



**Select
Health**

Select Health Medicare | 2024 Enhanced Formulary

LIST OF COVERED DRUGS

This formulary was updated on 04/01/2024.

This formulary is for the following plans:

Utah

Select Health Medicare Enhanced (HMO) 007

Idaho

Select Health Medicare Enhanced (HMO) 008

For more recent information or other questions, please contact Select Health Member Services at **855-442-9900** (TTY users should call **711**), during the following dates and times:

October 1 to March 31:

Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m.

April 1 to September 30:

Weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 2:00 p.m., closed Sunday.

Outside these hours of operation, please leave a message. Your call will be returned within one business day, or visit selecthealth.org/medicare.

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Select Health Medicare 2024 Enhanced Formulary List of Covered Drugs

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

Select Health is an HMO, PPO, SNP plan sponsor with a Medicare contract. Enrollment in Select Health Medicare depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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Multi-Language Interpreter Services

1-855-442-9900 (TTY:711)

Select Health obeys federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status. This information is available for free in other languages and alternate formats by contacting Select Health Medicare at **855-442-9900 (TTY: 711)**

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-855-442-9900**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-855-442-9900**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-855-442-9900**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa **1-855-442-9900**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-855-442-9900**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-855-442-9900** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-855-442-9900**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-855-442-9900** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-855-442-9900**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمت المترجم الفوري المجانية لإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليرين عليك سوى الاتصال بنا على **1-855-442-9900**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-855-442-9900** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-855-442-9900**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-855-442-9900**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-855-442-9900**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-855-442-9900**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-855-442-9900**にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

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 Select Health. When it refers to “plan” or “our plan,” it means Select Health Medicare.

This document includes a list of the drugs (formulary) for our plan **which is current as of April 01, 2024**. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the Select Health Medicare Formulary?

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

Can the Formulary (drug list) change?

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

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

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

can find information in the section below entitled *“How do I request an exception to the Select Health Medicare Formulary?”*

- > **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- > **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary, or add new restrictions to the brand name drug, or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least **30 days** before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a **60-day** supply of the drug.
 - > If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled *“How do I request an exception to the Select Health Medicare Formulary?”*

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of April 01, 2024. To get updated information about the drugs covered by Select Health Medicare, please contact us. Our contact information appears on the front and back cover pages.

In the event of non-maintenance changes to the formulary throughout the plan year, Select Health may make changes via errata sheets mailed to you. Additionally, you may visit selecthealth.org/medicare for a link to the errata sheet.

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/Hypotensive Agents. 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 85**. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- > **Prior Authorization:** Select Health requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Select Health before you fill your prescriptions. If you don't get approval, Select Health may not cover the drug.

- > **Quantity Limits:** For certain drugs, Select Health limits the amount of the drug that Select Health will cover. For example, Select Health provides 60 tablets per prescription for lovastatin. This may be in addition to a standard one-month or three-month supply.
- > **Step Therapy:** In some cases, Select Health 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, Select Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Select Health will then cover Drug B.

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

You can ask Select Health 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 Select Health Medicare formulary?”* on **page vi** for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Select Health Medicare does not cover your drug, you have two options:

- > You can ask Member Services for a list of similar drugs that are covered by Select Health Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Select Health Medicare.
- > You can ask Select Health 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 Select Health Medicare Formulary?

You can ask Select Health 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 your drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- > You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- > You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Select Health 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, Select Health will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

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

If you experience a change in your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a one-time temporary supply for up to **30 days** (or 31 days if you are a long-term care resident) when you use a network pharmacy. During this period, you should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

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

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

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

Select Health Medicare Formulary

The formulary that begins on **page 1** provides coverage information about the drugs covered by Select Health Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on **page 85**.

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

The second column of the chart lists the Drug Tier. The Drug Tier column lets you know the type of copayment or coinsurance you will be responsible for at the pharmacy.

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

- PA** – We require you or your physician to get prior authorization for certain drugs before you fill your prescriptions.
- QL** – We limit the amount of the drug covered in a specific time period.
- ST** – We require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
- LA** – This drug requires special handling or has special dispensing requirements. This prescription may be available only at certain pharmacies. For more information, consult your *Provider and Pharmacy Directory* or call Member Services toll-free at **855-442-9900**. TTY users should call 711.
- NM** – This drug is not available through our mail order pharmacy.
- HI** – This prescription drug is covered under our medical benefit. For more information, call Member Services at **855-442-9900**, Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m. TTY users should call 711.
- BvsD** – This drug may be covered under the Part B or Part D Medicare benefit.
- GC** – We provide additional coverage of this prescription drug in the coverage gap. Please refer to our *Evidence of Coverage* for more information about this coverage.
- IC** – You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Please refer to your *Evidence of Coverage* for more information regarding how much you will pay for your prescription drugs. The tables below tell you the annual deductible and copayment/coinsurance amount for drugs in each tier by service area/plan name.

Drug	Tier	Requirements /Limits
ANTI-HISTAMINE DRUGS		
FIRST GENERATION ANTIHISTAMINES		
<i>cyproheptad syrup 2mg/5ml</i>	2	QL
QL 4500 milliliter(s) 30 day(s)		
<i>cyproheptad tablet 4mg</i>	3	QL
QL 450 each per 30 day(s)		
<i>promethazine solution 6.25/5ml</i>	2	
<i>promethazine sup 12.5mg</i>	2	
<i>promethazine sup 25mg</i>	2	
<i>promethazine tablet 12.5mg</i>	2	
<i>promethazine tablet 25mg</i>	2	
<i>promethazine tablet 50mg</i>	2	
<i>promethegan sup 25mg</i>	2	
<i>promethegan sup 50mg</i>	2	
SECOND GENERATION ANTIHISTAMINES		
<i>cetirizine solution 1mg/ml</i>	2	QL
QL 300 milliliter(s) 30 day(s)		
CLARINEX-D TABLET 2.5-120	4	QL
QL 60 each per 30 day(s)		
<i>desloratadin tablet 5mg</i>	4	QL
QL 30 each per 30 day(s)		
<i>levocetirizi solution 2.5/5ml</i>	2	
<i>levocetirizi tablet 5mg</i>	2	QL
QL 30 each per 30 day(s)		
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>albendazole tablet 200mg</i>	2	PA; NM
<i>ivermectin tablet 3mg</i>	2	NM
<i>praziquantel tablet 600mg</i>	2	NM
ANTIBACTERIALS		
<i>amikacin injectable 500/2ml</i>	2	HI; NM
<i>amox-pot cla tablet er</i>	2	NM
<i>amox/k clav chw 200mg</i>	2	NM
<i>amox/k clav chw 400mg</i>	2	NM
<i>amox/k clav suspension 200/5ml</i>	2	NM
<i>amox/k clav suspension 250/5ml</i>	2	NM
<i>amox/k clav suspension 400/5ml</i>	2	NM

Drug	Tier	Requirements /Limits
<i>amox/k clav suspension 600/5ml</i>	2	NM
<i>amox/k clav tablet 250-125</i>	2	NM
<i>amox/k clav tablet 500-125</i>	2	NM
<i>amox/k clav tablet 875-125</i>	2	NM
<i>amoxicillin capsule 250mg</i>	2	NM
<i>amoxicillin capsule 500mg</i>	2	NM
<i>amoxicillin chw 125mg</i>	2	NM
<i>amoxicillin chw 250mg</i>	2	NM
<i>amoxicillin suspension 125/5ml</i>	2	NM
<i>amoxicillin suspension 200/5ml</i>	2	NM
<i>amoxicillin suspension 250/5ml</i>	2	NM
<i>amoxicillin suspension 400/5ml</i>	2	NM
<i>amoxicillin tablet 500mg</i>	2	NM
<i>amoxicillin tablet 875mg</i>	2	NM
<i>amp-sulbacta injectable 1-0.5gm</i>	2	HI; NM
<i>amp-sulbacta injectable 15gm</i>	2	HI; NM
<i>amp/sulbacta injectable 3gm</i>	2	HI; NM
<i>ampicillin capsule 500mg</i>	2	NM
<i>ampicillin injectable 10gm</i>	2	HI; NM
<i>ampicillin injectable 125mg</i>	2	HI; NM
<i>ampicillin injectable 1gm</i>	2	HI; NM
ARIKAYCE SUSPENSION	5	QL; PA
QL 252 each per 30 day(s)		
<i>azithromycin injectable 500mg</i>	2	HI; NM
AZITHROMYCIN POW 1GM PACKET	2	NM
<i>azithromycin suspension 100/5ml</i>	2	NM
AZITHROMYCIN SUSPENSION 200/5ML	2	NM
<i>azithromycin tablet 250mg</i>	2	QL; NM
QL 60 each per 30 day(s)		

PA - Prior Authorization QL - Quantity Limit ST - Step Therapy

GC - Gap Coverage LA - Limited Access NM - Non-Maintenance

HI - Home Infusion BvsD - This drug may be covered under Part B or Part D IC - Insulin Coverage

You can find information on what the symbols and abbreviations on this table mean by going to page viii.

Drug	Tier	Requirements /Limits
azithromycin tablet 500mg	2	NM
azithromycin tablet 600mg	2	NM
aztreonam injectable 1gm	2	HI; NM
aztreonam injectable 2gm	2	HI; NM
BAXDELA INJECTABLE 300MG QL 28 each per 14 day(s)	5	QL; HI; NM
BAXDELA TABLET 450MG QL 28 each per 14 day(s)	5	QL; NM
BICILLIN C-R INJECTABLE 1200000	4	NM
BICILLIN C-R INJECTABLE 900/300	4	NM
BICILLIN L-A INJECTABLE 1200000	4	NM
BICILLIN L-A INJECTABLE 2400000	4	NM
BICILLIN L-A INJECTABLE 600000	4	NM
CAYSTON INH 75MG QL 280 each per 30 day(s)	5	QL; PA; NM
cefaclor capsule 250mg	2	NM
cefaclor capsule 500mg	2	NM
cefaclor er tablet 500mg	2	NM
cefadroxil capsule 500mg	2	NM
cefadroxil suspension 250/5ml	2	NM
cefadroxil suspension 500/5ml	2	NM
cefadroxil tablet 1gm	2	NM
cefazolin injectable 10gm	2	HI; NM
cefazolin injectable 1gm	2	HI; NM
cefazolin injectable 500mg	2	HI; NM
cefdinir capsule 300mg	2	NM
cefdinir suspension 125/5ml	2	NM
cefdinir suspension 250/5ml	2	NM
cefepime injectable 1gm	2	HI; NM
cefepime injectable 2gm	2	HI; NM
cefixime capsule 400mg QL 60 each per 30 day(s)	2	QL
cefixime suspension 100/5ml	2	NM
cefixime suspension 200/5ml	2	NM
cefoxitin injectable 10gm	2	HI; NM
cefoxitin injectable 1gm	2	HI; NM
cefoxitin injectable 2gm	2	HI; NM

Drug	Tier	Requirements /Limits
cefepime prox suspension 100/5ml	2	NM
cefepime prox suspension 50mg/5ml	2	NM
cefepodoxime tablet 100mg	2	NM
cefepodoxime tablet 200mg	2	NM
cefprozil suspension 125/5ml	2	NM
cefprozil suspension 250/5ml	2	NM
cefprozil tablet 250mg	2	NM
cefprozil tablet 500mg	2	NM
ceftazidime injectable 1gm	2	HI; NM
ceftazidime injectable 2gm	2	HI; NM
ceftazidime injectable 6gm	2	HI; NM
ceftriaxone injectable 10gm	2	HI; NM
ceftriaxone injectable 1gm	2	HI; NM
ceftriaxone injectable 250mg	2	HI; NM
ceftriaxone injectable 2gm	2	HI; NM
ceftriaxone injectable 500mg	2	HI; NM
cefuroxime injectable 1.5gm	2	HI; NM
cefuroxime injectable 750mg	2	HI; NM
cefuroxime tablet 250mg	2	NM
cefuroxime tablet 500mg	2	NM
cephalexin capsule 250mg	2	NM
cephalexin capsule 500mg	2	NM
cephalexin suspension 125/5ml	2	NM
cephalexin suspension 250/5ml	2	NM
cephalexin tablet 250mg	2	NM
cephalexin tablet 500mg	2	NM
ciprofloxacin injectable 200mg	2	HI; NM
ciprofloxacin tablet 250mg	2	NM
ciprofloxacin tablet 500mg	2	NM
ciprofloxacin tablet 750mg	2	NM
clarithromycin suspension 125/5ml	2	NM
clarithromycin suspension 250/5ml	2	NM

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Drug	Tier	Requirements /Limits
<i>clarithromyc tablet 250mg</i>	2	NM
<i>clarithromyc tablet 500mg</i>	2	NM
<i>clarithromyc tablet 500mg er</i>	2	NM
<i>clindamy/d5w injectable 300/50ml</i>	2	HI; NM
<i>clindamy/d5w injectable 600/50ml</i>	2	HI; NM
<i>clindamy/d5w injectable 900/50ml</i>	2	HI; NM
<i>clindamycin capsule 150mg</i>	2	NM
<i>clindamycin capsule 300mg</i>	2	NM
<i>clindamycin capsule 75mg</i>	2	NM
<i>clindamycin injectable 600/4ml</i>	2	HI; NM
<i>clindamycin injectable 900/6ml</i>	2	HI; NM
<i>clindamycin solution 75mg/5ml</i>	2	NM
<i>colistimeth injectable 150mg</i>	2	HI; NM
DALVANCE SOLUTION 500MG	4	HI; NM
<i>daptomycin injectable 350mg</i>	2	HI; NM
<i>daptomycin injectable 500mg</i> QL 150 each per 30 day(s)	2	QL; HI; NM
<i>dicloxacill capsule 250mg</i>	2	NM
<i>dicloxacill capsule 500mg</i>	2	NM
DIFICID SUSPENSION QL 136 each per 10 day(s)	5	QL; ST; NM
DIFICID TABLET 200MG QL 20 each per 10 day(s)	5	QL; ST; NM
<i>doxy 100 injectable 100mg</i>	4	HI; NM
<i>doxycyc mono capsule 100mg</i>	2	NM
<i>doxycyc mono capsule 50mg</i>	2	NM
<i>doxycyc mono tablet 100mg</i>	2	NM
<i>doxycyc mono tablet 50mg</i>	2	NM
<i>doxycyc mono tablet 75mg</i>	2	NM
<i>doxycycl hyc capsule 100mg</i>	2	NM
<i>doxycycl hyc capsule 50mg</i>	2	NM
<i>doxycycl hyc tablet 100mg</i>	2	NM
<i>doxycycline suspension 25mg/5ml</i>	2	NM

