXTENDED RELEASE	2	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	4	
DAYTRANA TRANSDERMAL PATCH	4	
dexmethylphenidate hcl er oral capsule extended release 24 hour	2	
dexmethylphenidate hcl oral tablet	2	
dextroamphetamine sulfate er oral capsule extended release 24 hour	2	
dextroamphetamine sulfate oral tablet	2	
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE	4	
evekeo oral tablet	2	
metadate er oral tablet extended release	2	
methamphetamine hcl oral tablet	2	PA
methylphenidate hcl er (cd) oral capsule extended release	2	
methylphenidate hcl er (la) oral capsule extended release 24 hour	2	

Drug Name	Drug Tier	Requirements/ Limits
methylphenidate hcl er oral tablet extended release	2	
methylphenidate hcl er oral tablet extended release 24 hour	2	
methylphenidate hcl oral solution	2	
methylphenidate hcl oral tablet	2	
methylphenidate hcl oral tablet chewable	2	
modafinil oral tablet	2	PA
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
procentra oral solution	2	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE	4	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED	4	
relexxii oral tablet extended release	2	
VYVANSE ORAL CAPSULE	3	
VYVANSE ORAL TABLET CHEWABLE	4	
zenedi oral tablet	2	
ANTICONVULSANTS		
APTIOM ORAL TABLET	4	
BANZEL ORAL SUSPENSION	5	
BANZEL ORAL TABLET	5	

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Drug Name	Drug Tier	Requirements/ Limits
BRIVIACT ORAL SOLUTION	5	
BRIVIACT ORAL TABLET	5	
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	2	
carbamazepine oral suspension	2	
carbamazepine oral tablet	2	
carbamazepine oral tablet chewable	2	
CELONTIN ORAL CAPSULE	3	
clobazam oral suspension	2	
clobazam oral tablet	2	
clonazepam oral tablet	2	
clonazepam oral tablet dispersible	2	
DIACOMIT ORAL CAPSULE	5	
DIACOMIT ORAL PACKET	5	
DIASTAT ACUDIAL RECTAL GEL	2	
DIASTAT PEDIATRIC RECTAL GEL	2	
dilantin infatabs oral tablet chewable	2	
dilantin oral capsule	2	
divalproex sodium er oral tablet extended release 24 hour	2	

Drug Name	Drug Tier	Requirements/ Limits
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	2	
EPIDIOLEX ORAL SOLUTION	5	PA
epitol oral tablet	2	
ethosuximide oral capsule	2	
ethosuximide oral solution	2	
felbamate oral suspension	2	
felbamate oral tablet	2	
FELBATOL ORAL SUSPENSION	5	
FELBATOL ORAL TABLET	5	
FYCOMPA ORAL SUSPENSION	5	PA
FYCOMPA ORAL TABLET	4	PA
gabapentin oral capsule	2	
gabapentin oral solution 250 mg/5ml	2	
gabapentin oral tablet	2	
HORIZANT ORAL TABLET EXTENDED RELEASE	4	
LAMICTAL XR ORAL KIT	4	
lamotrigine er oral tablet extended release 24 hour	2	
lamotrigine oral tablet	2	
lamotrigine oral tablet chewable	2	

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Drug Name	Drug Tier	Requirements/ Limits
lamotrigine oral tablet dispersible	2	
lamotrigine starter kit-blue oral kit	2	
lamotrigine starter kit-green oral kit	2	
lamotrigine starter kit-orange oral kit	2	
levetiracetam er oral tablet extended release 24 hour	2	
levetiracetam oral solution	2	
levetiracetam oral tablet	2	
LYRICA ORAL CAPSULE	4	QL (90 EA per 30 days)
LYRICA ORAL SOLUTION	4	QL (900 ML per 30 days)
MAGNESIUM SULFATE INJECTION SOLUTION 50 %	2	HI; *
magnesium sulfate injection solution 50 % (10ml syringe)	2	HI; *
MAGNESIUM SULFATE INTRAVENOUS SOLUTION 2 GM/50ML, 20 GM/500ML, 4 GM/100ML, 40 GM/1000ML	3	
oxcarbazepine oral suspension	2	
oxcarbazepine oral tablet	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	

Drug Name	Drug Tier	Requirements/ Limits
PEGANONE ORAL TABLET	4	
phenytek oral capsule	2	
phenytoin oral suspension	2	
phenytoin oral tablet chewable	2	
phenytoin sodium extended oral capsule	2	
pregabalin oral capsule	2	QL (90 EA per 30 days)
pregabalin oral solution	2	QL (900 ML per 30 days)
primidone oral tablet	2	
roweepra oral tablet	2	
roweepra xr oral tablet extended release 24 hour	2	
SABRIL ORAL PACKET	5	
SABRIL ORAL TABLET	5	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	4	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	
SYMPAZAN ORAL FILM 5 MG	4	
tiagabine hcl oral tablet	2	
topiramate er oral capsule er 24 hour sprinkle	2	
topiramate oral capsule sprinkle	2	
topiramate oral tablet	2	

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Drug Name	Drug Tier	Requirements/ Limits
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
valproic acid oral capsule	2	
valproic acid oral solution	2	
vigabatrin oral packet	2	
vigabatrin oral tablet	5	
vigadrone oral packet	2	
VIMPAT ORAL SOLUTION	4	
VIMPAT ORAL TABLET	4	
zarontin oral solution	2	
zonisamide oral capsule	2	
ANTIMIGRAINE AGENTS		
almotriptan malate oral tablet	2	
cafergot oral tablet	2	
CAMBIA ORAL PACKET	4	
eletriptan hydrobromide oral tablet	2	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ergotamine-caffeine oral tablet	2	
frovatriptan succinate oral tablet	2	
naratriptan hcl oral tablet	2	
ONZETRA XSAIL NASAL EXHALER POWDER	4	

Drug Name	Drug Tier	Requirements/ Limits
rizatriptan benzoate oral tablet	2	
rizatriptan benzoate oral tablet dispersible	2	
sumatriptan nasal solution	2	
sumatriptan succinate oral tablet	2	
SUMATRIPTAN SUCCINATE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	2	
sumatriptan succinate subcutaneous solution	2	
sumatriptan succinate subcutaneous solution auto-injector	2	
sumatriptan succinate subcutaneous solution prefilled syringe	2	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	
zolmitriptan oral tablet	2	
zolmitriptan oral tablet dispersible	2	
ZOMIG NASAL SOLUTION	4	
ANTIPARKINSONIAN AGENTS		
amantadine hcl oral capsule	2	
amantadine hcl oral syrup	2	
amantadine hcl oral tablet	2	

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Drug Name	Drug Tier	Requirements/ Limits
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	5	
benztropine mesylate oral tablet	2	
bromocriptine mesylate oral capsule	2	
bromocriptine mesylate oral tablet	2	
cabergoline oral tablet	2	
carbidopa oral tablet	2	
carbidopa-levodopa er oral tablet extended release	2	
carbidopa-levodopa oral tablet	2	
carbidopa-levodopa oral tablet dispersible	2	
carbidopa-levodopa- entacapone oral tablet	2	
DUOPA ENTERAL SUSPENSION	4	
EMSAM TRANSDERMAL PATCH 24 HOUR	5	
entacapone oral tablet	2	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	5	
INBRIJA INHALATION CAPSULE	5	
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR	4	

Drug Name	Drug Tier	Requirements/ Limits
pramipexole dihydrochloride er oral tablet extended release 24 hour	2	
pramipexole dihydrochloride oral tablet	2	
rasagiline mesylate oral tablet	2	
ropinirole hcl er oral tablet extended release 24 hour	2	
ropinirole hcl oral tablet	2	
RYTARY ORAL CAPSULE EXTENDED RELEASE	4	
selegiline hcl oral capsule	2	
selegiline hcl oral tablet	2	
tolcapone oral tablet	2	
trihexyphenidyl hcl oral elixir 0.4 mg/ml	2	
trihexyphenidyl hcl oral tablet	2	
ZELAPAR ORAL TABLET DISPERSIBLE	4	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
alprazolam er oral tablet extended release 24 hour	2	
alprazolam intensol oral concentrate	2	
alprazolam oral tablet	2	
alprazolam oral tablet dispersible	2	
BELSOMRA ORAL TABLET	4	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
bupirone hcl oral tablet 10 mg, 5 mg	1	
bupirone hcl oral tablet 15 mg, 30 mg, 7.5 mg	2	
chlordiazepoxide hcl oral capsule	2	
clorazepate dipotassium oral tablet	2	
diazepam oral concentrate	2	
diazepam oral solution	2	
diazepam oral tablet	2	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL	4	QL (30 EA per 30 days)
estazolam oral tablet	2	
eszopiclone oral tablet	2	QL (30 EA per 30 days)
flurazepam hcl oral capsule	2	
HETLIOZ ORAL CAPSULE	5	PA
hydroxyzine hcl oral syrup	2	
hydroxyzine hcl oral tablet	2	
hydroxyzine pamoate oral capsule	2	
lorazepam oral concentrate	2	
lorazepam oral tablet	2	
meprobamate oral tablet	2	PA
oxazepam oral capsule	2	
pentobarbital sodium injection solution	2	QL (30 ML per 30 days)
phenobarbital oral elixir	2	
phenobarbital oral tablet	2	

Drug Name	Drug Tier	Requirements/ Limits
ROZEREM ORAL TABLET	4	
SILENOR ORAL TABLET	4	
temazepam oral capsule	2	
triazolam oral tablet	2	
zaleplon oral capsule	2	QL (30 EA per 30 days)
zolpidem tartrate er oral tablet extended release	2	QL (30 EA per 30 days)
zolpidem tartrate oral tablet	2	QL (30 EA per 30 days)
zolpidem tartrate sublingual tablet sublingual	2	QL (30 EA per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
atomoxetine hcl oral capsule	2	
AUSTEDO ORAL TABLET	5	
guanfacine hcl er oral tablet extended release 24 hour	2	
INGREZZA ORAL CAPSULE	5	
INGREZZA ORAL CAPSULE THERAPY PACK	5	
memantine hcl er oral capsule extended release 24 hour	2	
memantine hcl oral solution 2 mg/ml	2	
memantine hcl oral tablet 10 mg, 5 mg	2	

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Drug Name	Drug Tier	Requirements/ Limits
MEMANTINE HCL ORAL TABLET 28 X 5 MG & 21 X 10 MG	2	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
NUEDEXTA ORAL CAPSULE	3	PA
RADICAVA INTRAVENOUS SOLUTION	5	
RILUTEK ORAL TABLET	5	
riluzole oral tablet	2	
SAVELLA ORAL TABLET	4	
SAVELLA TITRATION PACK ORAL	4	
tetrabenazine oral tablet 12.5 mg	5	QL (240 EA per 30 days)
tetrabenazine oral tablet 25 mg	5	QL (120 EA per 30 days)
TIGLUTIK ORAL SUSPENSION	5	
XENAZINE ORAL TABLET 12.5 MG	5	QL (240 EA per 30 days)
XENAZINE ORAL TABLET 25 MG	5	QL (120 EA per 30 days)
XYREM ORAL SOLUTION	5	PA