Drug	Tier	Requirements /Limits
<i>doxycycline tablet 20mg</i> QL 60 each per 30 day(s)	2	QL; NM
<i>ertapenem injectable 1gm</i>	2	HI; NM
ERYPED SUSPENSION 200/5ML	4	NM
ERYTHROCIN INJECTABLE 500MG	2	HI; NM
<i>erythrocin tablet 250mg</i>	3	NM
<i>erythrom eth suspension 200/5ml</i>	2	NM
<i>erythrom eth suspension 400/5ml</i>	2	
ERYTHROMYCIN CAPSULE 250MG EC	2	NM
<i>erythromycin tablet 250mg bs</i>	2	NM
<i>erythromycin tablet 250mg ec</i>	2	NM
<i>erythromycin tablet 333mg ec</i>	2	NM
<i>erythromycin tablet 500mg bs</i>	2	NM
<i>erythromycin tablet 500mg ec</i>	2	NM
FIRVANQ SOLUTION 25MG/ML QL 450 milliliter(s) 30 day(s)	3	QL
FIRVANQ SOLUTION 50MG/ML QL 450 milliliter(s) 30 day(s)	3	QL
<i>gentam/nacl injectable 100mg</i>	2	HI; NM
<i>gentam/nacl injectable 60mg</i>	2	HI; NM
<i>gentam/nacl injectable 80mg</i>	2	HI; NM
<i>gentam/nacl injectable 80mg</i>	2	HI; NM
<i>gentamicin injectable 40mg/ml</i>	2	HI; NM
<i>imipenem/cil injectable 250mg</i>	4	HI; NM
<i>imipenem/cil injectable 500mg</i>	4	HI; NM
<i>lansopr/amox packet /clarith</i> QL 122 each per 14 day(s)	2	QL; NM

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Drug	Tier	Requirements /Limits
<i>levoflox/d5w injectable 500/100m</i>	2	HI; NM
<i>levoflox/d5w injectable 750/150</i>	2	HI; NM
<i>levofloxacin tablet 250mg</i>	2	NM
<i>levofloxacin tablet 500mg</i>	2	NM
<i>levofloxacin tablet 750mg</i>	2	NM
<i>linezolid injectable 2mg/ml</i>	2	HI; NM
<i>linezolid suspension 100/5ml</i>	2	NM
<i>linezolid tablet 600mg</i>	2	QL; NM
QL 60 each per 30 day(s)		
<i>meropenem injectable 1gm</i>	2	HI; NM
<i>meropenem injectable 500mg</i>	2	HI; NM
<i>minocycline capsule 100mg</i>	2	NM
<i>minocycline capsule 50mg</i>	2	NM
<i>minocycline capsule 75mg</i>	2	NM
<i>moxifloxacin injectable 400/250</i>	2	HI; NM
<i>moxifloxacin tablet 400mg</i>	2	NM
<i>nafcillin injectable 10gm</i>	2	HI; NM
<i>nafcillin injectable 1gm</i>	2	HI; NM
<i>nafcillin injectable 2gm</i>	2	HI; NM
<i>neomycin tablet 500mg</i>	2	NM
NUZYRA INJECTABLE 100MG	4	QL; HI; NM
QL 15 each per 14 day(s)		
NUZYRA TABLET 150MG	4	QL; NM
QL 30 each per 14 day(s)		
<i>ofloxacin tablet 300mg</i>	2	NM
<i>ofloxacin tablet 400mg</i>	2	NM
<i>pen g sodium injectable 5000000</i>	2	HI; NM
PEN GK/DEXTR INJECTABLE 40000/ML	2	HI; NM
PEN GK/DEXTR INJECTABLE 60000/ML	2	HI; NM
<i>penicilln gk injectable 20mu</i>	2	HI; NM
<i>penicilln vk solution 125/5ml</i>	2	NM
<i>penicilln vk solution 250/5ml</i>	2	NM
<i>penicilln vk tablet 250mg</i>	2	NM
<i>penicilln vk tablet 500mg</i>	2	NM

Drug	Tier	Requirements /Limits
<i>piper/tazoba injectable 2-0.25gm</i>	2	HI; NM
<i>piper/tazoba injectable 3-0.375g</i>	2	HI; NM
<i>piper/tazoba injectable 36-4.5gm</i>	2	HI; NM
<i>piper/tazoba injectable 4-0.5gm</i>	2	HI; NM
SIVEXTRO INJECTABLE 200MG	4	QL; HI; NM
QL 6 each per 30 day(s)		
SIVEXTRO TABLET 200MG	4	QL; NM
QL 6 each per 30 day(s)		
<i>smz-tmp suspension 200-40/5</i>	2	NM
<i>smz-tmp tablet 400-80mg</i>	2	NM
<i>smz/tmp ds tablet 800-160</i>	2	NM
<i>streptomycin injectable 1gm</i>	2	BvsD; NM
<i>sulfadiazine tablet 500mg</i>	2	NM
<i>sulfasalazin tablet 500mg</i>	2	NM
SULFASALAZIN TABLET 500MG	2	NM
DR		
TEFLARO INJECTABLE 400MG	4	PA; HI; NM
TEFLARO INJECTABLE 600MG	4	PA; HI; NM
<i>tetracycline capsule 250mg</i>	2	NM
<i>tetracycline capsule 500mg</i>	2	NM
<i>tigecycline injectable 50mg</i>	2	QL; PA; HI; NM
QL 28 each per 14 day(s)		
<i>tobramycin injectable 10mg/ml</i>	2	HI; NM
<i>tobramycin injectable 40mg/ml</i>	2	HI; NM
<i>tobramycin neb 300/5ml</i>	5	PA; NM
<i>vancomycin capsule 125mg</i>	2	QL; NM
QL 120 each per 30 day(s)		
<i>vancomycin capsule 250mg</i>	2	QL; NM
QL 120 each per 30 day(s)		
<i>vancomycin injectable 1 gm</i>	2	HI; NM
<i>vancomycin injectable 10gm</i>	2	HI; NM

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Drug	Tier	Requirements /Limits
<i>vancomycin injectable 500mg</i>	2	HI; NM
<i>vancomycin injectable 750mg</i>	2	HI; NM
<i>vancomycin solution 250/5ml</i> QL 450 milliliter(s) 30 day(s)	2	QL; NM
VANCOMYCIN SOLUTION 25MG/ML QL 450 milliliter(s) 30 day(s)	2	QL
XENLETA TABLET 600MG QL 60 each per 30 day(s)	4	QL
XIFAXAN TABLET 200MG QL 180 each per 30 day(s)	4	QL; PA; NM
XIFAXAN TABLET 550MG QL 90 each per 30 day(s)	5	QL; PA; NM
ANTIFUNGALS		
<i>amphotericin injectable 50mg</i>	2	PA; HI; NM
<i>amphotericin injectable 50mg</i>	2	PA; HI; NM
<i>caspofungin injectable 50mg</i>	5	PA; HI; NM
<i>caspofungin injectable 70mg</i>	4	PA; HI; NM
<i>fluconazole suspension 10mg/ml</i>	2	NM
<i>fluconazole suspension 40mg/ml</i>	2	NM
<i>fluconazole tablet 100mg</i>	2	NM
<i>fluconazole tablet 150mg</i>	2	NM
<i>fluconazole tablet 200mg</i>	2	NM
<i>fluconazole tablet 50mg</i>	2	NM
<i>fluconazole/ injectable nacl 200</i>	2	HI; NM
<i>fluconazole/ injectable nacl 400</i>	2	HI; NM
<i>flucytosine capsule 250mg</i>	2	NM
<i>flucytosine capsule 500mg</i>	2	NM
<i>griseofulvin suspension 125/5ml</i>	2	NM
<i>griseofulvin tablet micr 500</i>	2	NM
<i>griseofulvin tablet ultr 125</i>	2	NM
<i>griseofulvin tablet ultr 250</i>	2	NM
<i>itraconazole capsule 100mg</i> QL 126 each per 30 day(s)	2	QL; NM
ITRACONAZOLE SOLUTION 10MG/ML	2	NM
<i>ketoconazole tablet 200mg</i>	2	NM

Drug	Tier	Requirements /Limits
<i>miconazole injectable 100mg</i>	2	BvsD
<i>miconazole injectable 50mg</i>	2	BvsD
NOXAFIL PACKET 300MG QL 31 each per 30 day(s)	5	QL; PA; NM
<i>nystatin suspension 100000</i>	2	NM
<i>nystatin tablet 500000</i>	2	NM
<i>posaconazole suspension</i> 40mg/ml	5	PA; NM
<i>posaconazole tablet 100mg dr</i> QL 240 each per 30 day(s)	5	QL; PA
<i>terbinafine tablet 250mg</i> QL 90 each per 30 day(s)	2	QL; NM
VIVJOA CAPSULE 150MG QL 21 each per 180 day(s)	4	QL; PA; NM
<i>voriconazole injectable 200mg</i>	2	HI; NM
VORICONAZOLE SUSPENSION 40MG/ML QL 450 milliliter(s) 30 day(s)	2	QL; NM
<i>voriconazole tablet 200mg</i> QL 90 each per 30 day(s)	2	QL; NM
<i>voriconazole tablet 50mg</i> QL 360 each per 30 day(s)	2	QL; NM
ANTIMYCOBACTERIALS		
<i>dapsone tablet 100mg</i>	2	
<i>dapsone tablet 25mg</i>	2	
<i>ethambutol tablet 100mg</i>	2	NM
<i>ethambutol tablet 400mg</i>	2	NM
<i>isoniazid tablet 100mg</i>	2	NM
<i>isoniazid tablet 300mg</i>	2	NM
PRETOMANID TABLET 200MG QL 30 each per 30 day(s)	3	QL; PA
PRIFTIN TABLET 150MG QL 32 each per 28 day(s)	4	QL; NM
<i>pyrazinamide tablet 500mg</i>	2	NM
RIFABUTIN CAPSULE 150MG	2	NM
<i>rifampin capsule 150mg</i>	2	NM
<i>rifampin capsule 300mg</i>	2	NM

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Drug	Tier	Requirements /Limits
<i>rifampin injectable 600mg</i>	2	HI; NM
SIRTURO TABLET 100MG QL 188 each per 30 day(s)	5	QL; PA; NM
SIRTURO TABLET 20MG QL 1050 each per 30 day(s)	5	QL; PA; NM
TRECTOR TABLET 250MG	4	NM
ANTIPROTOZOALS		
<i>atovaq/progu tablet 250-100</i>	2	NM
<i>atovaq/progu tablet 62.5-25</i>	2	NM
<i>atovaquone suspension 750/5ml</i>	2	NM
BENZNIDAZOLE TABLET 100MG QL 240 each per 365 day(s)	4	QL; NM
BENZNIDAZOLE TABLET 12.5MG QL 720 each per 365 day(s)	4	QL; NM
<i>chloroquine tablet 250mg</i>	2	NM
<i>chloroquine tablet 500mg</i>	2	NM
COARTEM TABLET 20-120MG QL 24 each per 30 day(s)	4	QL; NM
<i>hydroxychlor tablet 100mg</i>	2	NM
<i>hydroxychlor tablet 200mg</i>	2	NM
<i>hydroxychlor tablet 300mg</i>	2	NM
<i>hydroxychlor tablet 400mg</i>	2	NM
IMPAVIDO CAPSULE 50MG QL 84 each per 28 day(s)	4	QL; PA; NM
KRINTAFEL TABLET 150MG QL 4 each per 30 day(s)	4	QL; NM
LAMPIT TABLET 120MG	4	PA; NM
LAMPIT TABLET 30MG	4	PA; NM
<i>mefloquine tablet 250mg</i> QL 5 each per 30 day(s)	2	QL; NM
<i>metronidazol capsule 375mg</i>	2	NM
<i>metronidazol injectable 500mg</i>	2	HI; NM
<i>metronidazol tablet 250mg</i>	2	NM
<i>metronidazol tablet 500mg</i>	2	NM
<i>nitazoxanide tablet 500mg</i> QL 20 each per 10 day(s)	2	QL; NM
<i>pentamidine inh 300mg</i>	2	BvsD; NM

Drug	Tier	Requirements /Limits
<i>pentamidine injectable 300mg</i>	2	HI; NM
PRIMAQUINE TABLET 26.3MG	2	NM
<i>quinine sulf capsule 324mg</i>	2	NM
<i>tinidazole tablet 250mg</i>	2	NM
<i>tinidazole tablet 500mg</i>	2	NM
ANTIVIRALS		
<i>abaca/lamivu tablet 600-300m</i> QL 30 each per 30 day(s)	4	QL; NM
<i>abacavir solution 20mg/ml</i>	4	NM
<i>abacavir tablet 300mg</i> QL 180 each per 30 day(s)	4	QL; NM
<i>acyclovir capsule 200mg</i>	2	NM
<i>acyclovir suspension 200/5ml</i>	2	NM
<i>acyclovir tablet 400mg</i>	2	NM
<i>acyclovir tablet 800mg</i>	2	NM
<i>acyclovir na injectable 50mg/ml</i>	2	HI; NM
<i>adefov dipiv tablet 10mg</i> QL 30 each per 30 day(s)	2	QL; NM
<i>amantadine capsule 100mg</i> QL 120 each per 30 day(s)	2	QL
<i>amantadine solution 50mg/5ml</i> QL 1200 milliliter(s) 30 day(s)	2	QL
<i>amantadine tablet 100mg</i> QL 120 each per 30 day(s)	2	QL
APTIVUS CAPSULE 250MG QL 120 each per 30 day(s)	5	QL; NM
<i>atazanavir capsule 150mg</i> QL 60 each per 30 day(s)	3	QL; NM
<i>atazanavir capsule 200mg</i> QL 60 each per 30 day(s)	3	QL; NM
<i>atazanavir capsule 300mg</i> QL 60 each per 30 day(s)	3	QL; NM
BARACLUDE SOLUTION	4	NM
BIKTARVY TABLET QL 30 each per 30 day(s)	5	QL; NM

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BIKTARVY TABLET QL 30 each per 30 day(s)	5	QL; NM
CIMDUO TABLET 300-300 QL 30 each per 30 day(s)	5	QL
COMPLERA TABLET <i>darunavir tablet 600mg</i> QL 60 each per 30 day(s)	5	NM QL; NM
<i>darunavir tablet 800mg</i> QL 30 each per 30 day(s)	5	QL; NM
DELSTRIGO TABLET QL 30 each per 30 day(s)	5	QL; NM
DESCOVY TABLET 120-15MG QL 30 each per 30 day(s)	5	QL; NM
DESCOVY TABLET 200/25MG QL 30 each per 30 day(s)	5	QL; NM
DOVATO TABLET 50-300MG QL 30 each per 30 day(s)	5	QL; NM
EDURANT TABLET 25MG QL 60 each per 30 day(s)	5	QL; NM
<i>efavir/emtri tablet tenofovi</i> QL 30 each per 30 day(s)	4	QL; NM
<i>efavir/lamiv tablet tenofovi</i> QL 30 each per 30 day(s)	4	QL; NM
<i>efavir/lamiv tablet tenofovi</i> QL 30 each per 30 day(s)	4	QL; NM
<i>efavirenz capsule 200mg</i> QL 90 each per 30 day(s)	3	QL; NM
<i>efavirenz capsule 50mg</i> QL 90 each per 30 day(s)	3	QL; NM
<i>efavirenz tablet 600mg</i> QL 60 each per 30 day(s)	3	QL; NM
<i>emtr/ten df tablet 100-150</i> QL 30 each per 30 day(s)	4	QL; NM
<i>emtr/ten df tablet 133-200</i> QL 30 each per 30 day(s)	4	QL; NM
<i>emtr/ten df tablet 167-250</i> QL 30 each per 30 day(s)	4	QL; NM

Drug	Tier	Requirements /Limits
<i>emtr/tenofov tablet 200-300</i> QL 30 each per 30 day(s)	4	QL; NM
<i>emtricitabin capsule 200mg</i> QL 30 each per 30 day(s)	4	QL; NM
EMTRIVA SOLUTION 10MG/ML QL 720 milliliter(s) 30 day(s)	4	QL; NM
<i>entecavir tablet 0.5mg</i> QL 30 each per 30 day(s)	4	QL; NM
<i>entecavir tablet 1mg</i> QL 30 each per 30 day(s)	4	QL; NM
<i>etravirine tablet 100mg</i>	4	NM
<i>etravirine tablet 200mg</i>	4	NM
EVOTAZ TABLET 300-150 QL 30 each per 30 day(s)	4	QL; NM
<i>famciclovir tablet 125mg</i>	2	NM
<i>famciclovir tablet 250mg</i>	2	NM
<i>famciclovir tablet 500mg</i>	2	NM
<i>fosamprenavi tablet 700mg</i>	4	NM
FUZEON INJECTABLE 90MG QL 60 each per 30 day(s)	5	QL; NM
GENVOYA TABLET QL 30 each per 30 day(s)	5	QL; NM
INTELENCE TABLET 25MG	4	NM
ISENTRESS CHW 100MG QL 180 each per 30 day(s)	5	QL; NM
ISENTRESS CHW 25MG QL 180 each per 30 day(s)	4	QL; NM
ISENTRESS POW 100MG QL 60 each per 30 day(s)	5	QL; NM
ISENTRESS TABLET 400MG QL 60 each per 30 day(s)	5	QL; NM
ISENTRESS HD TABLET 600MG QL 60 each per 30 day(s)	5	QL; NM
JULUCA TABLET 50-25MG QL 30 each per 30 day(s)	5	QL; NM
LAGEVRIO CAPSULE 200MG QL 40 each per 5 day(s)	4	QL; NM

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<i>lamivud/zido tablet 150-300</i>	4	NM
<i>lamivudine solution 10mg/ml</i>	4	NM
<i>lamivudine tablet 100mg</i> QL 60 each per 30 day(s)	4	QL; NM
<i>lamivudine tablet 150mg</i> QL 60 each per 30 day(s)	4	QL; NM
<i>lamivudine tablet 300mg</i> QL 60 each per 30 day(s)	4	QL; NM
LEDIP-SOFOSB TABLET 90-400MG	5	QL; PA
QL 168 each per 365 day(s)		
LEXIVA SUSPENSION 50MG/ML	4	NM
LIVTENCITY TABLET 200MG	5	QL; PA
QL 336 each per 28 day(s)		
<i>lopin/riton solution 80-20/ml</i> QL 390 milliliter(s) 30 day(s)	4	QL; NM
<i>lopin/riton tablet 100-25mg</i> QL 300 each per 30 day(s)	4	QL; NM
<i>lopin/riton tablet 200-50mg</i> QL 120 each per 30 day(s)	4	QL; NM
<i>maraviroc tablet 150mg</i> QL 120 each per 30 day(s)	3	QL; NM
<i>maraviroc tablet 300mg</i> QL 120 each per 30 day(s)	3	QL; NM
MAVYRET PACKET 50-20MG	5	QL; PA
QL 140 each per 28 day(s)		
MAVYRET TABLET 100-40MG	5	QL; PA
QL 84 each per 28 day(s)		
<i>nevirapine suspension 50mg/5ml</i> QL 1200 milliliter(s) 30 day(s)	4	QL; NM
<i>nevirapine tablet 200mg</i> QL 60 each per 30 day(s)	4	QL; NM
<i>nevirapine tablet 400mg er</i> QL 30 each per 30 day(s)	4	QL; NM
NORVIR POW 100MG	4	QL; NM
QL 360 each per 30 day(s)		
ODEFSEY TABLET	5	QL; NM
QL 30 each per 30 day(s)		

Drug	Tier	Requirements /Limits
<i>oseltamivir capsule 30mg</i> QL 84 each per 180 day(s)	2	QL; NM
<i>oseltamivir capsule 45mg</i> QL 42 each per 180 day(s)	2	QL; NM
<i>oseltamivir capsule 75mg</i> QL 42 each per 180 day(s)	2	QL; NM
<i>oseltamivir suspension</i> <i>6mg/ml</i> QL 525 milliliter(s) 180 day(s)	2	QL; NM
PAXLOVID TABLET 150-100	3	QL; NM
QL 30 each per 5 day(s)		
PAXLOVID TABLET 300-100	3	QL; NM
QL 30 each per 5 day(s)		
PEGASYS INJECTABLE	5	QL; PA; NM
QL 4 each per 30 day(s)		
PEGASYS INJECTABLE	5	QL; PA; NM
180MCG/M		
QL 4 each per 28 day(s)		
PIFELTRO TABLET 100MG	5	QL; NM
QL 30 each per 30 day(s)		
PREVYMIS TABLET 240MG	5	QL; PA
QL 100 each per 365 day(s)		
PREVYMIS TABLET 480MG	5	QL; PA
QL 100 each per 365 day(s)		
PREZCOBIX TABLET 800-150	5	QL; NM
QL 30 each per 30 day(s)		
PREZISTA SUSPENSION	5	QL; NM
100MG/ML		
QL 360 milliliter(s) 30 day(s)		
PREZISTA TABLET 150MG	5	QL; NM
QL 180 each per 30 day(s)		
PREZISTA TABLET 75MG	5	QL; NM
QL 60 each per 30 day(s)		
RELENZA MIS DISKHALE	4	QL; NM
QL 60 each per 30 day(s)		
REYATAZ POW 50MG	3	QL; NM
QL 240 each per 30 day(s)		

PA - Prior Authorization QL - Quantity Limit ST - Step Therapy

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Drug	Tier	Requirements /Limits
<i>ribavirin capsule 200mg</i> QL 210 each per 30 day(s)	2	QL; NM
<i>ribavirin tablet 200mg</i> QL 210 each per 30 day(s)	2	QL; NM
<i>ritonavir tablet 100mg</i> QL 450 each per 30 day(s)	4	QL; NM
RUKOBIA TABLET 600MG ER QL 60 each per 30 day(s)	5	QL
SELZENTRY SOLUTION 20MG/ML QL 1800 milliliter(s) 30 day(s)	5	QL; NM
SELZENTRY TABLET 25MG QL 120 each per 30 day(s)	4	QL; NM
SELZENTRY TABLET 75MG QL 120 each per 30 day(s)	5	QL; NM
SITAVIG TABLET 50MG QL 30 each per 30 day(s)	5	QL; PA
SOFOS/VELPAT TABLET 400-100 QL 30 each per 30 day(s)	5	QL; PA
STRIBILD TABLET QL 30 each per 30 day(s)	5	QL; NM
SUNLENCA TABLET 300MG QL 4 each per 180 day(s)	5	QL; NM
SUNLENCA TABLET 300MG QL 5 each per 180 day(s)	5	QL; NM
SYMTUZA TABLET QL 30 each per 30 day(s)	5	QL; NM
<i>tenofovir tablet 300mg</i> QL 30 each per 30 day(s)	3	QL; NM
TIVICAY TABLET 10MG QL 60 each per 30 day(s)	4	QL; NM
TIVICAY TABLET 25MG QL 60 each per 30 day(s)	5	QL; NM
TIVICAY TABLET 50MG QL 60 each per 30 day(s)	5	QL; NM
TIVICAY PD TABLET 5MG QL 180 each per 30 day(s)	5	QL
TRIUMEQ TABLET QL 30 each per 30 day(s)	5	QL; NM

Drug	Tier	Requirements /Limits
TRIUMEQ PD TABLET QL 180 each per 30 day(s)	5	QL; NM
TRIZIVIR TABLET QL 60 each per 30 day(s)	5	QL; NM
<i>valacyclovir tablet 1gm</i> QL 120 each per 30 day(s)	2	QL; NM
<i>valacyclovir tablet 500mg</i> QL 120 each per 30 day(s)	2	QL; NM
<i>valganciclov solution 50mg/ml</i> QL 90 each per 30 day(s)	2	NM
<i>valganciclov tablet 450mg</i> QL 90 each per 30 day(s)	2	QL; NM
VEMLIDY TABLET 25MG QL 30 each per 30 day(s)	5	QL; PA
VIRACEPT TABLET 250MG	5	NM
VIRACEPT TABLET 625MG	5	NM
VIREAD POW 40MG/GM	5	NM
VIREAD TABLET 150MG QL 30 each per 30 day(s)	5	QL; NM
VIREAD TABLET 200MG QL 30 each per 30 day(s)	5	QL; NM
VIREAD TABLET 250MG QL 30 each per 30 day(s)	5	QL; NM
VOSEVI TABLET QL 28 each per 28 day(s)	5	QL; PA
XOFLUZA TABLET 40MG QL 4 each per 365 day(s)	4	QL; NM
XOFLUZA TABLET 80MG QL 4 each per 365 day(s)	4	QL; NM
<i>zidovudine capsule 100mg</i>	4	NM
<i>zidovudine syrup 50mg/5ml</i>	4	NM
<i>zidovudine tablet 300mg</i>	4	NM
URINARY ANTI-INFECTIVES		
<i>fosfomycin pow 3gm</i>	2	NM
<i>methenam hip tablet 1gm</i>	2	NM
<i>nitrofur mac capsule 100mg</i>	2	NM
<i>nitrofur mac capsule 25mg</i>	2	NM
<i>nitrofur mac capsule 50mg</i>	2	NM

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Drug	Tier	Requirements /Limits
<i>nitrofurantn capsule 100mg</i>	2	NM
<i>nitrofurantn suspension 25mg/5ml</i>	2	PA; NM
<i>polymyxin b/ solution trimethp</i>	2	
<i>trimethoprim tablet 100mg</i>	2	NM
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
<i>abiraterone tablet 250mg QL 120 each per 30 day(s)</i>	5	QL
<i>abiraterone tablet 500mg QL 120 each per 30 day(s)</i>	5	QL; PA
AKEEGA TABLET 100/500 QL 60 each per 30 day(s)	5	QL; PA
AKEEGA TABLET 50/500MG QL 60 each per 30 day(s)	5	QL; PA
ALECENSA CAPSULE 150MG QL 240 each per 30 day(s)	5	QL; PA
ALUNBRIG PACKET QL 30 each per 180 day(s)	5	QL; PA
ALUNBRIG TABLET 180MG QL 30 each per 30 day(s)	5	QL; PA
ALUNBRIG TABLET 30MG QL 180 each per 30 day(s)	5	QL; PA
ALUNBRIG TABLET 90MG QL 30 each per 30 day(s)	5	QL; PA
AUGTYRO CAPSULE 40MG QL 240 each per 30 day(s)	5	QL; PA
AYVAKIT TABLET 100MG QL 30 each per 30 day(s)	5	QL; PA
AYVAKIT TABLET 200MG QL 30 each per 30 day(s)	5	QL; PA
AYVAKIT TABLET 25MG QL 30 each per 30 day(s)	5	QL; PA
AYVAKIT TABLET 300MG QL 30 each per 30 day(s)	5	QL; PA
AYVAKIT TABLET 50MG QL 30 each per 30 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
BALVERSA TABLET 3MG QL 84 each per 28 day(s)	5	QL; PA
BALVERSA TABLET 4MG QL 84 each per 28 day(s)	5	QL; PA
BALVERSA TABLET 5MG QL 84 each per 28 day(s)	5	QL; PA
BEXAROTENE CAPSULE 75MG	5	PA
<i>bicalutamide tablet 50mg QL 30 each per 30 day(s)</i>	2	QL
BOSULIF CAPSULE 100MG QL 150 each per 30 day(s)	5	QL; PA
BOSULIF CAPSULE 50MG QL 210 each per 30 day(s)	5	QL; PA
BOSULIF TABLET 100MG QL 30 each per 30 day(s)	5	QL; PA
BOSULIF TABLET 400MG QL 30 each per 30 day(s)	5	QL; PA
BOSULIF TABLET 500MG QL 30 each per 30 day(s)	5	QL; PA
BRAFTOVI CAPSULE 75MG QL 180 each per 30 day(s)	5	QL; PA
BRUKINSA CAPSULE 80MG QL 120 each per 30 day(s)	5	QL; PA
CABOMETYX TABLET 20MG QL 30 each per 30 day(s)	5	QL; PA
CABOMETYX TABLET 40MG QL 30 each per 30 day(s)	5	QL; PA
CABOMETYX TABLET 60MG QL 30 each per 30 day(s)	5	QL; PA
CALQUENCE CAPSULE 100MG QL 60 each per 30 day(s)	5	QL; PA
CALQUENCE TABLET 100MG QL 60 each per 30 day(s)	5	QL; PA
CAPRELSA TABLET 100MG QL 30 each per 30 day(s)	5	QL; PA
CAPRELSA TABLET 300MG QL 30 each per 30 day(s)	5	QL; PA