Drug Name	Drug Tier	Requirements/ Limits
MULTIPLE SCLEROSIS AGENTS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	5	PA
AUBAGIO ORAL TABLET	5	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA; QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; QL (4 EA per 28 days)
AVONEX VIAL INTRAMUSCULAR KIT INTRAMUSCULAR KIT 30 MCG	5	PA; QL (4 EA per 28 days)
BETASERON SUBCUTANEOUS KIT	5	PA; QL (14 EA per 28 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
dalfampridine er oral tablet extended release 12 hour	2	PA
EXTAVIA SUBCUTANEOUS KIT	2	QL (15 EA per 30 days)
GILENYA ORAL CAPSULE	5	QL (30 EA per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe	2	
glatopa subcutaneous solution prefilled syringe	2	
LEMTRADA INTRAVENOUS SOLUTION	5	*
MAYZENT ORAL TABLET	5	PA

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Drug Name	Drug Tier	Requirements/ Limits
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	5	PA
OCREVUS INTRAVENOUS SOLUTION	5	*
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (12 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (12 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (12 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (12 ML per 28 days)
TECFIDERA STARTER PACK	5	QL (60 EA per 30 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	5	QL (14 EA per 7 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	5	QL (60 EA per 30 days)
TYSABRI INTRAVENOUS CONCENTRATE	5	*
ZINBRYTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	QL (1 ML per 30 days)
OPIATE ANTAGONISTS		

Drug Name	Drug Tier	Requirements/ Limits
BUNAVAIL BUCCAL FILM	4	
buprenorphine hcl sublingual tablet sublingual	2	
buprenorphine hcl-naloxone hcl sublingual film	2	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	
LUCEMYRA ORAL TABLET	5	PA
naloxone hcl injection solution 0.4 mg/ml	2	
naloxone hcl injection solution cartridge	2	
naloxone hcl injection solution prefilled syringe	2	
naltrexone hcl oral tablet	2	
NARCAN NASAL LIQUID	3	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	*
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	4	
PSYCHOTHERAPEUTIC AGENTS		

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Drug Name	Drug Tier	Requirements/ Limits
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	*
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	*
ABILIFY MYCITE ORAL TABLET	5	
amitriptyline hcl oral tablet	2	PA
amoxapine oral tablet	2	PA
ALENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
aripiprazole oral solution	2	
aripiprazole oral tablet	2	
aripiprazole oral tablet dispersible	2	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	5	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	5	
bupropion hcl er (smoking det) oral tablet extended release 12 hour	2	
bupropion hcl er (sr) oral tablet extended release 12 hour	2	
bupropion hcl er (xl) oral tablet extended release 24 hour	2	
bupropion hcl oral tablet	2	
chlordiazepoxide-amitriptyline oral tablet	2	

Drug Name	Drug Tier	Requirements/ Limits
chlorpromazine hcl oral tablet	2	
citalopram hydrobromide oral solution	2	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral capsule	2	PA
clozapine oral tablet 100 mg, 200 mg, 50 mg	2	*
clozapine oral tablet 25 mg	2	
clozapine oral tablet dispersible 100 mg, 25 mg	2	
clozapine oral tablet dispersible 12.5 mg, 150 mg, 200 mg	2	*
compro rectal suppository	2	
desipramine hcl oral tablet	2	PA
desvenlafaxine er oral tablet extended release 24 hour	2	
desvenlafaxine succinate er oral tablet extended release 24 hour	2	
doxepin hcl oral capsule	2	
doxepin hcl oral concentrate	2	
duloxetine hcl oral capsule delayed release particles	2	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	

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Drug Name	Drug Tier	Requirements/ Limits
escitalopram oxalate oral solution	2	
escitalopram oxalate oral tablet	2	
FANAPT ORAL TABLET 1 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	
FANAPT ORAL TABLET 10 MG	4	
FANAPT TITRATION PACK ORAL TABLET	4	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	2	
fluoxetine hcl oral solution	2	
fluoxetine hcl oral tablet	2	
fluphenazine decanoate injection solution	2	
fluphenazine hcl injection solution	2	
fluphenazine hcl oral concentrate	2	
fluphenazine hcl oral elixir	2	
fluphenazine hcl oral tablet	2	
fluvoxamine maleate er oral capsule extended release 24 hour	2	

Drug Name	Drug Tier	Requirements/ Limits
fluvoxamine maleate oral tablet	2	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
haloperidol decanoate intramuscular solution	2	
haloperidol lactate injection solution	2	
haloperidol lactate oral concentrate	2	
haloperidol oral tablet	2	
imipramine hcl oral tablet	2	PA
imipramine pamoate oral capsule	2	PA
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	*
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	5	*
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
LATUDA ORAL TABLET	5	PA
lithium carbonate er oral tablet extended release	2	

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Drug Name	Drug Tier	Requirements/ Limits
lithium carbonate oral capsule	2	
lithium carbonate oral tablet	2	
LITHIUM ORAL SOLUTION	3	
loxapine succinate oral capsule	2	
maprotiline hcl oral tablet	2	
MARPLAN ORAL TABLET	4	
mirtazapine oral tablet	2	
mirtazapine oral tablet dispersible	2	
molindone hcl oral tablet	2	
nefazodone hcl oral tablet	2	
nortriptyline hcl oral capsule	2	PA
nortriptyline hcl oral solution	2	PA
NUPLAZID ORAL CAPSULE	5	
NUPLAZID ORAL TABLET	5	
olanzapine intramuscular solution reconstituted	2	*
olanzapine oral tablet	2	
olanzapine oral tablet dispersible	2	
olanzapine-fluoxetine hcl oral capsule	2	
paliperidone er oral tablet extended release 24 hour	2	

Drug Name	Drug Tier	Requirements/ Limits
paroxetine hcl er oral tablet extended release 24 hour	2	PA
paroxetine hcl oral tablet 10 mg, 20 mg	1	PA
paroxetine hcl oral tablet 30 mg, 40 mg	2	PA
paroxetine mesylate oral capsule	2	
PAXIL ORAL SUSPENSION	4	PA
perphenazine oral tablet	2	
perphenazine-amitriptyline oral tablet	2	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	5	
PEXEVA ORAL TABLET	4	PA
phenelzine sulfate oral tablet	2	
pimozide oral tablet	2	
prochlorperazine maleate oral tablet	2	
prochlorperazine rectal suppository	2	
protriptyline hcl oral tablet	2	PA
quetiapine fumarate er oral tablet extended release 24 hour	2	
quetiapine fumarate oral tablet	2	
REXULTI ORAL TABLET	5	

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Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG	4	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 37.5 MG, 50 MG	5	*
risperidone oral solution	2	
risperidone oral tablet	2	
risperidone oral tablet dispersible	2	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	5	PA
sertraline hcl oral concentrate	2	
sertraline hcl oral tablet	2	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	5	PA; *
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	5	PA; *
thioridazine hcl oral tablet	2	
thiothixene oral capsule	2	
tofranil oral tablet	2	PA
tranlycypromine sulfate oral tablet	2	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	
trazodone hcl oral tablet 300 mg	2	
trifluoperazine hcl oral tablet	2	

Drug Name	Drug Tier	Requirements/ Limits
trimipramine maleate oral capsule	2	PA
TRINTELLIX ORAL TABLET	4	
venlafaxine hcl er oral capsule extended release 24 hour	2	
venlafaxine hcl er oral tablet extended release 24 hour	2	
venlafaxine hcl oral tablet	2	
VERSACLOZ ORAL SUSPENSION	4	
VIIBRYD ORAL TABLET	4	
VIIBRYD STARTER PACK ORAL KIT	4	
VRAYLAR ORAL CAPSULE	5	PA
VRAYLAR ORAL CAPSULE THERAPY PACK	4	PA
ziprasidone hcl oral capsule	2	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	*
DIABETIC SUPPLIES		
DIABETIC SUPPLIES		
alcohol prep pads pad 70 %	2	
cvs gauze sterile pad 2"x2"	2	
insulin pen needles 29g x 12mm	2	

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Drug Name	Drug Tier	Requirements/ Limits
insulin syringes 28g x 1/2" 0.5 ml, 29g 0.3 ml, 29g x 1/2" 1 ml	2	
OMNIPOD STARTER KIT	5	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AND ALKALINIZING AGENTS		
potassium citrate er oral tablet extended release	2	
SODIUM LACTATE INTRAVENOUS SOLUTION	4	HI; *
AMMONIA DETOXICANTS		
BUPHENYL ORAL POWDER	5	
BUPHENYL ORAL TABLET	5	
CARBAGLU ORAL TABLET	4	
constulose oral solution	2	
enulose oral solution	2	
generlac oral solution	2	
kristalose oral packet	2	
lactulose oral packet	2	
lactulose oral solution 10 gm/15ml	2	
LITHOSTAT ORAL TABLET	4	
RAVICTI ORAL LIQUID	5	
sodium phenylbutyrate oral powder	2	
sodium phenylbutyrate oral tablet	2	

Drug Name	Drug Tier	Requirements/ Limits
CALORIC AGENTS		
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	4	HI; *
CLINIMIX E/DEXTROSE (2.75/10) INTRAVENOUS SOLUTION 2.75 %	3	*
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	HI; *
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	HI; *
CLINIMIX E/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %	3	*
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	HI; *
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	HI; *
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	HI; *
CLINIMIX E/DEXTROSE (5/25) INTRAVENOUS SOLUTION 5 %	3	*
CLINIMIX/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	3	*

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Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	HI; *
CLINIMIX/DEXTROSE (4.25/20) INTRAVENOUS SOLUTION 4.25 %	3	*
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	HI; *
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	HI; *
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	HI; *
CLINIMIX/DEXTROSE (5/25) INTRAVENOUS SOLUTION	3	*
clinisol sf intravenous solution	2	HI; *
DEXTROSE INTRAVENOUS SOLUTION 10 %	2	HI; *
dextrose intravenous solution 5 %	2	HI
FREAMINE HBC INTRAVENOUS SOLUTION	4	HI; *
HEPATAMINE INTRAVENOUS SOLUTION	4	HI; *
INTRALIPID INTRAVENOUS EMULSION 20 %	2	HI
INTRALIPID INTRAVENOUS EMULSION 30 %	4	HI; *