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Drug	Tier	Requirements /Limits
COMETRIQ KIT 100MG	5	PA
COMETRIQ KIT 140MG	5	PA
COMETRIQ KIT 60MG	5	PA
COPIKTRA CAPSULE 15MG	5	QL; PA
QL 60 each per 30 day(s)		
COPIKTRA CAPSULE 25MG	5	QL; PA
QL 60 each per 30 day(s)		
COTELLIC TABLET 20MG	5	QL; PA; LA
QL 63 each per 28 day(s)		
<i>cyclophosph capsule 25mg</i>	2	BvsD
<i>cyclophosph capsule 50mg</i>	2	BvsD
CYCLOPHOSPH TABLET 25MG	2	BvsD
CYCLOPHOSPH TABLET 50MG	2	BvsD
DAURISMO TABLET 100MG	5	QL; PA
QL 30 each per 30 day(s)		
DAURISMO TABLET 25MG	5	QL; PA
QL 90 each per 30 day(s)		
DROXIA CAPSULE 200MG	4	
DROXIA CAPSULE 300MG	4	
DROXIA CAPSULE 400MG	4	
EMCYT CAPSULE 140MG	3	QL
QL 420 each per 30 day(s)		
ERIVEDGE CAPSULE 150MG	5	QL; PA
QL 30 each per 30 day(s)		
ERLEADA TABLET 240MG	5	QL; PA
QL 30 each per 30 day(s)		
ERLEADA TABLET 60MG	5	QL; PA
QL 120 each per 30 day(s)		
<i>erlotinib tablet 100mg</i>	2	QL; PA
QL 30 each per 30 day(s)		
<i>erlotinib tablet 150mg</i>	2	QL; PA
QL 30 each per 30 day(s)		
<i>erlotinib tablet 25mg</i>	2	QL; PA
QL 60 each per 30 day(s)		
<i>everolimus tablet 0.25mg</i>	5	QL; BvsD
QL 120 each per 30 day(s)		
<i>everolimus tablet 0.5mg</i>	5	QL; BvsD
QL 120 each per 30 day(s)		

Drug	Tier	Requirements /Limits
<i>everolimus tablet 0.75mg</i>	5	QL; BvsD
QL 120 each per 30 day(s)		
<i>everolimus tablet 10mg</i>	5	QL; PA
QL 30 each per 30 day(s)		
<i>everolimus tablet 1mg</i>	5	QL; BvsD
QL 120 each per 30 day(s)		
<i>everolimus tablet 2.5mg</i>	5	QL; PA
QL 30 each per 30 day(s)		
<i>everolimus tablet 2mg</i>	5	QL; PA
QL 60 each per 30 day(s)		
<i>everolimus tablet 3mg</i>	5	QL; PA
QL 60 each per 30 day(s)		
<i>everolimus tablet 5mg</i>	5	QL; PA
QL 30 each per 30 day(s)		
<i>everolimus tablet 5mg</i>	5	QL; PA
QL 60 each per 30 day(s)		
<i>everolimus tablet 7.5mg</i>	5	QL; PA
QL 30 each per 30 day(s)		
EXKIVITY CAPSULE 40MG	5	QL; PA
QL 120 each per 30 day(s)		
FOTIVDA CAPSULE 0.89MG	5	QL; PA
QL 21 each per 28 day(s)		
FOTIVDA CAPSULE 1.34MG	5	QL; PA
QL 21 each per 28 day(s)		
FRUZAQLA CAPSULE 1MG	5	QL; PA
QL 84 each per 28 day(s)		
FRUZAQLA CAPSULE 5MG	5	QL; PA
QL 21 each per 28 day(s)		
GAVRETO CAPSULE 100MG	5	QL; PA
QL 120 each per 30 day(s)		
<i>gefitinib tablet 250mg</i>	5	QL; PA
QL 30 each per 30 day(s)		
GILOTRIF TABLET 20MG	5	QL; PA
QL 30 each per 30 day(s)		
GILOTRIF TABLET 30MG	5	QL; PA
QL 30 each per 30 day(s)		
GILOTRIF TABLET 40MG	5	QL; PA
QL 30 each per 30 day(s)		

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
GLEOSTINE CAPSULE 100MG	5	QL; PA	IMBRUVICA CAPSULE 70MG	5	QL; PA
QL 3 each per 42 day(s)			QL 30 each per 30 day(s)		
GLEOSTINE CAPSULE 10MG	5	QL; PA	IMBRUVICA SUSPENSION	5	QL; PA
QL 26 each per 42 day(s)			70MG/ML		
GLEOSTINE CAPSULE 40MG	5	QL; PA	QL 216 milliliter(s) 30 day(s)		
QL 7 each per 42 day(s)			IMBRUVICA TABLET 140MG	5	QL; PA
<i>hydroxyurea capsule 500mg</i>	2		QL 30 each per 30 day(s)		
IBRANCE CAPSULE 100MG	5	QL; PA	IMBRUVICA TABLET 280MG	5	QL; PA
QL 21 each per 28 day(s)			QL 30 each per 30 day(s)		
IBRANCE CAPSULE 125MG	5	QL; PA	IMBRUVICA TABLET 420MG	5	QL; PA
QL 21 each per 28 day(s)			QL 30 each per 30 day(s)		
IBRANCE CAPSULE 75MG	5	QL; PA	INLYTA TABLET 1MG	5	QL; PA
QL 21 each per 28 day(s)			QL 600 each per 30 day(s)		
IBRANCE TABLET 100MG	5	QL; PA	INLYTA TABLET 5MG	5	QL; PA
QL 21 each per 28 day(s)			QL 120 each per 30 day(s)		
IBRANCE TABLET 125MG	5	QL; PA	INQOVI TABLET 35-100MG	5	QL; PA
QL 21 each per 28 day(s)			QL 5 each per 28 day(s)		
IBRANCE TABLET 75MG	5	QL; PA	INREBIC CAPSULE 100MG	5	QL; PA
QL 21 each per 28 day(s)			QL 120 each per 30 day(s)		
ICLUSIG TABLET 10MG	5	QL; PA	IWILFIN TABLET 192MG	5	QL; PA
QL 30 each per 30 day(s)			QL 240 each per 30 day(s)		
ICLUSIG TABLET 15MG	5	QL; PA	JAKAFI TABLET 10MG	5	QL; PA
QL 30 each per 30 day(s)			QL 60 each per 30 day(s)		
ICLUSIG TABLET 30MG	5	QL; PA	JAKAFI TABLET 15MG	5	QL; PA
QL 30 each per 30 day(s)			QL 60 each per 30 day(s)		
ICLUSIG TABLET 45MG	5	QL; PA	JAKAFI TABLET 20MG	5	QL; PA
QL 30 each per 30 day(s)			QL 60 each per 30 day(s)		
IDHIFA TABLET 100MG	5	QL; PA	JAKAFI TABLET 25MG	5	QL; PA
QL 30 each per 30 day(s)			QL 60 each per 30 day(s)		
IDHIFA TABLET 50MG	5	QL; PA	JAKAFI TABLET 5MG	5	QL; PA
QL 30 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>imatinib mes tablet 100mg</i>	2	QL	JAYPIRCA TABLET 100MG	5	QL; PA
QL 90 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>imatinib mes tablet 400mg</i>	2	QL	JAYPIRCA TABLET 50MG	5	QL; PA
QL 60 each per 30 day(s)			QL 30 each per 30 day(s)		
IMBRUVICA CAPSULE 140MG	5	QL; PA	KISQALI TABLET 200DOSE	5	QL; PA
QL 120 each per 30 day(s)			QL 63 each per 28 day(s)		

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Drug	Tier	Requirements /Limits
KISQALI TABLET 400DOSE QL 63 each per 28 day(s)	5	QL; PA
KISQALI TABLET 600DOSE QL 63 each per 28 day(s)	5	QL; PA
KISQALI 200 PACKET FEMARA QL 49 each per 28 day(s)	5	QL; PA
KISQALI 400 PACKET FEMARA QL 70 each per 28 day(s)	5	QL; PA
KISQALI 600 PACKET FEMARA QL 91 each per 28 day(s)	5	QL; PA
KOSELUGO CAPSULE 10MG QL 120 each per 30 day(s)	5	QL; PA
KOSELUGO CAPSULE 25MG QL 120 each per 30 day(s)	5	QL; PA
KRAZATI TABLET 200MG QL 180 each per 30 day(s)	5	QL; PA
<i>lapatinib tablet 250mg</i> QL 180 each per 30 day(s)	5	QL; PA
<i>lenalidomide capsule 10mg</i> QL 28 each per 28 day(s)	5	QL; PA; LA
<i>lenalidomide capsule 15mg</i> QL 28 each per 28 day(s)	5	QL; PA; LA
<i>lenalidomide capsule 2.5mg</i> QL 28 each per 28 day(s)	5	QL; PA; LA
<i>lenalidomide capsule 20mg</i> QL 28 each per 28 day(s)	5	QL; PA; LA
<i>lenalidomide capsule 25mg</i> QL 28 each per 28 day(s)	5	QL; PA; LA
<i>lenalidomide capsule 5mg</i> QL 28 each per 28 day(s)	5	QL; PA; LA
LENVIMA CAPSULE 10MG QL 90 each per 30 day(s)	5	QL; PA
LENVIMA CAPSULE 12MG QL 90 each per 30 day(s)	5	QL; PA
LENVIMA CAPSULE 14MG QL 90 each per 30 day(s)	5	QL; PA
LENVIMA CAPSULE 18MG QL 90 each per 30 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
LENVIMA CAPSULE 20MG QL 90 each per 30 day(s)	5	QL; PA
LENVIMA CAPSULE 24MG QL 90 each per 30 day(s)	5	QL; PA
LENVIMA CAPSULE 4MG QL 90 each per 30 day(s)	5	QL; PA
LENVIMA CAPSULE 8MG QL 90 each per 30 day(s)	5	QL; PA
LEUKERAN TABLET 2MG	3	
LONSURF TABLET 15-6.14 QL 80 each per 28 day(s)	5	QL; PA
LONSURF TABLET 20-8.19 QL 80 each per 28 day(s)	5	QL; PA
LORBRENA TABLET 100MG QL 30 each per 30 day(s)	5	QL; PA
LORBRENA TABLET 25MG QL 90 each per 30 day(s)	5	QL; PA
LUMAKRAS TABLET 120MG QL 240 each per 30 day(s)	5	QL; PA
LUMAKRAS TABLET 320MG QL 90 each per 30 day(s)	5	QL; PA
LYNPARZA TABLET 100MG QL 120 each per 30 day(s)	5	QL; PA
LYNPARZA TABLET 150MG QL 120 each per 30 day(s)	5	QL; PA
LYSODREN TABLET 500MG	3	
LYTGOBI TABLET 4MG QL 150 each per 30 day(s)	5	QL; PA
LYTGOBI TABLET 4MG QL 150 each per 30 day(s)	5	QL; PA
LYTGOBI TABLET 4MG QL 150 each per 30 day(s)	5	QL; PA
MATULANE CAPSULE 50MG	5	
MEKINIST SOLUTION 0.05/ML QL 1200 milliliter(s) 30 day(s)	5	QL; PA
MEKINIST TABLET 0.5MG QL 90 each per 30 day(s)	5	QL; PA

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Drug	Tier	Requirements /Limits
MEKINIST TABLET 2MG QL 30 each per 30 day(s)	5	QL; PA
MEKTOVI TABLET 15MG QL 180 each per 30 day(s)	5	QL; PA
<i>mercaptapur tablet 50mg</i>	2	
METHOTREXATE INJECTABLE 25MG/ML	2	BvsD
<i>methotrexate injectable 50mg/2ml</i>	2	BvsD
<i>methotrexate tablet 2.5mg</i>	2	
NERLYNX TABLET 40MG QL 180 each per 30 day(s)	5	QL; PA
<i>nilutamide tablet 150mg</i>	5	
NINLARO CAPSULE 2.3MG QL 3 each per 28 day(s)	5	QL; PA
NINLARO CAPSULE 3MG QL 3 each per 28 day(s)	5	QL; PA
NINLARO CAPSULE 4MG QL 3 each per 28 day(s)	5	QL; PA
NUBEQA TABLET 300MG QL 120 each per 30 day(s)	5	QL; PA
ODOMZO CAPSULE 200MG QL 30 each per 30 day(s)	5	QL; PA; LA
OGSIVEO TABLET 50MG QL 180 each per 30 day(s)	5	QL; PA
OJJAARA TABLET 100MG QL 30 each per 30 day(s)	5	QL; PA
OJJAARA TABLET 150MG QL 30 each per 30 day(s)	5	QL; PA
OJJAARA TABLET 200MG QL 30 each per 30 day(s)	5	QL; PA
ONUREG TABLET 200MG QL 14 each per 28 day(s)	5	QL; PA
ONUREG TABLET 300MG QL 14 each per 28 day(s)	5	QL; PA
ORSERDU TABLET 345MG QL 30 each per 30 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
ORSERDU TABLET 86MG QL 90 each per 30 day(s)	5	QL; PA
<i>pazopanib tablet 200mg</i>	5	PA
PEMAZYRE TABLET 13.5MG	5	PA
PEMAZYRE TABLET 4.5MG	5	PA
PEMAZYRE TABLET 9MG	5	PA
PIQRAY 200MG TABLET DOSE QL 30 each per 30 day(s)	5	QL; PA
PIQRAY 250MG TABLET DOSE QL 60 each per 30 day(s)	5	QL; PA
PIQRAY 300MG TABLET DOSE QL 60 each per 30 day(s)	5	QL; PA
POMALYST CAPSULE 1MG QL 21 each per 28 day(s)	5	QL; PA
POMALYST CAPSULE 2MG QL 21 each per 28 day(s)	5	QL; PA
POMALYST CAPSULE 3MG QL 21 each per 28 day(s)	5	QL; PA
POMALYST CAPSULE 4MG QL 21 each per 28 day(s)	5	QL; PA
PURIXAN SUSPENSION 20MG/ML QL 300 milliliter(s) 30 day(s)	5	QL; PA; NM
QINLOCK TABLET 50MG QL 90 each per 30 day(s)	5	QL; PA
RASUVO INJECTABLE 10MG QL 0.80 each per 28 day(s)	3	QL; ST
RASUVO INJECTABLE 12.5MG QL 1 each per 28 day(s)	3	QL; ST
RASUVO INJECTABLE 15MG QL 1.20 each per 28 day(s)	3	QL; ST
RASUVO INJECTABLE 17.5MG QL 1.40 each per 28 day(s)	3	QL; ST
RASUVO INJECTABLE 20MG QL 1.60 each per 28 day(s)	3	QL; ST
RASUVO INJECTABLE 22.5MG QL 1.80 each per 28 day(s)	3	QL; ST

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
RASUVO INJECTABLE 25MG	3	QL; ST	SCEMBLIX TABLET 40MG	5	QL; PA
QL 2 each per 28 day(s)			QL 300 each per 30 day(s)		
RASUVO INJECTABLE 30MG	3	QL; ST	<i>sorafenib tablet 200mg</i>	5	QL; PA
QL 2.40 each per 28 day(s)			QL 120 each per 30 day(s)		
RASUVO INJECTABLE 7.5MG	3	QL; ST	SPRYCEL TABLET 100MG	5	QL; PA
QL 0.60 each per 28 day(s)			QL 30 each per 30 day(s)		
RETEVMO CAPSULE 40MG	5	QL; PA	SPRYCEL TABLET 140MG	5	QL; PA
QL 180 each per 30 day(s)			QL 60 each per 30 day(s)		
RETEVMO CAPSULE 80MG	5	QL; PA	SPRYCEL TABLET 20MG	5	QL; PA
QL 120 each per 30 day(s)			QL 60 each per 30 day(s)		
REVLIMID CAPSULE 10MG	5	QL; PA; LA	SPRYCEL TABLET 50MG	5	QL; PA
QL 28 each per 28 day(s)			QL 60 each per 30 day(s)		
REVLIMID CAPSULE 15MG	5	QL; PA; LA	SPRYCEL TABLET 70MG	5	QL; PA
QL 28 each per 28 day(s)			QL 60 each per 30 day(s)		
REVLIMID CAPSULE 2.5MG	5	QL; PA; LA	SPRYCEL TABLET 80MG	5	QL; PA
QL 28 each per 28 day(s)			QL 60 each per 30 day(s)		
REVLIMID CAPSULE 20MG	5	QL; PA; LA	STIVARGA TABLET 40MG	5	QL; PA
QL 28 each per 28 day(s)			QL 84 each per 21 day(s)		
REVLIMID CAPSULE 25MG	5	QL; PA; LA	<i>sunitinib capsule 12.5mg</i>	5	QL; PA
QL 28 each per 28 day(s)			QL 90 each per 30 day(s)		
REVLIMID CAPSULE 5MG	5	QL; PA; LA	<i>sunitinib capsule 25mg</i>	5	QL; PA
QL 28 each per 28 day(s)			QL 30 each per 30 day(s)		
REZLIDHIA CAPSULE 150MG	5	QL; PA	<i>sunitinib capsule 37.5mg</i>	5	QL; PA
QL 60 each per 30 day(s)			QL 30 each per 30 day(s)		
ROZLYTREK CAPSULE 100MG	5	QL; PA	<i>sunitinib capsule 50mg</i>	5	QL; PA
QL 150 each per 30 day(s)			QL 30 each per 30 day(s)		
ROZLYTREK CAPSULE 200MG	5	QL; PA	TABLOID TABLET 40MG	4	
QL 90 each per 30 day(s)			TABRECTA TABLET 150MG	5	QL; PA
RUBRACA TABLET 200MG	5	QL; PA	QL 120 each per 30 day(s)		
QL 120 each per 30 day(s)			TABRECTA TABLET 200MG	5	QL; PA
RUBRACA TABLET 250MG	5	QL; PA	QL 120 each per 30 day(s)		
QL 120 each per 30 day(s)			TAFINLAR CAPSULE 50MG	5	QL; PA
RUBRACA TABLET 300MG	5	QL; PA	QL 120 each per 30 day(s)		
QL 120 each per 30 day(s)			TAFINLAR CAPSULE 75MG	5	QL; PA
RYDAPT CAPSULE 25MG	5	QL; PA	QL 120 each per 30 day(s)		
QL 240 each per 30 day(s)			TAFINLAR TABLET 10MG	5	QL; PA
SCEMBLIX TABLET 20MG	5	QL; PA	QL 900 each per 30 day(s)		
QL 60 each per 30 day(s)					

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Drug	Tier	Requirements /Limits
TAGRISSO TABLET 40MG	5	QL; PA; LA
QL 30 each per 30 day(s)		
TAGRISSO TABLET 80MG	5	QL; PA; LA
QL 30 each per 30 day(s)		
TALZENNA CAPSULE 0.1MG	5	QL; PA
QL 30 each per 30 day(s)		
TALZENNA CAPSULE 0.25MG	5	QL; PA
QL 90 each per 30 day(s)		
TALZENNA CAPSULE 0.35MG	5	QL; PA
QL 30 each per 30 day(s)		
TALZENNA CAPSULE 0.5MG	5	QL; PA
QL 30 each per 30 day(s)		
TALZENNA CAPSULE 0.75MG	5	QL; PA
QL 30 each per 30 day(s)		
TALZENNA CAPSULE 1MG	5	QL; PA
QL 30 each per 30 day(s)		
TASIGNA CAPSULE 150MG	5	QL; PA
QL 120 each per 30 day(s)		
TASIGNA CAPSULE 200MG	5	QL; PA
QL 120 each per 30 day(s)		
TASIGNA CAPSULE 50MG	5	QL; PA
QL 120 each per 30 day(s)		
TAZVERIK TABLET 200MG	5	QL; PA
QL 240 each per 30 day(s)		
TEPMETKO TABLET 225MG	5	QL; PA
QL 60 each per 30 day(s)		
TIBSOVO TABLET 250MG	5	QL; PA
QL 60 each per 30 day(s)		
<i>tretinoin capsule 10mg</i>	5	QL
QL 360 each per 30 day(s)		
<i>trexall tablet 10mg</i>	3	
<i>trexall tablet 15mg</i>	3	
<i>trexall tablet 5mg</i>	3	
<i>trexall tablet 7.5mg</i>	3	
TRUQAP TABLET 160MG	5	QL; PA
QL 64 each per 28 day(s)		
TRUQAP TABLET 200MG	5	QL; PA
QL 64 each per 28 day(s)		

Drug	Tier	Requirements /Limits
TUKYSA TABLET 150MG	5	QL; PA
QL 120 each per 30 day(s)		
TUKYSA TABLET 50MG	5	QL; PA
QL 120 each per 30 day(s)		
TURALIO CAPSULE 125MG	5	QL; PA
QL 120 each per 30 day(s)		
VANFLYTA TABLET 17.7MG	5	QL; PA
QL 30 each per 30 day(s)		
VANFLYTA TABLET 26.5MG	5	QL; PA
QL 30 each per 30 day(s)		
VENCLEXTA TABLET 100MG	5	QL; PA
QL 120 each per 30 day(s)		
VENCLEXTA TABLET 10MG	4	QL; PA
QL 120 each per 30 day(s)		
VENCLEXTA TABLET 50MG	5	QL; PA
QL 120 each per 30 day(s)		
VENCLEXTA TABLET START PK	5	QL; PA
QL 120 each per 30 day(s)		
VERZENIO TABLET 100MG	5	QL; PA
QL 60 each per 30 day(s)		
VERZENIO TABLET 150MG	5	QL; PA
QL 60 each per 30 day(s)		
VERZENIO TABLET 200MG	5	QL; PA
QL 60 each per 30 day(s)		
VERZENIO TABLET 50MG	5	QL; PA
QL 60 each per 30 day(s)		
VIJOICE TABLET 125MG	5	QL; PA
QL 28 each per 28 day(s)		
VIJOICE TABLET 250MG	5	QL; PA
QL 56 each per 28 day(s)		
VIJOICE TABLET 50MG	5	QL; PA
QL 28 each per 28 day(s)		
VITRAKVI CAPSULE 100MG	5	QL; PA
QL 60 each per 30 day(s)		
VITRAKVI CAPSULE 25MG	5	QL; PA
QL 180 each per 30 day(s)		
VITRAKVI SOLUTION	5	QL; PA
20MG/ML		
QL 300 milliliter(s) 30 day(s)		

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Drug	Tier	Requirements /Limits
VIZIMPRO TABLET 15MG QL 30 each per 30 day(s)	5	QL; PA
VIZIMPRO TABLET 30MG QL 30 each per 30 day(s)	5	QL; PA
VIZIMPRO TABLET 45MG QL 30 each per 30 day(s)	5	QL; PA
VONJO CAPSULE 100MG QL 120 each per 30 day(s)	5	QL; PA
WELIREG TABLET 40MG QL 90 each per 30 day(s)	5	QL; PA
XALKORI CAPSULE 150MG QL 60 each per 30 day(s)	5	QL; PA
XALKORI CAPSULE 200MG QL 60 each per 30 day(s)	5	QL; PA
XALKORI CAPSULE 20MG QL 60 each per 30 day(s)	5	QL; PA
XALKORI CAPSULE 250MG QL 60 each per 30 day(s)	5	QL; PA
XALKORI CAPSULE 50MG QL 60 each per 30 day(s)	5	QL; PA
XOSPATA TABLET 40MG QL 90 each per 30 day(s)	5	QL; PA
XPOVIO PACKET 40MG QL 8 each per 28 day(s)	5	QL; PA
XPOVIO PACKET 40MG QL 4 each per 28 day(s)	5	QL; PA
XPOVIO PACKET 40MG QL 8 each per 28 day(s)	5	QL; PA
XPOVIO PACKET 50MG QL 8 each per 28 day(s)	5	QL; PA
XPOVIO PACKET 60MG QL 24 each per 28 day(s)	5	QL; PA
XPOVIO PACKET 60MG QL 4 each per 28 day(s)	5	QL; PA
XPOVIO PACKET 80MG QL 32 each per 28 day(s)	5	QL; PA
XTANDI CAPSULE 40MG QL 120 each per 30 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
XTANDI TABLET 40MG QL 120 each per 30 day(s)	5	QL; PA
XTANDI TABLET 80MG QL 120 each per 30 day(s)	5	QL; PA
YONSA TABLET 125MG QL 120 each per 30 day(s)	5	QL; PA
ZEJULA CAPSULE 100MG QL 90 each per 30 day(s)	5	QL; PA
ZEJULA TABLET 100MG QL 30 each per 30 day(s)	5	QL; PA
ZEJULA TABLET 200MG QL 30 each per 30 day(s)	5	QL; PA
ZEJULA TABLET 300MG QL 30 each per 30 day(s)	5	QL; PA
ZELBORAF TABLET 240MG QL 240 each per 30 day(s)	5	QL; PA
ZOLINZA CAPSULE 100MG QL 120 each per 30 day(s)	5	QL; PA
ZYDELIG TABLET 100MG QL 60 each per 30 day(s)	5	QL; PA
ZYDELIG TABLET 150MG QL 60 each per 30 day(s)	5	QL; PA
ZYKADIA TABLET 150MG QL 150 each per 30 day(s)	5	QL; PA

ANTITOXINS, IMMUNE GLOBULINS, TOXOIDS, AND

ANTITOXINS AND IMMUNE GLOBULINS

BIVIGAM INJECTABLE 10%	5	PA
GAMMAGARD INJECTABLE 2.5GM/25	5	PA
GAMMAGARD SD INJECTABLE 10GM HU	5	PA
GAMMAGARD SD INJECTABLE 5GM HU	5	PA
GAMMAKED INJECTABLE 1GM/10ML	5	PA
GAMMAPLEX INJECTABLE 10%	5	PA

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Drug	Tier Requirements /Limits	
GAMMAPLEX INJECTABLE 10%	5	PA
GAMMAPLEX INJECTABLE 10%	5	PA
GAMMAPLEX INJECTABLE 5%	5	PA
GAMUNEX-C INJECTABLE 1GM/10ML	3	PA
OCTAGAM INJECTABLE 1GM	5	PA
OCTAGAM INJECTABLE 2GM/20ML	5	PA
PRIVIGEN INJECTABLE 20GRAMS	5	PA
TOXOIDS		
ADACEL INJECTABLE	3	
BOOSTRIX INJECTABLE	3	
BOOSTRIX INJECTABLE	3	
DAPTACEL INJECTABLE	3	
DIP/TET PED INJECTABLE 25-5LFU	2	
INFANRIX INJECTABLE	3	
KINRIX INJECTABLE	3	
PEDIARIX INJECTABLE 0.5ML	3	
PENTACEL INJECTABLE	3	
QUADRACEL INJECTABLE	3	
QUADRACEL INJECTABLE 0.5ML	3	
QUADRACEL INJECTABLE 0.5ML	3	
TDVAX INJECTABLE 2-2 LF	3	
TENIVAC INJECTABLE 5-2LF	3	
VACCINES		
ABRYSVO INJECTABLE	3	
ACTHIB INJECTABLE	3	
AREXVY INJECTABLE 120MCG	3	
BCG VACCINE INJECTABLE 50MG	3	
BEXSERO INJECTABLE	3	
ENGERIX-B INJECTABLE 10/0.5ML	3	BvsD
ENGERIX-B INJECTABLE 20MCG/ML	3	BvsD
ENGERIX-B INJECTABLE 20MCG/ML	3	BvsD
GARDASIL 9 INJECTABLE	3	
GARDASIL 9 INJECTABLE	3	

Drug	Tier Requirements /Limits	
HAVRIX INJECTABLE 1440UNIT	3	
HAVRIX INJECTABLE 720UNIT	3	
HEPLISAV-B INJECTABLE 20/0.5ML	3	BvsD
HIBERIX SOLUTION 10MCG	3	
IMOVAX RABIE INJECTABLE 2.5/ML	3	
IPOL INJECTABLE INACTIVE	3	
IXIARO INJECTABLE	3	
JYNNEOS INJECTABLE	3	
M-M-R II INJECTABLE	3	
MENACTRA INJECTABLE	3	
MENQUADFI INJECTABLE	3	
MENVEO INJECTABLE	3	
PEDVAX HIB INJECTABLE	3	
PENBRAYA INJECTABLE	3	
PREHEVBRIO SUSPENSION 10MCG/ML	3	BvsD
PRIORIX INJECTABLE	3	
PROQUAD INJECTABLE	3	
RABAVERT INJECTABLE	3	
RECOMBIVA HB INJECTABLE 10MCG/ML	3	BvsD
RECOMBIVA HB INJECTABLE 10MCG/ML	3	BvsD
RECOMBIVA HB INJECTABLE 5MCG/0.5	3	BvsD
RECOMBIVA HB INJECTABLE 5MCG/0.5	3	BvsD
RECOMBIVA-HB INJECTABLE 40MCG/ML	3	BvsD
ROTARIX SUSPENSION	3	
ROTARIX SUSPENSION	3	
ROTATEQ SOLUTION	3	
SHINGRIX INJECTABLE 50/0.5ML	3	
TICOVAC INJECTABLE	3	