Drug Name	Drug Tier	Requirements/ Limits
NEPHRAMINE INTRAVENOUS SOLUTION	3	HI; *
NUTRILIPID INTRAVENOUS EMULSION	2	HI; *
plenamine intravenous solution	2	HI; *
premasol intravenous solution 10 %	2	HI
premasol intravenous solution 6 %	2	HI; *
PROCALAMINE INTRAVENOUS SOLUTION	3	HI; *
PROSOL INTRAVENOUS SOLUTION	4	HI; *
TRAVASOL INTRAVENOUS SOLUTION	2	HI; *
TROPHAMINE INTRAVENOUS SOLUTION	3	HI; *
DIURETICS		
amiloride hcl oral tablet	2	
amiloride-hydrochlorothiazide oral tablet	1	
bumetanide injection solution	2	
bumetanide oral tablet	2	
chlorothiazide oral tablet	2	
chlorthalidone oral tablet	2	
DIURIL ORAL SUSPENSION	3	

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Drug Name	Drug Tier	Requirements/ Limits
DYRENIUM ORAL CAPSULE 100 MG	3	
DYRENIUM ORAL CAPSULE 50 MG	4	
EDECRIN ORAL TABLET	5	
ethacrynic acid oral tablet	2	
furosemide injection solution	2	HI; *
furosemide oral solution	2	
furosemide oral tablet	1	
hydrochlorothiazide oral capsule	2	
hydrochlorothiazide oral tablet	1	
indapamide oral tablet	1	
JYNARQUE ORAL TABLET	5	
JYNARQUE ORAL TABLET THERAPY PACK	5	
methyclothiazide oral tablet 5 mg	2	
metolazone oral tablet	2	
SAMSCA ORAL TABLET	4	
SODIUM EDECRIN INTRAVENOUS SOLUTION RECONSTITUTED	4	*
toremide oral tablet	2	
triamterene-hctz oral capsule	2	
triamterene-hctz oral tablet	1	
ION-REMOVING AGENTS		

Drug Name	Drug Tier	Requirements/ Limits
AURYXIA ORAL TABLET	5	PA
FOSRENOL ORAL PACKET	5	
kionex oral suspension	2	
lanthanum carbonate oral tablet chewable	2	
LOKELMA ORAL PACKET	4	
sevelamer carbonate oral packet	2	
sevelamer carbonate oral tablet	2	
sevelamer hcl oral tablet	2	
sodium polystyrene sulfonate oral powder	2	
sodium polystyrene sulfonate oral suspension	2	
sps oral suspension	2	
VELPHORO ORAL TABLET CHEWABLE	5	
VELTASSA ORAL PACKET	4	
REPLACEMENT PREPARATIONS		
calcium acetate (phos binder) oral capsule	2	
calcium acetate (phos binder) oral tablet	2	
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 10-0.45 %	3	HI; *

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Drug Name	Drug Tier	Requirements/ Limits
DEXTROSE-NACL INTRAVENOUS SOLUTION 2.5-0.45 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	2	HI; *
DEXTROSE-NACL INTRAVENOUS SOLUTION 5-0.2 %	2	HI
DEXTROSE-NACL INTRAVENOUS SOLUTION 5-0.225 %	4	HI; *
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	4	HI; *
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	HI; *
ISOLYTE-S INTRAVENOUS SOLUTION	4	HI; *
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 10-5-0.45 MEQ/L-%-%, 20-5-0.45 MEQ/L-%-%, 30-5-0.45 MEQ/L-%-%, 40-5-0.45 MEQ/L-%-%	2	HI
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.2 MEQ/L-%-%, 20-5-0.9 MEQ/L-%-%	2	HI; *
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.33 MEQ/L-%-%	4	HI; *
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 40-5-0.9 MEQ/L-%-%	3	HI; *

Drug Name	Drug Tier	Requirements/ Limits
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION	3	HI; *
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	2	
klor-con m10 oral tablet extended release	2	
klor-con m15 oral tablet extended release	2	
klor-con m20 oral tablet extended release	2	
klor-con oral packet	2	
KLOR-CON ORAL TABLET EXTENDED RELEASE	2	
klor-con sprinkle oral capsule extended release 8 meq	2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	2	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	4	HI; *
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	4	HI; *
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	4	HI; *
PHOSLYRA ORAL SOLUTION	3	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	3	HI; *
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	HI; *

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Drug Name	Drug Tier	Requirements/ Limits
potassium chloride crystal oral tablet extended release	2	
potassium chloride oral capsule extended release	2	
potassium chloride oral tablet extended release	2	
POTASSIUM CHLORIDE IN DEXTROSE INTRAVENOUS SOLUTION	2	HI; *
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%	2	HI
POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.9 MEQ/L-%, 40-0.9 MEQ/L-%	2	HI
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML	2	HI
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	2	HI
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 20 MEQ/100ML, 40 MEQ/100ML	2	HI; *
potassium chloride oral packet	2	

Drug Name	Drug Tier	Requirements/ Limits
potassium chloride oral solution	2	
sodium chloride injection solution 2.5 meq/ml	2	
SODIUM CHLORIDE INTRAVENOUS SOLUTION 0.45 %, 3 %, 5 %	2	HI; *
sodium chloride intravenous solution 0.9 %	2	HI
TPN ELECTROLYTES INTRAVENOUS SOLUTION	2	HI; *
URICOSURIC AGENTS		
colchicine-probenecid oral tablet	2	
probenecid oral tablet	2	
ENZYMES		
ENZYMES		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	3	
ALDURAZYME INTRAVENOUS SOLUTION	3	*
CERDELGA ORAL CAPSULE	5	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED	5	*
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
ELAPRASE INTRAVENOUS SOLUTION	5	

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Drug Name	Drug Tier	Requirements/ Limits
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED	5	*
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG	3	*
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	5	*
KANUMA INTRAVENOUS SOLUTION	5	*
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	5	*
miglustat oral capsule	5	
NAGLAZYME INTRAVENOUS SOLUTION	5	*
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES	4	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 4000 UNIT, 8000 UNIT	4	
PULMOZYME INHALATION SOLUTION	5	B/D
REVCIVI INTRAMUSCULAR SOLUTION	5	

Drug Name	Drug Tier	Requirements/ Limits
STRENSIQ SUBCUTANEOUS SOLUTION	5	
SUCRAID ORAL SOLUTION	4	
VIMIZIM INTRAVENOUS SOLUTION	5	*
VIOKACE ORAL TABLET	4	
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED	5	*
ZAVESCA ORAL CAPSULE	5	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTIALLERGIC AGENTS		
ALOCIL OPHTHALMIC SOLUTION	4	
ALOMIDE OPHTHALMIC SOLUTION	4	
azelastine hcl nasal solution 0.1 %, 0.15 %	2	
azelastine hcl ophthalmic solution	2	
BEPREVE OPHTHALMIC SOLUTION	4	
cromolyn sodium ophthalmic solution	2	
epinastine hcl ophthalmic solution	2	

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Drug Name	Drug Tier	Requirements/ Limits
LASTACFT OPHTHALMIC SOLUTION	4	
olopatadine hcl nasal solution	2	
olopatadine hcl ophthalmic solution	2	
PAZEO OPHTHALMIC SOLUTION	4	
ANTIGLAUCOMA AGENTS		
acetazolamide er oral capsule extended release 12 hour	2	
acetazolamide oral tablet	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	4	
AZOPT OPHTHALMIC SUSPENSION	4	
betaxolol hcl ophthalmic solution	2	
BETIMOL OPHTHALMIC SOLUTION	4	
BETOPTIC-S OPHTHALMIC SUSPENSION	4	
bimatoprost ophthalmic solution	2	
BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.15 %	2	
brimonidine tartrate ophthalmic solution 0.2 %	2	
carteolol hcl ophthalmic solution	2	

Drug Name	Drug Tier	Requirements/ Limits
COMBIGAN OPHTHALMIC SOLUTION	4	
dorzolamide hcl ophthalmic solution	2	
dorzolamide hcl-timolol mal ophthalmic solution	2	
dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml	2	
latanoprost ophthalmic solution	2	
levobunolol hcl ophthalmic solution	2	
LUMIGAN OPHTHALMIC SOLUTION	4	
methazolamide oral tablet	2	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	3	
pilocarpine hcl ophthalmic solution	2	
SIMBRINZA OPHTHALMIC SUSPENSION	4	
timolol maleate ophthalmic gel forming solution	4	
timolol maleate ophthalmic solution	2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	4	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION	4	

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Drug Name	Drug Tier	Requirements/ Limits
TRAVATAN Z OPHTHALMIC SOLUTION	4	
VYZULTA OPHTHALMIC SOLUTION	4	PA
XELPROS OPHTHALMIC EMULSION	4	
ZIOPTAN OPHTHALMIC SOLUTION	4	
ANTI-INFECTIVES		
AZASITE OPHTHALMIC SOLUTION	4	
bacitracin ophthalmic ointment	2	
bacitracin-polymyxin b ophthalmic ointment	2	
BESIVANCE OPHTHALMIC SUSPENSION	4	
bleph-10 ophthalmic solution	2	
CETRAXAL OTIC SOLUTION	4	
chlorhexidine gluconate mouth/throat solution	2	
CILOXAN OPHTHALMIC OINTMENT	3	
ciprofloxacin hcl ophthalmic solution	2	
CIPROFLOXACIN HCL OTIC SOLUTION	4	
erythromycin ophthalmic ointment	2	
gatifloxacin ophthalmic solution	2	

Drug Name	Drug Tier	Requirements/ Limits
gentak ophthalmic ointment	2	
gentamicin sulfate ophthalmic solution	2	
levofloxacin ophthalmic solution	2	
MOXEZA OPHTHALMIC SOLUTION	4	
moxifloxacin hcl ophthalmic solution	2	
NATACYN OPHTHALMIC SUSPENSION	3	
neomycin-bacitracin zn- polymyx ophthalmic ointment 5-400-10000	2	
neomycin-polymyxin- gramicidin ophthalmic solution	2	
ofloxacin ophthalmic solution	2	
ofloxacin otic solution	2	
OTOVEL OTIC SOLUTION	4	
polymyxin b- trimethoprim ophthalmic solution	2	
sulfacetamide sodium ophthalmic ointment	2	
sulfacetamide sodium ophthalmic solution	2	
tobramycin ophthalmic solution	2	
TOBREX OPHTHALMIC OINTMENT	3	
trifluridine ophthalmic solution	2	

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Drug Name	Drug Tier	Requirements/ Limits
ZIRGAN OPHTHALMIC GEL	4	
ANTI-INFLAMMATORY AGENTS		
ACUVAIL OPHTHALMIC SOLUTION	4	
ALREX OPHTHALMIC SUSPENSION	4	
bacitra-neomycin-polymyxin-hc ophthalmic ointment	2	
BECONASE AQ NASAL SUSPENSION	4	
BLEPHAMIDE OPHTHALMIC SUSPENSION	3	
blephamide s.o.p. ophthalmic ointment	2	
bromfenac sodium (once-daily) ophthalmic solution	2	
BROMSITE OPHTHALMIC SOLUTION	4	
CIPRO HC OTIC SUSPENSION	4	
CIPRODEX OTIC SUSPENSION	3	
COLY-MYCIN S OTIC SUSPENSION	3	
dexamethasone sodium phosphate ophthalmic solution	2	
diclofenac sodium ophthalmic solution	2	
DUREZOL OPHTHALMIC EMULSION	4	
flac otic oil	2	