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Drug	Tier	Requirements /Limits
TICOVAC INJECTABLE	3	
TRUMENBA INJECTABLE	3	
TWINRIX INJECTABLE	3	BvsD
TYPHIM VI INJECTABLE	3	
TYPHIM VI INJECTABLE	3	
VAQTA INJECTABLE 25/0.5ML	3	
VAQTA INJECTABLE 50UNT/ML	3	
VARIVAX INJECTABLE	3	
YF-VAX INJECTABLE	3	
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
ANORO ELLIPT AER 62.5-25	3	QL
QL 60 each per 30 day(s)		
ATROVENT HFA AER 17MCG	4	
BEVESPI AER 9-4.8MCG	4	QL; ST
QL 10.70 each per 30 day(s)		
BREZTRI AERO AER SPHERE	3	QL
QL 10.70 each per 30 day(s)		
COMBIVENT AER 20-100	3	QL
QL 8 each per 30 day(s)		
<i>dicyclomine capsule 10mg</i>	2	QL
QL 240 each per 30 day(s)		
<i>dicyclomine solution 10mg/5ml</i>	2	QL
QL 2400 milliliter(s) 30 day(s)		
<i>dicyclomine tablet 20mg</i>	2	QL
QL 240 each per 30 day(s)		
<i>diphen/atrop liq 2.5/5</i>	2	
<i>diphen/atrop tablet 2.5mg</i>	2	
<i>glycopyrrol tablet 1mg</i>	2	
<i>glycopyrrol tablet 2mg</i>	2	
<i>glycopyrrola solution 1mg/5ml</i>	2	
INCRUSE ELPT INH 62.5MCG	4	QL; ST
QL 30 each per 30 day(s)		
<i>ipratropium solution 0.02%inh</i>	2	BvsD
<i>ipratropium/ solution albuter</i>	2	BvsD
<i>methscopolam tablet 2.5mg</i>	2	
<i>methscopolam tablet 5mg</i>	2	

Drug	Tier	Requirements /Limits
<i>scopolamine dis 1mg/3day</i>	2	QL
QL 10 each per 28 day(s)		
SPIRIVA AER 1.25MCG	3	QL
QL 4 each per 30 day(s)		
SPIRIVA CAPSULE HANDIHLR	3	QL
QL 30 each per 30 day(s)		
SPIRIVA SPR 2.5MCG	3	QL
QL 4 each per 30 day(s)		
STIOLTO AER 2.5-2.5	3	QL
QL 4 each per 30 day(s)		
TRELEGY AER 100MCG	3	QL
QL 60 each per 30 day(s)		
TRELEGY AER 200MCG	3	QL
QL 60 each per 30 day(s)		
AUTONOMIC DRUGS, MISCELLANEOUS		
NICOTROL INH	4	QL; PA
QL 1344 each per 30 day(s)		
NICOTROL NS SPR 10MG/ML	5	QL; PA
QL 360 milliliter(s) 30 day(s)		
<i>varenicline tablet 0.5& 1mg</i>	2	QL
QL 106 each per 365 day(s)		
<i>varenicline tablet 0.5mg</i>	2	QL
QL 336 each per 365 day(s)		
<i>varenicline tablet 1mg</i>	2	QL
QL 336 each per 365 day(s)		
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>bethanechol tablet 10mg</i>	2	
<i>bethanechol tablet 25mg</i>	2	
<i>bethanechol tablet 50mg</i>	2	
<i>bethanechol tablet 5mg</i>	2	
<i>cevimeline capsule 30mg</i>	2	
<i>donepezil tablet 10mg</i>	2	
<i>donepezil tablet 10mg odt</i>	2	
<i>donepezil tablet 23mg</i>	2	
<i>donepezil tablet 5mg</i>	2	
<i>donepezil tablet 5mg odt</i>	2	
<i>galantamine capsule 16mg er</i>	2	

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Drug	Tier	Requirements /Limits
<i>galantamine capsule 24mg er</i>	2	
<i>galantamine capsule 8mg er</i>	2	
<i>galantamine solution 4mg/ml</i>	2	
<i>galantamine tablet 12mg</i>	2	
<i>galantamine tablet 4mg</i>	2	
<i>galantamine tablet 8mg</i>	2	
NAMZARIC CAPSULE	4	QL; ST QL 28 each per 180 day(s)
NAMZARIC CAPSULE 14-10MG	4	QL; ST QL 30 each per 30 day(s)
NAMZARIC CAPSULE 21-10MG	4	QL; ST QL 30 each per 30 day(s)
NAMZARIC CAPSULE 28-10MG	4	QL; ST QL 30 each per 30 day(s)
NAMZARIC CAPSULE 7-10MG	4	QL; ST QL 30 each per 30 day(s)
<i>pilocarpine tablet 5mg</i>	2	
<i>pilocarpine tablet 7.5mg</i>	2	
<i>pyridostigm tablet 60mg</i>	2	
<i>pyridostigmi solution 60mg/5ml</i>	2	
<i>pyridostigmi tablet 30mg</i>	2	
<i>pyridostigmi tablet er 180mg</i>	2	
<i>rivastigmine capsule 1.5mg</i>	2	
<i>rivastigmine capsule 3mg</i>	2	
<i>rivastigmine capsule 4.5mg</i>	2	
<i>rivastigmine capsule 6mg</i>	2	
RIVASTIGMINE DIS 13.3/24	2	
RIVASTIGMINE DIS 4.6MG/24	2	
RIVASTIGMINE DIS 9.5MG/24	2	
SKELETAL MUSCLE RELAXANTS		
<i>baclofen tablet 10mg</i>	2	
<i>baclofen tablet 20mg</i>	2	
<i>baclofen tablet 5mg</i>	2	
<i>carisoprodol tablet 350mg</i>	2	QL QL 120 each per 30 day(s)
<i>cyclobenzapr tablet 10mg</i>	2	
<i>cyclobenzapr tablet 5mg</i>	2	

Drug	Tier	Requirements /Limits
<i>cyclobenzapr tablet 7.5mg</i>	2	
<i>dantrolene capsule 100mg</i>	2	
<i>dantrolene capsule 25mg</i>	2	
<i>dantrolene capsule 50mg</i>	2	
<i>metaxalone tablet 400mg</i>	2	
<i>metaxalone tablet 800mg</i>	2	
<i>methocarbam tablet 500mg</i>	2	
<i>methocarbam tablet 750mg</i>	2	
SOHONOS CAPSULE 1.5MG	5	QL; PA QL 30 each per 30 day(s)
SOHONOS CAPSULE 10MG	5	QL; PA QL 60 each per 30 day(s)
SOHONOS CAPSULE 1MG	5	QL; PA QL 30 each per 30 day(s)
SOHONOS CAPSULE 2.5MG	5	QL; PA QL 30 each per 30 day(s)
SOHONOS CAPSULE 5MG	5	QL; PA QL 30 each per 30 day(s)
<i>tizanidine capsule 2mg</i>	2	QL; ST QL 540 each per 30 day(s)
<i>tizanidine capsule 4mg</i>	2	QL; ST QL 270 each per 30 day(s)
<i>tizanidine capsule 6mg</i>	2	QL; ST QL 180 each per 30 day(s)
<i>tizanidine tablet 2mg</i>	2	QL QL 540 each per 30 day(s)
<i>tizanidine tablet 4mg</i>	2	QL QL 270 each per 30 day(s)
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
<i>alfuzosin tablet 10mg er</i>	2	QL QL 30 each per 30 day(s)
<i>dihydroergot spr 4mg/ml</i>	2	PA
<i>dutast/tamsu capsule 0.5-0.4</i>	2	QL QL 30 each per 30 day(s)
<i>ergoloid mes tablet 1mg oral</i>	2	QL QL 90 each per 30 day(s)

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Drug	Tier	Requirements /Limits
<i>phenoxybenza capsule 10mg</i>	5	QL; PA
QL 3600 each per 30 day(s)		
<i>silodosin capsule 4mg</i>	2	QL
QL 30 each per 30 day(s)		
<i>silodosin capsule 8mg</i>	2	QL
QL 30 each per 30 day(s)		
<i>tamsulosin capsule 0.4mg</i>	2	QL
QL 60 each per 30 day(s)		
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
<i>albuterol aer hfa</i>	2	QL
QL 13.40 each per 30 day(s)		
ALBUTEROL AER HFA	2	QL
QL 36 each per 30 day(s)		
ALBUTEROL AER HFA	2	QL
QL 17 each per 30 day(s)		
<i>albuterol neb 0.083%</i>	2	BvsD
<i>albuterol neb 0.5%</i>	2	BvsD
<i>albuterol neb 0.63mg/3</i>	2	BvsD
<i>albuterol neb 1.25mg/3</i>	2	BvsD
<i>albuterol syrup 2mg/5ml</i>	2	
<i>albuterol tablet 2mg</i>	2	
<i>albuterol tablet 4mg</i>	2	
<i>arformoterol neb 15/2ml</i>	2	QL; BvsD
QL 120 milliliter(s) 30 day(s)		
AUVI-Q INJECTABLE 0.15MG	3	QL
QL 2 each per 30 day(s)		
AUVI-Q INJECTABLE 0.1MG	3	QL
QL 2 each per 30 day(s)		
AUVI-Q INJECTABLE 0.3MG	3	QL
QL 2 each per 30 day(s)		
BREO ELLIPTA INH 100-25	3	QL
QL 60 each per 30 day(s)		
BREO ELLIPTA INH 200-25	3	QL
QL 60 each per 30 day(s)		
BREO ELLIPTA INH 50-25MCG	3	QL
QL 60 each per 30 day(s)		
BUDES/FORMOT AER 160-4.5	4	QL
QL 20.40 each per 30 day(s)		

Drug	Tier	Requirements /Limits
BUDES/FORMOT AER 80-4.5	4	QL
QL 20.40 each per 30 day(s)		
<i>droxidopa capsule 100mg</i>	4	QL; PA
QL 180 each per 30 day(s)		
<i>droxidopa capsule 200mg</i>	4	QL; PA
QL 180 each per 30 day(s)		
<i>droxidopa capsule 300mg</i>	4	QL; PA
QL 180 each per 30 day(s)		
EPINEPHRINE INJECTABLE	2	
0.15MG		
<i>epinephrine injectable 0.15mg</i>	2	
<i>epinephrine injectable 0.3mg</i>	2	
EPINEPHRINE INJECTABLE	2	
0.3MG		
FLUTIC/SALME AER 100/50	3	QL
QL 60 each per 30 day(s)		
FLUTIC/SALME AER 115-21	3	QL
QL 12 each per 30 day(s)		
FLUTIC/SALME AER 230-21	3	QL
QL 12 each per 30 day(s)		
FLUTIC/SALME AER 250/50	3	QL
QL 60 each per 30 day(s)		
FLUTIC/SALME AER 45-21MCG	3	QL
QL 12 each per 30 day(s)		
<i>flutic/salme aer 500/50</i>	3	QL
QL 60 each per 30 day(s)		
FLUTIC/SALME INH 113/14	3	QL
QL 1 each per 30 day(s)		
FLUTIC/SALME INH 232/14	3	QL
QL 1 each per 30 day(s)		
FLUTIC/SALME INH 55/14	3	QL
QL 1 each per 30 day(s)		
<i>formoterol neb 20/2ml</i>	2	QL; BvsD
QL 120 milliliter(s) 30 day(s)		
LEVALBUTEROL AER 45/ACT	2	
<i>levalbuterol neb 0.31mg</i>	2	BvsD
<i>levalbuterol neb 0.63mg</i>	2	BvsD

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<i>levalbuterol neb 1.25/0.5</i>	2	BvsD
<i>levalbuterol neb 1.25mg</i>	2	BvsD
LUCEMYRA TABLET 0.18MG	5	QL; PA
QL 150 each per 30 day(s)		
<i>midodrine tablet 10mg</i>	2	
<i>midodrine tablet 2.5mg</i>	2	
<i>midodrine tablet 5mg</i>	2	
PROAIR DIGIH AER	4	ST
SEREVENT DIS AER 50MCG	3	QL
QL 60 each per 30 day(s)		
STRIVERDI AER 2.5MCG	3	QL
QL 4 each per 30 day(s)		
<i>terbutaline tablet 2.5mg</i>	2	
<i>terbutaline tablet 5mg</i>	2	
VENTOLIN HFA AER	3	QL
QL 36 each per 30 day(s)		
<i>wixela inhub aer 100/50</i>	3	QL
QL 60 each per 30 day(s)		
<i>wixela inhub aer 250/50</i>	3	QL
QL 60 each per 30 day(s)		
<i>wixela inhub aer 500/50</i>	3	QL
QL 60 each per 30 day(s)		
BLOOD FORMATION, COAGULATION, AND		
ANTIHEMORRHAGIC AGENTS		
TRANEX ACID TABLET 650MG	2	QL
QL 30 each per 30 day(s)		
ANTITHROMBOTIC AGENTS		
<i>anagrelide capsule 0.5mg</i>	2	
<i>anagrelide capsule 1mg</i>	2	
BRILINTA TABLET 60MG	3	QL
QL 60 each per 30 day(s)		
BRILINTA TABLET 90MG	3	QL
QL 60 each per 30 day(s)		
CABLIVI KIT 11MG	5	QL; PA
QL 31 each per 30 day(s)		
<i>cilostazol tablet 100mg</i>	2	

Drug	Tier	Requirements /Limits
<i>cilostazol tablet 50mg</i>	2	
<i>clopidogrel tablet 75mg</i>	2	QL
QL 30 each per 30 day(s)		
<i>dabigatran capsule 150mg</i>	2	QL
QL 60 each per 30 day(s)		
<i>dabigatran capsule 75mg</i>	2	QL
QL 60 each per 30 day(s)		
ELIQUIS TABLET 2.5MG	3	QL
QL 60 each per 30 day(s)		
ELIQUIS TABLET 5MG	3	QL
QL 74 each per 30 day(s)		
ELIQUIS ST P TABLET 5MG	3	QL
QL 74 each per 180 day(s)		
<i>enoxaparin injectable 100mg/ml</i>	2	
<i>enoxaparin injectable 120/0.8</i>	2	
<i>enoxaparin injectable 150mg/ml</i>	2	
<i>enoxaparin injectable 30/0.3ml</i>	2	
<i>enoxaparin injectable 40/0.4ml</i>	2	
<i>enoxaparin injectable 60/0.6ml</i>	2	
<i>enoxaparin injectable 80/0.8ml</i>	2	
FONDAPARINUX INJECTABLE	2	QL
10/0.8ML		
QL 30 milliliter(s) 30 day(s)		
<i>fondaparinux injectable 2.5/0.5</i>	2	QL
QL 30 each per 30 day(s)		
FONDAPARINUX INJECTABLE	2	QL
5/0.4ML		
QL 30 milliliter(s) 30 day(s)		
FONDAPARINUX INJECTABLE	2	QL
7.5/0.6		
QL 30 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
heparin sod injectable 1000/ml	2	
heparin sod injectable 10000/ml	2	
heparin sod injectable 20000/ml	2	
heparin sod injectable 5000/ml	2	
jantoven tablet 10mg	3	
jantoven tablet 1mg	3	
jantoven tablet 2.5mg	3	
jantoven tablet 2mg	3	
jantoven tablet 3mg	3	
jantoven tablet 4mg	3	
jantoven tablet 5mg	3	
jantoven tablet 6mg	3	
jantoven tablet 7.5mg	3	
pentoxifylli tablet 400mg er	2	
PRADAXA CAPSULE 110MG	4	QL
QL 60 each per 30 day(s)		
prasugrel tablet 10mg	2	QL
QL 30 each per 30 day(s)		
prasugrel tablet 5mg	2	QL
QL 30 each per 30 day(s)		
SAVAYSA TABLET 15MG	4	QL
QL 30 each per 30 day(s)		
SAVAYSA TABLET 30MG	4	QL
QL 30 each per 30 day(s)		
SAVAYSA TABLET 60MG	4	QL
QL 30 each per 30 day(s)		
TAVALISSE TABLET 100MG	5	QL; PA
QL 60 each per 30 day(s)		
TAVALISSE TABLET 150MG	5	QL; PA
QL 60 each per 30 day(s)		
warfarin tablet 10mg	2	
warfarin tablet 1mg	2	
warfarin tablet 2.5mg	2	
warfarin tablet 2mg	2	
warfarin tablet 3mg	2	
warfarin tablet 4mg	2	
warfarin tablet 5mg	2	