Drug Name	Drug Tier	Requirements/ Limits
FLAREX OPHTHALMIC SUSPENSION	4	
flunisolide nasal solution	2	
fluocinolone acetonide otic oil	2	
fluorometholone ophthalmic suspension	2	
flurbiprofen sodium ophthalmic solution	2	
fluticasone propionate nasal suspension	2	
FML FORTE OPHTHALMIC SUSPENSION	3	
FML OPHTHALMIC OINTMENT	3	
hydrocortisone-acetic acid otic solution	2	
ILEVRO OPHTHALMIC SUSPENSION	4	
INVELTYS OPHTHALMIC SUSPENSION	4	
ketorolac tromethamine ophthalmic solution	2	
LOTEMAX OPHTHALMIC GEL	4	
LOTEMAX OPHTHALMIC OINTMENT	4	
loteprednol etabonate ophthalmic suspension	2	
MAXIDEX OPHTHALMIC SUSPENSION	4	
mometasone furoate nasal suspension	2	

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Drug Name	Drug Tier	Requirements/ Limits
neomycin-polymyxin-dexameth ophthalmic ointment	2	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	2	
neomycin-polymyxin-hc ophthalmic suspension	2	
neomycin-polymyxin-hc otic solution 1 %	2	
neomycin-polymyxin-hc otic suspension	2	
NEVANAC OPTHALMIC SUSPENSION	4	
OMNARIS NASAL SUSPENSION	4	
PRED MILD OPTHALMIC SUSPENSION	3	
PRED-G OPTHALMIC SUSPENSION	3	
PRED-G S.O.P. OPTHALMIC OINTMENT	3	
prednisolone acetate ophthalmic suspension	2	
prednisolone sodium phosphate ophthalmic solution	2	
PROLENSA OPTHALMIC SOLUTION	4	
QNASL CHILDRENS NASAL AEROSOL SOLUTION	4	
QNASL NASAL AEROSOL SOLUTION	4	

Drug Name	Drug Tier	Requirements/ Limits
RESTASIS OPTHALMIC EMULSION	4	
sulfacetamide-prednisolone ophthalmic solution	2	
TOBRADEX OPTHALMIC OINTMENT	3	
TOBRADEX ST OPTHALMIC SUSPENSION	4	
tobramycin-dexamethasone ophthalmic suspension	2	
XHANCE NASAL EXHALER SUSPENSION	4	
XIIDRA OPTHALMIC SOLUTION	4	
ZETONNA NASAL AEROSOL SOLUTION	4	
ZYLET OPTHALMIC SUSPENSION	4	
EENT DRUGS, MISCELLANEOUS		
acetic acid otic solution	2	
apraclonidine hcl ophthalmic solution	2	
ATROPINE SULFATE OPTHALMIC SOLUTION	2	
CYSTARAN OPTHALMIC SOLUTION	4	
IOPIDINE OPTHALMIC SOLUTION	3	
LACRISERT OPTHALMIC INSERT	3	

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Drug Name	Drug Tier	Requirements/ Limits
LUCENTIS INTRAVITREAL SOLUTION	5	*
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE	5	*
OXERVATE OPHTHALMIC SOLUTION	5	
RHOPRESSA OPHTHALMIC SOLUTION	4	PA
LOCAL ANESTHETICS		
lidocaine viscous hcl mouth/throat solution	2	
proparacaine hcl ophthalmic solution	2	
GASTROINTESTINAL DRUGS		
ANTIDIARRHEA AGENTS		
diphenoxylate-atropine oral liquid	2	
diphenoxylate-atropine oral tablet	2	
loperamide hcl oral capsule	2	
MYTESI ORAL TABLET DELAYED RELEASE	4	
XERMELO ORAL TABLET	5	
ANTIEMETICS		
AKYNZEO ORAL CAPSULE	3	B/D
ANZEMET ORAL TABLET	4	B/D
aprepitant oral capsule	2	B/D

Drug Name	Drug Tier	Requirements/ Limits
BONJESTA ORAL TABLET EXTENDED RELEASE	4	
CESAMET ORAL CAPSULE	4	B/D
doxylamine-pyridoxine oral tablet delayed release	2	
dronabinol oral capsule	2	B/D
EMEND ORAL SUSPENSION RECONSTITUTED	4	B/D
granisetron hcl oral tablet	2	B/D
meclizine hcl oral tablet	2	
ondansetron hcl oral solution	2	B/D
ondansetron hcl oral tablet	2	B/D
ondansetron odt oral tablet dispersible	2	B/D
SANCUSO TRANSDERMAL PATCH	4	
scopolamine transdermal patch 72 hour	2	
SYNDROS ORAL SOLUTION	5	B/D
trimethobenzamide hcl oral capsule	2	B/D
VARUBI ORAL TABLET	4	B/D
ZUPLENZ ORAL FILM	4	B/D
ANTI-INFLAMMATORY AGENTS		
alosetron hcl oral tablet	2	
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	

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Drug Name	Drug Tier	Requirements/ Limits
balsalazide disodium oral capsule	2	
colazal oral capsule	2	
DIPENTUM ORAL CAPSULE	5	
LIALDA ORAL TABLET DELAYED RELEASE	2	
mesalamine oral capsule delayed release	2	
mesalamine oral tablet delayed release	2	
mesalamine rectal enema	2	
mesalamine rectal suppository	2	
PENTASA ORAL CAPSULE EXTENDED RELEASE	3	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
amoxicill-clarithro-lansopraz oral	2	
CARAFATE ORAL SUSPENSION	3	
cimetidine hcl oral solution	2	
cimetidine oral tablet	2	
DEXILANT ORAL CAPSULE DELAYED RELEASE	4	
esomeprazole magnesium oral capsule delayed release	2	
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE DELAYED RELEASE	4	

Drug Name	Drug Tier	Requirements/ Limits
famotidine oral suspension reconstituted	2	
famotidine oral tablet 20 mg, 40 mg	2	
lansoprazole oral capsule delayed release	2	
lansoprazole oral tablet dispersible	2	
misoprostol oral tablet	2	
NEXIUM ORAL PACKET	4	
nizatidine oral capsule	2	
nizatidine oral solution	2	
OMECLAMOX-PAK ORAL	4	
omeprazole oral capsule delayed release	2	
omeprazole-sodium bicarbonate oral capsule	2	
omeprazole-sodium bicarbonate oral packet	2	
pantoprazole sodium oral tablet delayed release	2	
pepcid oral tablet	2	
PRILOSEC ORAL PACKET	4	
PROTONIX ORAL PACKET	3	
PYLERA ORAL CAPSULE	5	
rabeprazole sodium oral tablet delayed release	2	
ranitidine hcl oral capsule	2	
ranitidine hcl oral syrup 75 mg/5ml	2	

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Drug Name	Drug Tier	Requirements/ Limits
ranitidine hcl oral tablet 150 mg, 300 mg	2	
sucralfate oral tablet	2	
CATHARTICS AND LAXATIVES		
gavilyte-c oral solution reconstituted	2	
gavilyte-g oral solution reconstituted	2	
gavilyte-n with flavor pack oral solution reconstituted	2	
OSMOPREP ORAL TABLET	4	
peg 3350/electrolytes oral solution reconstituted	2	
peg 3350-kcl-na bicarb- nacl oral solution reconstituted	2	
peg-3350/electrolytes oral solution reconstituted	2	
PLENVU ORAL SOLUTION RECONSTITUTED	4	
SUPREP BOWEL PREP KIT ORAL SOLUTION	4	
trilyte oral solution reconstituted	2	
GI DRUGS, MISCELLANEOUS		
AMITIZA ORAL CAPSULE	4	
CHOLBAM ORAL CAPSULE	5	

Drug Name	Drug Tier	Requirements/ Limits
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	5	*
GATTEX SUBCUTANEOUS KIT	5	PA
LINZESS ORAL CAPSULE	3	PA
metoclopramide hcl oral solution 5 mg/5ml	2	
metoclopramide hcl oral tablet	2	
metoclopramide hcl oral tablet dispersible	2	
MOVANTIK ORAL TABLET	4	
OCALIVA ORAL TABLET	5	
RELISTOR ORAL TABLET	5	
RELISTOR SUBCUTANEOUS SOLUTION	5	
SYMPROIC ORAL TABLET	4	
TRULANCE ORAL TABLET	4	
ursodiol oral capsule	2	
ursodiol oral tablet	2	
VIBERZI ORAL TABLET	5	
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
CHEMET ORAL CAPSULE	3	
CUPRIMINE ORAL CAPSULE	4	

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Drug Name	Drug Tier	Requirements/ Limits
deferasirox oral tablet soluble 125 mg	2	
deferasirox oral tablet soluble 250 mg, 500 mg	5	
DEPEN TITRATABS ORAL TABLET	3	
EXJADE ORAL TABLET SOLUBLE	5	
FERRIPROX ORAL SOLUTION	5	
FERRIPROX ORAL TABLET	5	
JADENU ORAL TABLET	5	
JADENU SPRINKLE ORAL PACKET	5	
penicillamine oral capsule	5	
trientine hcl oral capsule	2	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
budesonide er oral tablet extended release 24 hour	5	
budesonide oral capsule delayed release particles	2	
cortisone acetate oral tablet	2	
decadron oral elixir	2	B/D
decadron oral tablet 4 mg, 6 mg	2	B/D
deltasone oral tablet 20 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	3	
dexamethasone intensol oral concentrate	2	
dexamethasone oral elixir	2	B/D
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg	2	
dexamethasone oral tablet 4 mg, 6 mg	2	B/D
dexamethasone oral tablet therapy pack	2	
dexpak 13 day oral tablet therapy pack	2	
EMFLAZA ORAL SUSPENSION	5	
EMFLAZA ORAL TABLET	5	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	5	
fludrocortisone acetate oral tablet	2	
hydrocortisone oral tablet	2	
INTRAROSA VAGINAL INSERT	4	PA
KENALOG INJECTION SUSPENSION 10 MG/ML	3	
MEDROL ORAL TABLET 2 MG	3	
methylprednisolone oral tablet	2	
methylprednisolone oral tablet therapy pack	2	

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Drug Name	Drug Tier	Requirements/ Limits
millipred oral tablet	2	B/D
prednisolone oral solution	2	B/D
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	2	B/D
prednisolone sodium phosphate oral tablet dispersible	2	B/D
prednisone intensol oral concentrate	2	
prednisone oral solution	2	
prednisone oral tablet	2	
prednisone oral tablet therapy pack	2	
RAYOS ORAL TABLET DELAYED RELEASE	4	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM, 500 MG	3	
taperdex 12-day oral tablet therapy pack	2	
taperdex 6-day oral tablet therapy pack	2	
taperdex 7-day oral tablet therapy pack	2	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	4	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	5	