Drug	Tier	Requirements /Limits
warfarin tablet 6mg	2	
warfarin tablet 7.5mg	2	
XARELTO SUSPENSION	3	QL
1MG/ML		
QL 600 milliliter(s) 30 day(s)		
XARELTO TABLET 10MG	3	QL
QL 30 each per 30 day(s)		
XARELTO TABLET 15MG	3	QL
QL 42 each per 30 day(s)		
XARELTO TABLET 2.5MG	3	QL
QL 60 each per 30 day(s)		
XARELTO TABLET 20MG	3	QL
QL 30 each per 30 day(s)		
XARELTO STAR TABLET	3	QL
15/20MG		
QL 102 each per 365 day(s)		
ZONTIVITY TABLET 2.08MG	4	QL
QL 30 each per 30 day(s)		
HEMATOPOIETIC AGENTS		
ARANESP INJECTABLE	5	BvsD
100MCG		
ARANESP INJECTABLE	5	BvsD
100MCG		
ARANESP INJECTABLE 10MCG	3	BvsD
ARANESP INJECTABLE	5	BvsD
150MCG		
ARANESP INJECTABLE	5	BvsD
200MCG		
ARANESP INJECTABLE	5	BvsD
200MCG		
ARANESP INJECTABLE 25MCG	3	BvsD
ARANESP INJECTABLE 25MCG	3	BvsD
ARANESP INJECTABLE	5	BvsD
300MCG		
ARANESP INJECTABLE 40MCG	3	BvsD
ARANESP INJECTABLE 40MCG	3	BvsD
ARANESP INJECTABLE	5	BvsD
500MCG		

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Drug	Tier	Requirements /Limits
ARANESP INJECTABLE 60MCG	3	BvsD
ARANESP INJECTABLE 60MCG	3	BvsD
DOPTELET TABLET 20MG	5	QL; PA
QL 10 each per 30 day(s)		
DOPTELET TABLET 20MG	5	QL; PA
QL 60 each per 30 day(s)		
DOPTELET TABLET 20MG	5	QL; PA
QL 15 each per 30 day(s)		
EPOGEN INJECTABLE 10000/ML	4	BvsD
EPOGEN INJECTABLE 2000/ML	4	BvsD
EPOGEN INJECTABLE 20000/ML	5	BvsD
EPOGEN INJECTABLE 3000/ML	4	BvsD
EPOGEN INJECTABLE 4000/ML	4	BvsD
FULPHILA INJECTABLE 6/0.6ML	5	BvsD
FYLNETRA INJECTABLE 6MG/0.6	5	PA
GRANIX INJECTABLE 300/0.5	5	BvsD
GRANIX INJECTABLE 300/1ML	5	BvsD
GRANIX INJECTABLE 480/0.8	5	BvsD
GRANIX INJECTABLE 480/1.6	5	BvsD
LEUKINE INJECTABLE 250MCG	5	BvsD
MULPLETA TABLET 3MG	5	QL; PA
QL 7 each per 30 day(s)		
NEULASTA INJECTABLE	5	PA
6MG/0.6M		
NEUPOGEN INJECTABLE 300/0.5	5	PA
NEUPOGEN INJECTABLE 300MCG	5	PA
NEUPOGEN INJECTABLE 480/0.8	5	PA
NEUPOGEN INJECTABLE 480MCG	5	PA
NIVESTYM INJECTABLE 300/0.5	5	BvsD
NIVESTYM INJECTABLE 480/0.8	5	BvsD
NYVEPRIA INJECTABLE 6/0.6ML	5	PA
PROMACTA PACKET 25MG	5	QL; PA
QL 90 each per 30 day(s)		
PROMACTA POW 12.5MG	5	QL; PA
QL 180 each per 30 day(s)		
PROMACTA TABLET 12.5MG	5	QL; PA
QL 30 each per 30 day(s)		

Drug	Tier	Requirements /Limits
PROMACTA TABLET 25MG	5	QL; PA
QL 30 each per 30 day(s)		
PROMACTA TABLET 50MG	5	QL; PA
QL 30 each per 30 day(s)		
PROMACTA TABLET 75MG	5	QL; PA
QL 30 each per 30 day(s)		
RELEUKO INJECTABLE	5	PA
300MCG		
RELEUKO INJECTABLE	5	PA
480MCG		
RETACRIT INJECTABLE	3	BvsD
10000UNT		
RETACRIT INJECTABLE	3	BvsD
20000UNI		
RETACRIT INJECTABLE	3	BvsD
2000UNIT		
RETACRIT INJECTABLE	3	BvsD
3000UNIT		
RETACRIT INJECTABLE	3	BvsD
40000UNT		
RETACRIT INJECTABLE	3	BvsD
4000UNIT		
STIMUFEND INJECTABLE	5	PA
6/0.6ML		
UDENYCA INJECTABLE	5	BvsD
6MG/.6ML		
UDENYCA INJECTABLE	5	BvsD
6MG/0.6		
ZARXIO INJECTABLE 300/0.5	5	PA
ZARXIO INJECTABLE 480/0.8	5	PA
ZIEXTENZO INJECTABLE	5	PA
6/0.6ML		
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin tablet 1mg</i>	2	QL
QL 60 each per 30 day(s)		
<i>doxazosin tablet 2mg</i>	2	QL
QL 60 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
<i>doxazosin tablet 4mg</i>	2	QL
QL 60 each per 30 day(s)		
<i>doxazosin tablet 8mg</i>	2	QL
QL 60 each per 30 day(s)		
<i>prazosin hcl capsule 1mg</i>	2	
<i>prazosin hcl capsule 2mg</i>	2	
<i>prazosin hcl capsule 5mg</i>	2	
<i>terazosin capsule 10mg</i>	2	QL
QL 60 each per 30 day(s)		
<i>terazosin capsule 1mg</i>	2	QL
QL 60 each per 30 day(s)		
<i>terazosin capsule 2mg</i>	2	QL
QL 60 each per 30 day(s)		
<i>terazosin capsule 5mg</i>	2	QL
QL 60 each per 30 day(s)		
ANTILIPEMIC AGENTS		
ALTOPREV TABLET 20MG ER	4	QL
QL 30 each per 30 day(s)		
ALTOPREV TABLET 40MG ER	4	QL
QL 30 each per 30 day(s)		
ALTOPREV TABLET 60MG ER	4	QL
QL 30 each per 30 day(s)		
<i>amlod/atorva tablet 10-10mg</i>	2	QL; ST
QL 30 each per 30 day(s)		
<i>amlod/atorva tablet 10-20mg</i>	2	QL; ST
QL 30 each per 30 day(s)		
<i>amlod/atorva tablet 10-40mg</i>	2	QL; ST
QL 30 each per 30 day(s)		
<i>amlod/atorva tablet 10-80mg</i>	2	QL; ST
QL 30 each per 30 day(s)		
<i>amlod/atorva tablet 2.5-10mg</i>	2	QL; ST
QL 30 each per 30 day(s)		
<i>amlod/atorva tablet 2.5-20mg</i>	2	QL; ST
QL 30 each per 30 day(s)		
<i>amlod/atorva tablet 2.5-40mg</i>	2	QL; ST
QL 30 each per 30 day(s)		
<i>amlod/atorva tablet 5-10mg</i>	2	QL; ST
QL 30 each per 30 day(s)		

Drug	Tier	Requirements /Limits
<i>amlod/atorva tablet 5-20mg</i>	2	QL; ST
QL 30 each per 30 day(s)		
<i>amlod/atorva tablet 5-40mg</i>	2	QL; ST
QL 30 each per 30 day(s)		
<i>amlod/atorva tablet 5-80mg</i>	2	QL; ST
QL 30 each per 30 day(s)		
<i>atorvastatin tablet 10mg</i>	1	QL
QL 30 each per 30 day(s)		
<i>atorvastatin tablet 20mg</i>	1	QL
QL 30 each per 30 day(s)		
<i>atorvastatin tablet 40mg</i>	1	QL
QL 30 each per 30 day(s)		
<i>atorvastatin tablet 80mg</i>	1	QL
QL 30 each per 30 day(s)		
<i>cholestyram pow 4gm</i>	2	QL
QL 720 each per 30 day(s)		
<i>cholestyram pow 4gm lite</i>	2	QL
QL 1195 each per 30 day(s)		
<i>colesevelam packet 3.75gm</i>	2	QL
QL 180 each per 30 day(s)		
<i>colesevelam tablet 625mg</i>	2	QL
QL 180 each per 30 day(s)		
COLESTIPOL GRA 5GM	2	QL
QL 900 each per 30 day(s)		
<i>colestipol tablet 1gm</i>	2	QL
QL 480 each per 30 day(s)		
<i>ezetim/simva tablet 10-10mg</i>	1	QL; ST
QL 30 each per 30 day(s)		
<i>ezetim/simva tablet 10-20mg</i>	1	QL; ST
QL 30 each per 30 day(s)		
<i>ezetim/simva tablet 10-40mg</i>	1	QL; ST
QL 30 each per 30 day(s)		
<i>ezetim/simva tablet 10-80mg</i>	1	QL; ST
QL 30 each per 30 day(s)		
<i>ezetimibe tablet 10mg</i>	1	QL
QL 30 each per 30 day(s)		
<i>fenofibrate capsule 134mg</i>	2	QL
QL 60 each per 30 day(s)		

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
<i>fenofibrate capsule 200mg</i> QL 60 each per 30 day(s)	2	QL	JUXTAPID CAPSULE 5MG	5	QL; PA
FENOFIBRATE CAPSULE 43MG QL 60 each per 30 day(s)	2	QL	<i>lovastatin tablet 10mg</i> QL 60 each per 30 day(s)	1	QL
FENOFIBRATE CAPSULE 50MG QL 60 each per 30 day(s)	2	QL	<i>lovastatin tablet 20mg</i> QL 60 each per 30 day(s)	1	QL
<i>fenofibrate capsule 67mg</i> QL 60 each per 30 day(s)	2	QL	<i>lovastatin tablet 40mg</i> QL 60 each per 30 day(s)	1	QL
<i>fenofibrate tablet 145mg</i> QL 60 each per 30 day(s)	2	QL	NEXLETOL TABLET 180MG QL 30 each per 30 day(s)	3	QL; PA
<i>fenofibrate tablet 160mg</i> QL 60 each per 30 day(s)	2	QL	NEXLIZET TABLET 180/10MG QL 30 each per 30 day(s)	3	QL; PA
FENOFIBRATE TABLET 40MG QL 60 each per 30 day(s)	2	QL	<i>niacin tablet 500mg er</i> QL 120 each per 30 day(s)	2	QL
<i>fenofibrate tablet 48mg</i> QL 60 each per 30 day(s)	2	QL	<i>niacin er tablet 1000mg</i> QL 120 each per 30 day(s)	2	QL
<i>fenofibrate tablet 54mg</i> QL 60 each per 30 day(s)	2	QL	<i>niacin er tablet 750mg</i> QL 120 each per 30 day(s)	2	QL
<i>fenofibric capsule 135mg dr</i> QL 60 each per 30 day(s)	2	QL	<i>omega-3-acid capsule 1gm</i> QL 120 each per 30 day(s)	2	QL
<i>fenofibric capsule 45mg dr</i> QL 60 each per 30 day(s)	2	QL	<i>pitavastatin tablet 1mg</i> QL 30 each per 30 day(s)	1	QL; ST; GC
<i>fluvastatin capsule 20mg</i> QL 120 each per 30 day(s)	1	QL	<i>pitavastatin tablet 2mg</i> QL 30 each per 30 day(s)	1	QL; ST; GC
<i>fluvastatin capsule 40mg</i> QL 60 each per 30 day(s)	1	QL	<i>pitavastatin tablet 4mg</i> QL 30 each per 30 day(s)	1	QL; ST; GC
<i>gemfibrozil tablet 600mg</i> QL 60 each per 30 day(s)	2	QL	<i>pravastatin tablet 10mg</i> QL 90 each per 30 day(s)	1	QL
<i>icosapent capsule 0.5gm</i> QL 120 each per 30 day(s)	2	QL	<i>pravastatin tablet 20mg</i> QL 90 each per 30 day(s)	1	QL
<i>icosapent capsule 1gm</i> QL 120 each per 30 day(s)	2	QL	<i>pravastatin tablet 40mg</i> QL 30 each per 30 day(s)	1	QL
JUXTAPID CAPSULE 10MG QL 90 each per 30 day(s)	5	QL; PA	<i>pravastatin tablet 80mg</i> QL 30 each per 30 day(s)	1	QL
JUXTAPID CAPSULE 20MG QL 90 each per 30 day(s)	5	QL; PA	<i>prevalite pow 4gm pk</i> QL 1195 each per 30 day(s)	2	QL
JUXTAPID CAPSULE 30MG QL 90 each per 30 day(s)	5	QL; PA	REPATHA INJECTABLE 140MG/ML QL 3 milliliter(s) 30 day(s)	3	QL; PA