Drug Name	Drug Tier	Requirements/ Limits
veripred 20 oral solution 20 mg/5ml	2	B/D
ANDROGENS		
ANADROL-50 ORAL TABLET	3	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	
AVEED INTRAMUSCULAR SOLUTION	4	*
danazol oral capsule	2	
depo-testosterone intramuscular solution	2	
methitest oral tablet	2	
methyltestosterone oral capsule	2	
oxandrolone oral tablet 10 mg	5	
oxandrolone oral tablet 2.5 mg	2	
STRIANT BUCCAL	4	
testosterone cypionate intramuscular solution	2	
testosterone enanthate intramuscular solution	2	
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	2	
testosterone transdermal solution	2	

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Drug Name	Drug Tier	Requirements/ Limits
XYOSTED SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	
CONTRACEPTIVES		
altavera oral tablet	2	
alyacen 1/35 oral tablet	2	
amethia lo oral tablet	2	
amethia oral tablet	2	
apri oral tablet	2	
aranelle oral tablet	2	
ashlyna oral tablet	2	
aubra oral tablet	2	
aviane oral tablet	2	
balziva oral tablet	2	
blisovi 24 fe oral tablet	2	
blisovi fe 1.5/30 oral tablet	2	
briellyn oral tablet	2	
camila oral tablet	2	
camrese lo oral tablet	2	
caziant oral tablet	2	
cryselle-28 oral tablet	2	
cyclafem 1/35 oral tablet	2	
cyclafem 7/7/7 oral tablet	2	
cyred oral tablet	2	
deblitane oral tablet	2	
delyla oral tablet	2	
desogestrel-ethinyl estradiol oral tablet	2	
drospiren-eth estrad- levomefol oral tablet 3- 0.02-0.451 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
drospirenone-ethinyl estradiol oral tablet	2	
ELLA ORAL TABLET	3	
emoquette oral tablet	2	
enpresse-28 oral tablet	2	
enskyce oral tablet	2	
errin oral tablet	2	
estarylla oral tablet	2	
ethynodiol diac-eth estradiol oral tablet	2	
falmina oral tablet	2	
fayosim oral tablet	2	
femynor oral tablet	2	
gianvi oral tablet	2	
hailey 24 fe oral tablet	2	
incassia oral tablet	2	
introvale oral tablet	2	
isibloom oral tablet	2	
jasmiel oral tablet	2	
JOLIVETTE ORAL TABLET 0.35 MG	2	
juleber oral tablet	2	
junel 1.5/30 oral tablet	2	
junel 1/20 oral tablet	2	
junel fe 1.5/30 oral tablet	2	
junel fe 1/20 oral tablet	2	
junel fe 24 oral tablet	2	
kaitlib fe oral tablet chewable	2	
kariva oral tablet	2	
kelnor 1/35 oral tablet	2	
kelnor 1/50 oral tablet	2	
kurvelo oral tablet	2	

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Drug Name	Drug Tier	Requirements/ Limits
larin 1.5/30 oral tablet	2	
larin 1/20 oral tablet	2	
larin fe 1.5/30 oral tablet	2	
larin fe 1/20 oral tablet	2	
larissia oral tablet	2	
LAYOLIS FE ORAL TABLET CHEWABLE	2	
leena oral tablet	2	
lessina oral tablet	2	
levonest oral tablet	2	
levonorgest-eth est & eth est oral tablet	2	
levonorgest-eth estrad 91-day oral tablet	2	
levonorgestrel-ethinyl estradiol oral tablet	2	
levonorg-eth estrad triphasic oral tablet	2	
levora 0.15/30 (28) oral tablet	2	
LO LOESTRIN FE ORAL TABLET	4	
loestrin 1.5/30 (21) oral tablet	2	
loestrin 1/20 (21) oral tablet	2	
loestrin fe 1.5/30 oral tablet	2	
loestrin fe 1/20 oral tablet	2	
loryna oral tablet	2	
low-ogestrel oral tablet	2	
lutera oral tablet	2	
lyza oral tablet	2	
marlissa oral tablet	2	

Drug Name	Drug Tier	Requirements/ Limits
melodetta 24 fe oral tablet chewable	2	
mibelas 24 fe oral tablet chewable	2	
microgestin 1.5/30 oral tablet	2	
microgestin 1/20 oral tablet	2	
microgestin fe 1.5/30 oral tablet	2	
microgestin fe 1/20 oral tablet	2	
mili oral tablet	2	
MONONESSA ORAL TABLET	2	
NATAZIA ORAL TABLET	4	
necon 0.5/35 (28) oral tablet	2	
necon 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	2	
nikki oral tablet	2	
nora-be oral tablet	2	
norethin ace-eth estrad- fe oral tablet 1-20 mg- mcg(24)	2	
norethin ace-eth estrad- fe oral tablet chewable	2	
norethindrone acet- ethinyl est oral tablet	2	
norethindrone oral tablet	2	
norethin-eth estradiol-fe oral tablet chewable	2	
norgestimate-eth estradiol oral tablet	2	
norgestimate-ethinyl estradiol triphasic oral tablet	2	

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Drug Name	Drug Tier	Requirements/ Limits
norlyroc oral tablet	2	
nortrel 0.5/35 (28) oral tablet	2	
nortrel 1/35 (21) oral tablet	2	
nortrel 1/35 (28) oral tablet	2	
nortrel 7/7/7 oral tablet	2	
NUVARING VAGINAL RING	4	
ocella oral tablet	2	
ogestrel oral tablet	2	
orsythia oral tablet	2	
pimtrex oral tablet	2	
pirmella 1/35 oral tablet	2	
portia-28 oral tablet	2	
previfem oral tablet	2	
reclipsen oral tablet	2	
rivelsa oral tablet	2	
setlakin oral tablet	2	
sharobel oral tablet	2	
sprintec 28 oral tablet	2	
sronyx oral tablet	2	
syeda oral tablet	2	
tarina 24 fe oral tablet	2	
tarina fe 1/20 oral tablet	2	
tri-estarylla oral tablet	2	
tri-legest fe oral tablet	2	
tri-lo-estarylla oral tablet	2	
tri-lo-sprintec oral tablet	2	
tri-mili oral tablet	2	
trinessa (28) oral tablet	2	
tri-previfem oral tablet	2	

Drug Name	Drug Tier	Requirements/ Limits
tri-sprintec oral tablet	2	
trivora (28) oral tablet	2	
tri-vylibra lo oral tablet	2	
tri-vylibra oral tablet	2	
tydemy oral tablet	2	
velivet oral tablet	2	
vienva oral tablet	2	
vyfemla oral tablet	2	
vylibra oral tablet	2	
wymzya fe oral tablet chewable	2	
xulane transdermal patch weekly	2	
zarah oral tablet	2	
zovia 1/35e (28) oral tablet	2	
DIABETIC AGENTS		
acarbose oral tablet	2	
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT	4	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	
ADMELOG SUBCUTANEOUS SOLUTION	4	

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Drug Name	Drug Tier	Requirements/ Limits
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT	4	
AFREZZA INHALATION POWDER 90 X 8 UNIT & 90X12 UNIT	5	
alogliptin benzoate oral tablet	2	ST
ALOGLIPTIN- METFORMIN HCL ORAL TABLET	2	ST
alogliptin-pioglitazone oral tablet	2	ST
APIDRA SOLOSTAR	4	
APIDRA VIAL INJECTION SOLUTION	4	
AVANDIA ORAL TABLET	4	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	4	
BYDUREON PEN	3	
BYETTA 10 MCG PEN	4	
BYETTA 5 MCG PEN	4	
CYCLOSET ORAL TABLET	4	
FARXIGA ORAL TABLET	4	ST

Drug Name	Drug Tier	Requirements/ Limits
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	
FIASP SUBCUTANEOUS SOLUTION	4	
glimepiride oral tablet	1	
glipizide er oral tablet extended release 24 hour	2	
glipizide oral tablet	1	
glipizide xl oral tablet extended release 24 hour	2	
glipizide-metformin hcl oral tablet	2	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	4	
GLUCAGON EMERGENCY INJECTION KIT	3	
glyburide micronized oral tablet	2	ST
glyburide oral tablet	2	ST
glyburide-metformin oral tablet	2	ST
GLYXAMBI ORAL TABLET	4	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	
HUMALOG MIX 50/50 KWIKPEN	4	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION	4	

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Drug Name	Drug Tier	Requirements/ Limits
HUMALOG MIX 75/25 KWIKPEN	4	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION	4	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	
HUMALOG U-100 VIAL AND CARTRIDGE SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
HUMALOG U-100 VIAL AND CARTRIDGE SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	4	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	2	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION	2	
HUMULIN R U-500 KWIKPEN	3	
HUMULIN R U-500 VIAL (CONCENTRATED) SUBCUTANEOUS SOLUTION	3	
HUMULIN R VIAL INJECTION SOLUTION	2	
insulin lispro subcutaneous solution	4	

Drug Name	Drug Tier	Requirements/ Limits
insulin lispro subcutaneous solution pen-injector	4	
INVOKAMET ORAL TABLET	4	ST
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST
INVOKANA ORAL TABLET	4	ST
JANUMET ORAL TABLET	4	ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST
JANUVIA ORAL TABLET	4	ST
JARDIANCE ORAL TABLET	3	
JENTADUETO ORAL TABLET	4	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
KAZANO ORAL TABLET	4	ST
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST
KORLYM ORAL TABLET	5	PA; QL (120 EA per 30 days)
LANTUS U-100 SOLOSTAR	4	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION	3	

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Drug Name	Drug Tier	Requirements/ Limits
LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	
LEVEMIR U-100 VIAL SUBCUTANEOUS SOLUTION	4	
metformin hcl er oral tablet extended release 24 hour	1	
metformin hcl oral tablet	1	
miglitol oral tablet	2	
nateglinide oral tablet	2	
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	4	
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION	4	
NOVOLIN R VIAL INJECTION SOLUTION	4	
NOVOLOG U-100 FLEXPEN	4	
NOVOLOG MIX 70/30 FLEXPEN	4	
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION	4	
NOVOLOG U-100 PENFILL	4	
NOVOLOG U-100 VIAL SUBCUTANEOUS SOLUTION	4	
ONGLYZA ORAL TABLET	4	ST
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	

Drug Name	Drug Tier	Requirements/ Limits
pioglitazone hcl oral tablet	1	
pioglitazone hcl-glimepiride oral tablet	2	
pioglitazone hcl-metformin hcl oral tablet	2	
prandin oral tablet	2	
PROGLYCEM ORAL SUSPENSION	3	
QTERN ORAL TABLET 10-5 MG	4	ST
repaglinide oral tablet	2	
repaglinide-metformin hcl oral tablet	2	
RIOMET ORAL SOLUTION	4	
SEGLUROMET ORAL TABLET	4	ST
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	
STEGLATRO ORAL TABLET	4	ST
STEGLUJAN ORAL TABLET	4	ST
SYMLINPEN 120	4	
SYMLINPEN 60	4	
SYNJARDY ORAL TABLET	4	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
tolazamide oral tablet 250 mg, 500 mg	2	
tolbutamide oral tablet	2	

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Drug Name	Drug Tier	Requirements/ Limits
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	
TRADJENTA ORAL TABLET	4	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	
VICTOZA	4	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	
ESTROGENS AND ANTIESTROGENS		
amabelz oral tablet	2	
ANGELIQ ORAL TABLET	4	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	4	
CLIMARA TRANSDERMAL PATCH WEEKLY	2	
clomiphene citrate oral tablet	2	PA

Drug Name	Drug Tier	Requirements/ Limits
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	4	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	
depo-estradiol intramuscular oil	2	
DIVIGEL TRANSDERMAL GEL 1 MG/GM	4	
dotti transdermal patch twice weekly	2	
DUAVEE ORAL TABLET	4	
ELESTRIN TRANSDERMAL GEL	4	
estrace oral tablet	2	
estrace vaginal cream	2	
estradiol oral tablet	2	
estradiol transdermal patch twice weekly	2	
estradiol transdermal patch weekly	2	
estradiol vaginal cream	2	
estradiol vaginal tablet	2	
estradiol valerate intramuscular oil	2	
estradiol-norethindrone acet oral tablet	2	
ESTRING VAGINAL RING	3	
EVAMIST TRANSDERMAL SOLUTION	4	
FEMRING VAGINAL RING	4	

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Drug Name	Drug Tier	Requirements/ Limits
fyavolv oral tablet	2	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	4	
IMVEXXY STARTER PACK VAGINAL INSERT	4	
jinteli oral tablet	2	
lopreeza oral tablet 1- 0.5 mg	2	
menest oral tablet	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY	4	
mimvey lo oral tablet	2	
mimvey oral tablet	2	
norethindrone-eth estradiol oral tablet	2	
OSPHENA ORAL TABLET	4	PA
prefest oral tablet	2	
PREMARIN INJECTION SOLUTION RECONSTITUTED	3	
PREMARIN ORAL TABLET	4	
PREMARIN VAGINAL CREAM	4	
PREMPHASE ORAL TABLET	4	
PREMPRO ORAL TABLET	4	
raloxifene hcl oral tablet	2	
yuvafem vaginal tablet	2	
GONADOTROPINS		
chorionic gonadotropin intramuscular solution reconstituted	2	PA; *

Drug Name	Drug Tier	Requirements/ Limits
novarel intramuscular solution reconstituted 10000 unit	2	PA; *
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	4	PA
ORILISSA ORAL TABLET	5	
pregnyl intramuscular solution reconstituted	2	PA; *
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	*
OXYTOCICS		
MIFEPREX ORAL TABLET	3	
PARATHYROID		
calcitonin (salmon) nasal solution	2	
cinacalcet hcl oral tablet	2	
FORTEO SUBCUTANEOUS SOLUTION	5	
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN- INJECTOR	5	
PITUITARY		
ACTHAR INJECTION GEL	5	PA; *
DDAVP RHINAL TUBE NASAL SOLUTION	4	

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Drug Name	Drug Tier	Requirements/ Limits
desmopressin ace rhinal tube nasal solution 0.01 %	2	
desmopressin ace spray refrig nasal solution	2	
desmopressin acetate oral tablet	2	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL	4	
NOCTIVA NASAL EMULSION	4	
STIMATE NASAL SOLUTION	3	
SYNAREL NASAL SOLUTION	3	
PROGESTINS		
aygestin oral tablet	2	
CRINONE VAGINAL GEL	4	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
MAKENA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	
medroxyprogesterone acetate intramuscular suspension	2	
medroxyprogesterone acetate intramuscular suspension prefilled syringe	2	

Drug Name	Drug Tier	Requirements/ Limits
medroxyprogesterone acetate oral tablet	2	
megestrol acetate oral suspension 625 mg/5ml	2	
norethindrone acetate oral tablet	2	
progesterone micronized oral capsule	2	
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG	4	PA
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	5	PA
HUMATROPE INJECTION SOLUTION RECONSTITUTED	5	PA
INCRELEX SUBCUTANEOUS SOLUTION	5	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION	5	PA

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Drug Name	Drug Tier	Requirements/ Limits
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	5	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	5	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	5	PA
octreotide acetate injection solution	2	
OMNITROPE SUBCUTANEOUS SOLUTION	2	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA
SAIZEN CLICK.EASY INJECTION SOLUTION RECONSTITUTED 8.8 MG	5	PA
SAIZEN INJECTION SOLUTION RECONSTITUTED	5	PA
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	5	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	5	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	

Drug Name	Drug Tier	Requirements/ Limits
SIGNIFOR SUBCUTANEOUS SOLUTION	5	QL (60 ML per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	4	
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	5	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	4	PA
ZORBIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
THYROID AND ANTITHYROID AGENTS		
LEVO-T ORAL TABLET	2	
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION	4	
levothyroxine sodium oral tablet	2	
LEVOXYL ORAL TABLET	2	
liothyronine sodium oral tablet	2	
methimazole oral tablet	2	
propylthiouracil oral tablet	2	

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Drug Name	Drug Tier	Requirements/ Limits
tapazole oral tablet	2	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	4	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	4	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	4	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	4	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	4	
TIROSINT ORAL CAPSULE	4	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA REDUCTASE INHIBITORS		
dutasteride oral capsule	2	
dutasteride-tamsulosin hcl oral capsule	2	
finasteride oral tablet 5 mg	2	
ANTIDOTES		
acetylcysteine inhalation solution	2	B/D

Drug Name	Drug Tier	Requirements/ Limits
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED	5	*
leucovorin calcium oral tablet	2	
VISTOGARD ORAL PACKET	5	
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED	5	*
ANTIGOUT AGENTS		
allopurinol oral tablet	2	
COLCHICINE ORAL CAPSULE	2	
colchicine oral tablet	2	
MITIGARE ORAL CAPSULE	4	
ULORIC ORAL TABLET	4	
BONE RESORPTION INHIBITORS		
alendronate sodium oral solution	2	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	
alendronate sodium oral tablet 40 mg	2	
BINOSTO ORAL TABLET EFFERVESCENT	4	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
FOSAMAX PLUS D ORAL TABLET	4	

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Drug Name	Drug Tier	Requirements/ Limits
ibandronate sodium oral tablet	2	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	*
risedronate sodium oral tablet	2	
RISEDRONATE SODIUM ORAL TABLET DELAYED RELEASE	2	
XGEVA SUBCUTANEOUS SOLUTION	5	*
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
CIMZIA PREFILLED KIT SUBCUTANEOUS KIT	5	PA
CIMZIA STARTER KIT SUBCUTANEOUS KIT	5	PA
CIMZIA SUBCUTANEOUS KIT	5	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	5	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	

Drug Name	Drug Tier	Requirements/ Limits
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 40 MG/0.8ML (6 PACK)	5	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	5	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA

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Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	5	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	5	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	5	*
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
leflunomide oral tablet	2	

Drug Name	Drug Tier	Requirements/ Limits
OLUMIANT ORAL TABLET	5	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	5	
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
OTEZLA ORAL TABLET	5	PA
OTEZLA ORAL TABLET THERAPY PACK	5	PA
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	5	*
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	5	*
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	5	
SIMPONI ARIA INTRAVENOUS SOLUTION	5	PA

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Drug Name	Drug Tier	Requirements/ Limits
SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
XELJANZ ORAL TABLET	5	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA; QL (30 EA per 30 days)
IMMUNE SUPPRESSANTS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	4	B/D
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	5	B/D
azasan oral tablet	2	B/D
azathioprine oral tablet	2	B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	5	*
BENLYSTA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
cyclosporine intravenous solution	2	B/D; *
cyclosporine modified oral capsule	2	B/D

Drug Name	Drug Tier	Requirements/ Limits
cyclosporine modified oral solution	2	B/D
cyclosporine oral capsule	2	B/D
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	B/D
GAMIFANT INTRAVENOUS SOLUTION	5	*
gengraf oral capsule	2	B/D
gengraf oral solution	2	B/D
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	5	
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	5	
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	5	
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	5	
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	5	
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	5	
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	5	
mycophenolate mofetil hcl intravenous solution reconstituted	2	B/D; *
mycophenolate mofetil oral capsule	2	B/D

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Drug Name	Drug Tier	Requirements/ Limits
mycophenolate mofetil oral suspension reconstituted	4	B/D
mycophenolate mofetil oral tablet	2	B/D
mycophenolate sodium oral tablet delayed release	2	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED	5	B/D; *
PROGRAF INTRAVENOUS SOLUTION	3	B/D; *
PROGRAF ORAL PACKET	5	B/D
RAPAMUNE ORAL SOLUTION	5	B/D
SANDIMMUNE INTRAVENOUS SOLUTION	3	B/D; *
SANDIMMUNE ORAL CAPSULE	3	B/D
SANDIMMUNE ORAL SOLUTION	3	B/D
sirolimus oral solution	5	B/D
sirolimus oral tablet	2	B/D
tacrolimus oral capsule	2	B/D
ZORTRESS ORAL TABLET 0.25 MG	4	B/D
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG, 1 MG	5	B/D
MISCELLANEOUS THERAPEUTIC AGENTS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	4	

Drug Name	Drug Tier	Requirements/ Limits
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
BOTOX INJECTION SOLUTION RECONSTITUTED	3	PA; *
CARNITOR ORAL SOLUTION	2	
CARNITOR ORAL TABLET	2	
CRYSVITA SUBCUTANEOUS SOLUTION	5	
CYSTADANE ORAL POWDER	4	
CYSTAGON ORAL CAPSULE	3	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED	4	PA; *
ELMIRON ORAL CAPSULE	3	
ENDARI ORAL PACKET	5	
EXONDYS 51 INTRAVENOUS SOLUTION	5	PA; *
FIRDAPSE ORAL TABLET	5	PA
GALAFOLD ORAL CAPSULE	5	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
KEYEYIS ORAL TABLET	5	PA; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
KUVAN ORAL PACKET	5	
KUVAN ORAL TABLET SOLUBLE	5	
levocarnitine oral solution	2	
LEVOCARNITINE ORAL TABLET	2	
MESNEX ORAL TABLET	3	*
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
NITYR ORAL TABLET	5	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	4	
ONPATTRO INTRAVENOUS SOLUTION	5	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	4	
ORFADIN ORAL CAPSULE	5	
ORFADIN ORAL SUSPENSION	5	
PROCYSBI ORAL CAPSULE DELAYED RELEASE	5	PA
RIDAURA ORAL CAPSULE	3	
RIMSO-50 INTRAVESICAL SOLUTION	3	*
RUZURGI ORAL TABLET	5	
SODIUM CHLORIDE IRRIGATION SOLUTION	2	*

Drug Name	Drug Tier	Requirements/ Limits
TAKHZYRO SUBCUTANEOUS SOLUTION	5	
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
THIOLA EC ORAL TABLET DELAYED RELEASE	5	
THIOLA ORAL TABLET	5	
ULTOMIRIS INTRAVENOUS SOLUTION	5	*
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	4	PA; *
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	5	PA; *
XURIDEN ORAL PACKET	5	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
CINQAIR INTRAVENOUS SOLUTION	5	*
cromolyn sodium inhalation nebulization solution	2	B/D
cromolyn sodium oral concentrate	2	

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Drug Name	Drug Tier	Requirements/ Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	*
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	*
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	*
zafirlukast oral tablet	2	
zileuton er oral tablet extended release 12 hour	5	PA
ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	PA
ZYFLO ORAL TABLET	4	PA
CYSTIC FIBROSIS		
BETHKIS INHALATION NEBULIZATION SOLUTION	5	PA

Drug Name	Drug Tier	Requirements/ Limits
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	PA
KALYDECO ORAL PACKET	5	PA; QL (60 EA per 30 days)
KALYDECO ORAL TABLET	5	PA; QL (60 EA per 30 days)
KITABIS PAK INHALATION NEBULIZATION SOLUTION	5	PA
ORKAMBI ORAL PACKET	5	PA; QL (120 EA per 30 days)
ORKAMBI ORAL TABLET	5	PA; QL (120 EA per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK	5	PA
TOBI NEBULIZER INHALATION NEBULIZATION SOLUTION	5	PA
TOBI PODHALER INHALATION CAPSULE	5	PA
tobramycin inhalation nebulization solution	2	PA
PULMONARY FIBROSIS		
ESBRIET ORAL CAPSULE	5	PA
ESBRIET ORAL TABLET	5	PA
OFEV ORAL CAPSULE	5	PA
RESPIRATORY AGENTS, MISCELLANEOUS		

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Drug Name	Drug Tier	Requirements/ Limits
ALVESCO INHALATION AEROSOL SOLUTION	3	
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	HI; *
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	5	*
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	4	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH	3	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	4	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ASMANEX HFA INHALATION AEROSOL	3	

Drug Name	Drug Tier	Requirements/ Limits
budesonide inhalation suspension	2	B/D
DALIRESP ORAL TABLET	4	
DULERA INHALATION AEROSOL	4	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	4	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	4	
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3	
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	2	
GLASSIA INTRAVENOUS SOLUTION	5	HI; *
nebulal inhalation nebulization solution 3 %	2	B/D
PROLASTIN-C INTRAVENOUS SOLUTION	5	
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	5	HI; *
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	4	

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Drug Name	Drug Tier	Requirements/ Limits
pulmosal inhalation nebulization solution	2	B/D
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED	4	
sodium chloride inhalation nebulization solution	2	B/D
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; *
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; *
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	5	HI; *
VASODILATING AGENTS		
ADEMPAS ORAL TABLET	5	PA
ambrisentan oral tablet	2	
bosentan oral tablet	5	
LETAIRIS ORAL TABLET	5	
OPSUMIT ORAL TABLET	5	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	
REMODULIN INJECTION SOLUTION	5	B/D; *

Drug Name	Drug Tier	Requirements/ Limits
TRACLEER 32 MG	5	
treprostinil injection solution	5	B/D
TYVASO INHALATION SOLUTION	4	B/D
TYVASO REFILL INHALATION SOLUTION	4	B/D
TYVASO STARTER INHALATION SOLUTION	4	B/D
UPTRAVI ORAL TABLET	5	
UPTRAVI ORAL TABLET THERAPY PACK	5	
VENTAVIS INHALATION SOLUTION	5	B/D
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML	3	HI; *
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML	5	
cutaquig subcutaneous solution 1.65 gm/10ml, 8 gm/48ml	5	
CYTOGAM INTRAVENOUS INJECTABLE	3	*

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Drug Name	Drug Tier	Requirements/ Limits
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML	3	*
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	3	HI; *
GAMASTAN INTRAMUSCULAR INJECTABLE	3	
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	3	*
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	3	HI; *
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	3	HI; *
GAMMAKED INJECTION SOLUTION 1 GM/10ML	3	HI; *
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	4	HI; *
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML	3	HI; *
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	3	HI; *

Drug Name	Drug Tier	Requirements/ Limits
GAMUNEX-C INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	3	*
HYPERRAB S/D INJECTION SOLUTION	3	*
HYQVIA SUBCUTANEOUS KIT	5	*
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	3	*
NABI-HB INTRAMUSCULAR SOLUTION	3	*
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	3	HI; *
OCTAGAM INTRAVENOUS SOLUTION 25 GM/500ML, 5 GM/100ML	3	*
PANZYGA INTRAVENOUS SOLUTION	5	HI
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	3	HI; *
VARIZIG INTRAMUSCULAR SOLUTION	6	*
TOXOIDS		
DIPHTHERIA- TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	6	*

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Drug Name	Drug Tier	Requirements/ Limits
KINRIX INTRAMUSCULAR SUSPENSION	6	*
QUADRACEL INTRAMUSCULAR SUSPENSION	6	*
TDVAX INTRAMUSCULAR SUSPENSION	6	*
TENIVAC INTRAMUSCULAR INJECTABLE	6	*
VACCINES		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	6	*
ADACEL INTRAMUSCULAR SUSPENSION	6	*
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	*
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5- 18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	6	*
DAPTACEL INTRAMUSCULAR SUSPENSION	6	*
ENGERIX-B INJECTION SUSPENSION	6	B/D; *
GARDASIL 9 INTRAMUSCULAR SUSPENSION	6	*

Drug Name	Drug Tier	Requirements/ Limits
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	*
HAVRIX INTRAMUSCULAR SUSPENSION	6	*
HEPLISAV-B INTRAMUSCULAR SOLUTION	6	B/D; *
HIBERIX INJECTION SOLUTION RECONSTITUTED	6	*
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	6	B/D; *
INFANRIX INTRAMUSCULAR SUSPENSION	6	*
IPOL INJECTION INJECTABLE	6	*
IXIARO INTRAMUSCULAR SUSPENSION	6	*
MENACTRA INTRAMUSCULAR INJECTABLE	6	*
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	6	*
M-M-R II SUBCUTANEOUS INJECTABLE	6	*
PEDIARIX INTRAMUSCULAR SUSPENSION	6	*
PEDVAX HIB INTRAMUSCULAR SUSPENSION	6	*

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Drug Name	Drug Tier	Requirements/ Limits
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	6	*
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	6	B/D; *
RECOMBIVAX HB INJECTION SUSPENSION	6	B/D; *
ROTARIX ORAL SUSPENSION RECONSTITUTED	4	*
ROTATEQ ORAL SOLUTION	4	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	6	*
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	*
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	*
TYPHIM VI INTRAMUSCULAR SOLUTION	6	*
VAQTA INTRAMUSCULAR SUSPENSION	6	*
VARIVAX SUBCUTANEOUS INJECTABLE	6	*
VAXCHORA ORAL SUSPENSION RECONSTITUTED	3	

Drug Name	Drug Tier	Requirements/ Limits
YF-VAX SUBCUTANEOUS INJECTABLE	6	*
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	6	*
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
acyclovir external ointment	2	
AKTIPAK EXTERNAL PACKET	4	
AVC VAGINAL VAGINAL CREAM	3	
BACTROBAN NASAL NASAL OINTMENT 2 %	4	
BENZOYL PEROXIDE EXTERNAL GEL 6.5 %	5	
benzoyl peroxide- erythromycin external gel	2	
ciclopirox external gel	2	
ciclopirox external shampoo	2	
ciclopirox external solution	2	
ciclopirox olamine external cream	2	
ciclopirox olamine external suspension	2	
CLEOCIN VAGINAL SUPPOSITORY	4	
clindacin-p external swab	2	
clindamycin phosphate external foam	2	

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Drug Name	Drug Tier	Requirements/ Limits
clindamycin phosphate external gel	2	
clindamycin phosphate external lotion	2	
clindamycin phosphate external solution	2	
clindamycin phosphate external swab	2	
clindamycin phosphate vaginal cream	2	
CLINDESSE VAGINAL CREAM	4	
clotrimazole external cream	2	
clotrimazole external solution	2	
clotrimazole mouth/throat lozenge	2	
clotrimazole- betamethasone external cream	2	
clotrimazole- betamethasone external lotion	2	
DENAVIR EXTERNAL CREAM	4	
econazole nitrate external cream	2	
ERTACZO EXTERNAL CREAM	4	
ery external pad	2	
erythromycin external gel	2	
erythromycin external solution	2	
EURAX EXTERNAL CREAM	4	
EXELDERM EXTERNAL CREAM	4	

Drug Name	Drug Tier	Requirements/ Limits
EXELDERM EXTERNAL SOLUTION	4	
gentamicin sulfate external cream	2	
gentamicin sulfate external ointment	2	
gynazole-1 vaginal cream	2	
JUBLIA EXTERNAL SOLUTION	4	
KERYDIN EXTERNAL SOLUTION	4	
ketoconazole external cream	2	
ketoconazole external foam	2	
ketoconazole external shampoo	2	
lindane external shampoo	2	
LULICONAZOLE EXTERNAL CREAM	4	
LUZU EXTERNAL CREAM	4	
mafenide acetate external packet	2	
malathion external lotion	2	
MENTAX EXTERNAL CREAM	4	
metronidazole external cream	2	
metronidazole external gel	2	
metronidazole external lotion	2	
metronidazole vaginal gel	2	

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Drug Name	Drug Tier	Requirements/ Limits
miconazole 3 vaginal suppository	2	
mupirocin calcium external cream	2	
mupirocin external ointment	2	
naftifine hcl external cream	2	
NAFTIN EXTERNAL GEL	4	
NATROBA EXTERNAL SUSPENSION	4	
nyamyc external powder	2	
nystatin external cream	2	
nystatin external ointment	2	
nystatin external powder	2	
nystop external powder	2	
ORAVIG BUCCAL TABLET	4	
ovide external lotion	2	
oxiconazole nitrate external cream	2	
OXISTAT EXTERNAL LOTION	4	
permethrin external cream	2	
selenium sulfide external lotion	2	
silver sulfadiazine external cream	2	
SKLICE EXTERNAL LOTION	4	
SOOLANTRA EXTERNAL CREAM	4	

Drug Name	Drug Tier	Requirements/ Limits
SSD EXTERNAL CREAM	2	
sulfacetamide sodium (acne) external lotion	2	
SULFAMYLON EXTERNAL CREAM	3	
terconazole vaginal cream	2	
terconazole vaginal suppository	2	
VANDAZOLE VAGINAL GEL	2	
XEPI EXTERNAL CREAM	4	
XERESE EXTERNAL CREAM	4	
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)		
ala scalp external lotion	2	
ala-cort external cream	2	
alclometasone dipropionate external cream	2	
alclometasone dipropionate external ointment	2	
amcinonide external cream	2	
amcinonide external lotion	2	
amcinonide external ointment	2	
anusol-hc rectal cream	2	
apexicon e external cream	2	

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Drug Name	Drug Tier	Requirements/ Limits
BENZOYL PEROXIDE FORTE- HC EXTERNAL LOTION	5	
beser external lotion	2	
betamethasone dipropionate aug external cream	2	
betamethasone dipropionate aug external gel	2	
betamethasone dipropionate aug external lotion	2	
betamethasone dipropionate aug external ointment	2	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	2	
betamethasone dipropionate external ointment	2	
betamethasone valerate external cream	2	
betamethasone valerate external foam	2	
betamethasone valerate external lotion	2	
betamethasone valerate external ointment	2	
BRYHALI EXTERNAL LOTION	4	
calcipotriene-betameth diprop external ointment	2	
CAPEX EXTERNAL SHAMPOO	3	

Drug Name	Drug Tier	Requirements/ Limits
clobetasol propionate e external cream	2	
clobetasol propionate emulsion external foam	2	
clobetasol propionate external cream	2	
clobetasol propionate external foam	2	
clobetasol propionate external gel	2	
clobetasol propionate external liquid	2	
clobetasol propionate external lotion	2	
clobetasol propionate external ointment	2	
clobetasol propionate external shampoo	2	
clobetasol propionate external solution	2	
CLOBEX EXTERNAL SHAMPOO	2	
CLOBEX SPRAY EXTERNAL LIQUID	2	
clocortolone pivalate pump external cream 0.1 %	2	
clodan external shampoo	2	
colocort rectal enema	2	
CORDRAN EXTERNAL TAPE	3	
CORTISPORIN EXTERNAL CREAM	3	
CORTISPORIN EXTERNAL OINTMENT	3	
DESONATE EXTERNAL GEL	4	

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Drug Name	Drug Tier	Requirements/ Limits
desonide external cream	2	
desonide external lotion	2	
desonide external ointment	2	
desowen external lotion 0.05 %	2	
desoximetasone external cream	2	
desoximetasone external gel	2	
desoximetasone external liquid	2	
desoximetasone external ointment	2	
diclofenac epolamine transdermal patch	2	PA
diclofenac sodium transdermal gel	2	
diclofenac sodium transdermal solution	2	
diflorasone diacetate external cream	2	
diflorasone diacetate external ointment	2	
DUOBRII EXTERNAL LOTION	5	
ENSTILAR EXTERNAL FOAM	5	
EUCRISA EXTERNAL OINTMENT	4	
FLECTOR TRANSDERMAL PATCH	4	PA
fluocinolone acetonide external cream	2	
fluocinolone acetonide external ointment	2	

Drug Name	Drug Tier	Requirements/ Limits
fluocinolone acetonide external solution	2	
fluocinolone acetonide scalp external oil	2	
fluocinonide emulsified base external cream	2	
fluocinonide external cream 0.1 %	2	
fluocinonide external gel	2	
fluocinonide external ointment	2	
fluocinonide external solution	2	
flurandrenolide external cream	2	
flurandrenolide external lotion	2	
flurandrenolide external ointment	2	
fluticasone propionate external cream	2	
fluticasone propionate external lotion	2	
fluticasone propionate external ointment	2	
halobetasol propionate external cream	2	
HALOBETASOL PROPIONATE EXTERNAL FOAM	5	
halobetasol propionate external ointment	2	
HALOG EXTERNAL CREAM	4	
HALOG EXTERNAL OINTMENT	4	
hydrocortisone butyrate external cream	2	

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Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone butyrate external lotion	2	
hydrocortisone butyrate external ointment	2	
hydrocortisone butyrate external solution	2	
hydrocortisone external cream 1 %, 2.5 %	2	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 1 %, 2.5 %	2	
hydrocortisone rectal enema	2	
hydrocortisone valerate external cream	2	
hydrocortisone valerate external ointment	2	
IMPOYZ EXTERNAL CREAM	4	
LEXETTE EXTERNAL FOAM	5	
micort-hc external cream	2	
mometasone furoate external cream	2	
mometasone furoate external ointment	2	
mometasone furoate external solution	2	
neo-synalar external cream	2	
nolix external cream	2	
nolix external lotion	2	
nystatin-triamcinolone external cream	2	
nystatin-triamcinolone external ointment	2	

Drug Name	Drug Tier	Requirements/ Limits
PANDEL EXTERNAL CREAM	4	
prednicarbate external cream	2	
prednicarbate external ointment	2	
procto-med hc rectal cream	2	
procto-pak rectal cream	2	
proctosol hc rectal cream	2	
proctozone-hc rectal cream	2	
psorcon external cream	2	
TACLONEX EXTERNAL OINTMENT	5	
TACLONEX EXTERNAL SUSPENSION	5	
topicort external cream	2	
topicort external gel	2	
topicort external ointment 0.25 %	2	
triamcinolone acetonide external aerosol solution	2	
triamcinolone acetonide external cream	2	
triamcinolone acetonide external lotion	2	
triamcinolone acetonide external ointment	2	
triamcinolone acetonide mouth/throat paste	2	
trianex external ointment	2	
triderm external cream 0.1 %	2	

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Drug Name	Drug Tier	Requirements/ Limits
UCERIS RECTAL FOAM	4	
ULTRAVATE EXTERNAL LOTION	5	
ANTIPRURITICS AND LOCAL ANESTHETICS		
7t lido external gel	2	
doxepin hcl external cream	2	
glydo external gel	2	
hydrocortisone ace-pramoxine rectal cream 1-1 %	2	
lidocaine external ointment	2	
lidocaine external patch	2	PA
lidocaine hcl external solution	2	
lidocaine hcl urethral/mucosal external gel	2	
lidocaine-prilocaine external cream	2	
lidocaine-tetracaine external cream	2	
SYNERA EXTERNAL PATCH	4	
texacort external solution	2	
CELL STIMULANTS AND PROLIFERANTS		
ALTRENO EXTERNAL LOTION	4	
AVITA EXTERNAL CREAM	2	
AVITA EXTERNAL GEL	2	

Drug Name	Drug Tier	Requirements/ Limits
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED	5	*
PANRETIN EXTERNAL GEL	5	
RETIN-A EXTERNAL CREAM	2	
RETIN-A EXTERNAL GEL	2	
RETIN-A MICRO EXTERNAL GEL	2	
retin-a micro pump external gel 0.04 %, 0.1 %	2	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %	5	
RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %	4	
TARGRETIN EXTERNAL GEL	3	
tretinoin external cream	2	
tretinoin external gel	2	
tretinoin microsphere external gel	2	
tretinoin microsphere pump external gel	2	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
ABSORICA ORAL CAPSULE 25 MG, 35 MG	4	*
acitretin oral capsule	2	
adapalene external cream	2	
adapalene external gel	2	

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Drug Name	Drug Tier	Requirements/ Limits
adapalene external pad	2	
adapalene external solution	5	
adapalene-benzoyl peroxide external gel	2	
ammonium lactate external cream	2	
ammonium lactate external lotion	2	
amnesteem oral capsule 10 mg, 40 mg	2	
amnesteem oral capsule 20 mg	2	*
azelaic acid external gel	2	
AZELEX EXTERNAL CREAM	3	
calcipotriene external cream	2	
calcipotriene external ointment	2	
calcipotriene external solution	2	
CALCITRIOL EXTERNAL OINTMENT	4	
CARAC EXTERNAL CREAM	5	
claravis oral capsule	2	*
CONDYLOX EXTERNAL GEL	4	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA

Drug Name	Drug Tier	Requirements/ Limits
dapsone external gel	2	
DIFFERIN EXTERNAL CREAM	2	
DIFFERIN EXTERNAL LOTION	4	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	
EPIDUO FORTE EXTERNAL GEL	4	
FABIOR EXTERNAL FOAM	4	
FINACEA EXTERNAL FOAM	4	
fluorouracil external cream 0.5 %	5	
fluorouracil external cream 5 %	2	
fluorouracil external solution	2	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
imiquimod external cream	2	
imiquimod pump external cream	2	
isotretinoin oral capsule	2	
methoxsalen rapid oral capsule	2	
MIRVASO EXTERNAL GEL	4	
myorisan oral capsule	2	*
ORACEA ORAL CAPSULE DELAYED RELEASE	2	

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Drug Name	Drug Tier	Requirements/ Limits
PICATO EXTERNAL GEL	4	
pimecrolimus external cream	2	
podofilox external solution	2	
RECTIV RECTAL OINTMENT	4	
REGRANEX EXTERNAL GEL	5	
SANTYL EXTERNAL OINTMENT	3	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
SORIATANE ORAL CAPSULE	5	
SORILUX EXTERNAL FOAM	4	
STELARA INTRAVENOUS SOLUTION	5	PA; *
STELARA SUBCUTANEOUS SOLUTION	5	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
tacrolimus external ointment	2	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA

Drug Name	Drug Tier	Requirements/ Limits
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
tazarotene external cream	2	
TAZORAC EXTERNAL CREAM 0.05 %	4	
TAZORAC EXTERNAL GEL	4	
TOLAK EXTERNAL CREAM	4	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
VALCHLOR EXTERNAL GEL	5	
VECTICAL EXTERNAL OINTMENT	2	
VEREGEN EXTERNAL OINTMENT	4	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
zenatane oral capsule	2	*
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	4	
SMOOTH MUSCLE RELAXANTS		
SMOOTH MUSCLE RELAXANTS		

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Drug Name	Drug Tier	Requirements/ Limits
darifenacin hydrobromide er oral tablet extended release 24 hour	2	ST
flavoxate hcl oral tablet	2	
GELNIQUE PUMP TRANSDERMAL GEL	4	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST
oxybutynin chloride er oral tablet extended release 24 hour	2	
oxybutynin chloride oral syrup	2	
oxybutynin chloride oral tablet	2	
solifenacin succinate oral tablet	2	
theo-24 oral capsule extended release 24 hour	2	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg	2	
theophylline er oral tablet extended release 24 hour	2	
theophylline oral solution	2	
tolterodine tartrate er oral capsule extended release 24 hour	2	
tolterodine tartrate oral tablet	2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST

Drug Name	Drug Tier	Requirements/ Limits
tropium chloride er oral capsule extended release 24 hour	2	
tropium chloride oral tablet	2	
VITAMINS		
VITAMINS		
calcitriol oral capsule	2	
calcitriol oral solution	2	
doxercalciferol oral capsule	2	
paricalcitol oral capsule	2	
prenatal oral tablet 27-1 mg	4	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	5	

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U.S. Department of Health and Human Services

200 Independence Avenue SW., Room 509F

HHH Building

Washington, DC 20201

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Adamawa (Fulfulde): MAANDO: To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

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