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
REPATHA PUSH INJECTABLE 420/3.5 QL 3.50 each per 30 day(s)	3	QL; PA	<i>bisoprl/hctz tablet 2.5/6.25</i>	2	
REPATHA SURE INJECTABLE 140MG/ML QL 3 milliliter(s) 30 day(s)	3	QL; PA	<i>bisoprl/hctz tablet 5-6.25mg</i>	2	
<i>rosuvastatin tablet 10mg</i> QL 30 each per 30 day(s)	1	QL	<i>bisoprol fum tablet 10mg</i>	2	
<i>rosuvastatin tablet 20mg</i> QL 30 each per 30 day(s)	1	QL	<i>bisoprol fum tablet 5mg</i>	2	
<i>rosuvastatin tablet 40mg</i> QL 30 each per 30 day(s)	1	QL	<i>carteolol solution 1% op</i>	2	
<i>rosuvastatin tablet 5mg</i> QL 30 each per 30 day(s)	1	QL	<i>carvedilol capsule 10mg er</i>	2	
<i>simvastatin tablet 10mg</i> QL 90 each per 30 day(s)	1	QL	<i>carvedilol capsule 20mg er</i>	2	
<i>simvastatin tablet 20mg</i> QL 90 each per 30 day(s)	1	QL	<i>carvedilol capsule 40mg er</i>	2	
<i>simvastatin tablet 40mg</i> QL 30 each per 30 day(s)	1	QL	<i>carvedilol capsule 80mg er</i>	2	
<i>simvastatin tablet 5mg</i> QL 30 each per 30 day(s)	1	QL	<i>carvedilol tablet 12.5mg</i>	2	
<i>simvastatin tablet 80mg</i> QL 30 each per 30 day(s)	1	QL	<i>carvedilol tablet 25mg</i>	2	
BETA-ADRENERGIC BLOCKING AGENTS			<i>carvedilol tablet 3.125mg</i>	2	
<i>acebutolol capsule 200mg</i> QL 120 each per 30 day(s)	2	QL	<i>carvedilol tablet 6.25mg</i>	2	
<i>acebutolol capsule 400mg</i> QL 90 each per 30 day(s)	2	QL	<i>labetalol tablet 100mg</i>	2	
<i>atenol/chlor tablet 100-25mg</i>	2		<i>labetalol tablet 200mg</i>	2	
<i>atenol/chlor tablet 50-25mg</i>	2		<i>labetalol tablet 300mg</i>	2	
<i>atenolol tablet 100mg</i>	2		<i>metoprl/hctz tablet 100-25mg</i>	2	
<i>atenolol tablet 25mg</i>	2		<i>metoprl/hctz tablet 100-50mg</i>	2	
<i>atenolol tablet 50mg</i>	2		<i>metoprl/hctz tablet 50-25mg</i>	2	
<i>betaxolol tablet 10mg</i>	2		<i>metoprol suc tablet 100mg er</i>	2	
<i>betaxolol tablet 20mg</i>	2		<i>metoprol suc tablet 200mg er</i>	2	
<i>bisoprl/hctz tablet 10/6.25</i>	2		<i>metoprol suc tablet 25mg er</i>	2	
			<i>metoprol suc tablet 50mg er</i>	2	
			<i>metoprol tar tablet 100mg</i>	2	
			<i>metoprol tar tablet 25mg</i>	2	
			<i>metoprol tar tablet 37.5mg</i>	2	
			<i>metoprol tar tablet 50mg</i>	2	
			<i>metoprol tar tablet 75mg</i>	2	
			<i>nadolol tablet 20mg</i>	2	
			<i>nadolol tablet 40mg</i>	2	
			<i>nadolol tablet 80mg</i>	2	
			<i>nebivolol tablet 10mg</i>	2	QL
			QL 120 each per 30 day(s)		
			<i>nebivolol tablet 2.5mg</i>	2	QL
			QL 90 each per 30 day(s)		
			<i>nebivolol tablet 20mg</i>	2	QL
			QL 90 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
<i>nebivolol tablet 5mg</i>	2	QL
QL 90 each per 30 day(s)		
<i>pindolol tablet 10mg</i>	2	
<i>pindolol tablet 5mg</i>	2	
<i>propranolol capsule 120mg er</i>	2	
<i>propranolol capsule 160mg er</i>	2	
<i>propranolol capsule 60mg er</i>	2	
<i>propranolol capsule 80mg er</i>	2	
<i>propranolol solution 20mg/5ml</i>	2	
<i>propranolol solution 40mg/5ml</i>	2	
<i>propranolol tablet 10mg</i>	2	
<i>propranolol tablet 20mg</i>	2	
<i>propranolol tablet 40mg</i>	2	
<i>propranolol tablet 60mg</i>	2	
<i>propranolol tablet 80mg</i>	2	
<i>sorine tablet 120mg</i>	2	
<i>sorine tablet 160mg</i>	2	
<i>sorine tablet 80mg</i>	2	
<i>sotalol af tablet 120mg</i>	2	
<i>sotalol af tablet 160mg</i>	2	
<i>sotalol af tablet 80mg</i>	2	
<i>sotalol hcl tablet 120mg</i>	2	
<i>sotalol hcl tablet 160mg</i>	2	
<i>sotalol hcl tablet 240mg</i>	2	
<i>sotalol hcl tablet 80mg</i>	2	
<i>timolol mal tablet 10mg</i>	2	
<i>timolol mal tablet 20mg</i>	2	
<i>timolol mal tablet 5mg</i>	2	
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlod/benazp capsule 10-20mg</i>	1	
<i>amlod/benazp capsule 10-40mg</i>	1	
<i>amlod/benazp capsule 2.5-10mg</i>	1	
<i>amlod/benazp capsule 5-10mg</i>	1	
<i>amlod/benazp capsule 5-20mg</i>	1	
<i>amlod/benazp capsule 5-40mg</i>	1	
<i>amlod/olmesa tablet 10-20mg</i>	1	
<i>amlod/olmesa tablet 10-40mg</i>	1	

Drug	Tier	Requirements /Limits
<i>amlod/olmesa tablet 5-20mg</i>	1	
<i>amlod/olmesa tablet 5-40mg</i>	1	
<i>amlod/valsar tablet 10-160mg</i>	1	
<i>amlod/valsar tablet 10-320mg</i>	1	
<i>amlod/valsar tablet 5-160mg</i>	1	
<i>amlod/valsar tablet 5-320mg</i>	1	
<i>amlodipine tablet 10mg</i>	2	
<i>amlodipine tablet 2.5mg</i>	2	
<i>amlodipine tablet 5mg</i>	2	
<i>cartia xt capsule 120/24hr</i>	3	
<i>cartia xt capsule 180/24hr</i>	3	
<i>cartia xt capsule 240/24hr</i>	3	
<i>cartia xt capsule 300/24hr</i>	3	
<i>dilt-xr capsule 120mg</i>	3	
<i>dilt-xr capsule 180mg</i>	3	
<i>dilt-xr capsule 240mg</i>	3	
<i>diltiazem capsule 120mg er</i>	2	
<i>diltiazem capsule 120mg er</i>	2	
<i>diltiazem capsule 180mg er</i>	2	
<i>diltiazem capsule 240mg er</i>	2	
<i>diltiazem capsule 300mg er</i>	2	
DILTIAZEM CAPSULE 360MG ER	2	
DILTIAZEM CAPSULE 420MG/24	2	
<i>diltiazem capsule 60mg er</i>	2	
<i>diltiazem capsule 90mg er</i>	2	
<i>diltiazem tablet 120mg</i>	2	
<i>diltiazem tablet 120mg er</i>	2	
<i>diltiazem tablet 240mg er</i>	2	
<i>diltiazem tablet 300mg er</i>	2	
<i>diltiazem tablet 30mg</i>	2	
<i>diltiazem tablet 360mg er</i>	2	
<i>diltiazem tablet 60mg</i>	2	
<i>diltiazem tablet 90mg</i>	2	
<i>diltiazem er tablet 180mg</i>	2	
<i>diltiazem er tablet 420mg</i>	2	

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You can find information on what the symbols and abbreviations on this table mean by going to page viii.

Drug	Tier Requirements /Limits
<i>felodipine tablet 10mg er</i>	2
<i>felodipine tablet 2.5mg er</i>	2
<i>felodipine tablet 5mg er</i>	2
<i>isradipine capsule 2.5mg</i>	2
<i>isradipine capsule 5mg</i>	2
<i>matzim la tablet 180mg/24</i>	3
<i>matzim la tablet 240mg/24</i>	3
<i>matzim la tablet 300mg/24</i>	3
<i>matzim la tablet 360mg/24</i>	3
<i>matzim la tablet 420mg/24</i>	3
<i>nicardipine capsule 20mg</i>	2
<i>nicardipine capsule 30mg</i>	2
<i>nifedipine capsule 10mg</i>	2
<i>nifedipine capsule 20mg</i>	2
<i>nifedipine tablet 30mg er</i>	2
<i>nifedipine tablet 30mg er</i>	2
<i>nifedipine tablet 60mg er</i>	2
<i>nifedipine tablet 60mg er</i>	2
<i>nifedipine tablet 90mg er</i>	2
<i>nifedipine tablet 90mg er</i>	2
<i>nimodipine capsule 30mg</i>	2
NISOLDIPINE TABLET 17MG ER	2
<i>nisoldipine tablet 20mg er</i>	2
<i>nisoldipine tablet 25.5mg</i>	2
<i>nisoldipine tablet 30mg er</i>	2
NISOLDIPINE TABLET 34MG ER	2
<i>nisoldipine tablet 40mg er</i>	2
NISOLDIPINE TABLET 8.5MG ER	2
<i>olm med/amlo tablet /hctz</i>	1
<i>olm med/amlo tablet /hctz</i>	1
<i>olm med/amlo tablet /hctz</i>	1
<i>olm med/amlo tablet /hctz</i>	1
<i>olm med/amlo tablet /hctz</i>	1
<i>taztia xt capsule 120mg/24</i>	3
<i>taztia xt capsule 180mg/24</i>	3
<i>taztia xt capsule 240mg/24</i>	3
<i>taztia xt capsule 300mg er</i>	3

Drug	Tier Requirements /Limits
<i>taztia xt capsule 360mg/24</i>	3
<i>telmis/amlod tablet 40-10mg</i>	1
<i>telmis/amlod tablet 40-5mg</i>	1
<i>telmis/amlod tablet 80-10mg</i>	1
<i>telmis/amlod tablet 80-5mg</i>	1
<i>tiadylt capsule 120mg/24</i>	3
<i>tiadylt capsule 180mg/24</i>	3
<i>tiadylt capsule 240mg/24</i>	3
<i>tiadylt capsule 300mg/24</i>	3
<i>tiadylt capsule 360mg/24</i>	3
<i>tiadylt capsule 420mg/24</i>	3
<i>trando/verap tablet 1-240 er</i>	1
<i>trando/verap tablet 2-180 er</i>	1
<i>trando/verap tablet 2-240 er</i>	1
<i>trando/verap tablet 4-240 er</i>	1
VERAPAMIL CAPSULE 100MG ER	2
VERAPAMIL CAPSULE 120MG SR	2
VERAPAMIL CAPSULE 180MG SR	2
VERAPAMIL CAPSULE 200MG ER	2
VERAPAMIL CAPSULE 240MG SR	2
VERAPAMIL CAPSULE 300MG ER	2
VERAPAMIL CAPSULE 360MG SR	2
<i>verapamil tablet 120mg</i>	2
<i>verapamil tablet 120mg er</i>	2
<i>verapamil tablet 180mg er</i>	2
<i>verapamil tablet 240mg er</i>	2
<i>verapamil tablet 40mg</i>	2
<i>verapamil tablet 80mg</i>	2
CARDIAC DRUGS	
<i>amiodarone tablet 100mg</i>	2

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Drug	Tier	Requirements /Limits
<i>amiodarone tablet 200mg</i>	2	
<i>amiodarone tablet 400mg</i>	2	
CORLANOR SOLUTION 5MG/5ML	4	QL; ST
QL 450 milliliter(s) 30 day(s)		
CORLANOR TABLET 5MG	4	QL; ST
QL 60 each per 30 day(s)		
CORLANOR TABLET 7.5MG	4	QL; ST
QL 60 each per 30 day(s)		
DIGOXIN SOLUTION 50MCG/ML	2	
<i>digoxin tablet 0.0625mg</i>	2	
<i>digoxin tablet 0.125mg</i>	2	
<i>digoxin tablet 0.25mg</i>	2	
<i>dofetilide capsule 125mcg</i>	2	
<i>dofetilide capsule 250mcg</i>	2	
<i>dofetilide capsule 500mcg</i>	2	
<i>flecainide tablet 100mg</i>	2	
<i>flecainide tablet 150mg</i>	2	
<i>flecainide tablet 50mg</i>	2	
<i>mexiletine capsule 150mg</i>	2	
<i>mexiletine capsule 200mg</i>	2	
<i>mexiletine capsule 250mg</i>	2	
MULTAQ TABLET 400MG	4	
NORPACE CAPSULE 100MG CR	4	
NORPACE CAPSULE 150MG CR	4	
<i>pacerone tablet 100mg</i>	3	
<i>pacerone tablet 200mg</i>	3	
<i>pacerone tablet 400mg</i>	3	
<i>propafenone capsule 225mg er</i>	2	
<i>propafenone capsule 325mg er</i>	2	
<i>propafenone capsule 425mg er</i>	2	
<i>propafenone tablet 150mg</i>	2	
<i>propafenone tablet 225mg</i>	2	
<i>propafenone tablet 300mg</i>	2	
<i>quinidine su tablet 200mg</i>	2	NM
<i>quinidine su tablet 300mg</i>	2	NM
<i>ranolazine tablet 1000mg</i>	2	QL
QL 120 each per 30 day(s)		

Drug	Tier	Requirements /Limits
<i>ranolazine tablet 500mg er</i>	2	QL
QL 120 each per 30 day(s)		
VYNDAMAX CAPSULE 61MG	5	QL; PA
QL 30 each per 30 day(s)		
VYNDAQEL CAPSULE 20MG	5	QL; PA
QL 120 each per 30 day(s)		
HYPOTENSIVE AGENTS		
<i>clonidine dis 0.1/24hr</i>	2	
<i>clonidine dis 0.2/24hr</i>	2	
<i>clonidine dis 0.3/24hr</i>	2	
<i>clonidine tablet 0.1mg</i>	2	
<i>clonidine tablet 0.1mg er</i>	2	QL
QL 120 each per 30 day(s)		
<i>clonidine tablet 0.2mg</i>	2	
<i>clonidine tablet 0.3mg</i>	2	
<i>furosemide injectable 100/10ml</i>	2	
<i>hydralazine tablet 100mg</i>	2	
<i>hydralazine tablet 10mg</i>	2	
<i>hydralazine tablet 25mg</i>	2	
<i>hydralazine tablet 50mg</i>	2	
<i>minoxidil tablet 10mg</i>	2	
<i>minoxidil tablet 2.5mg</i>	2	
NYMALIZE SOLUTION	5	QL
QL 1800 each per 30 day(s)		
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
ALISKIREN TABLET 150MG	2	QL; ST
QL 30 each per 30 day(s)		
ALISKIREN TABLET 300MG	2	QL; ST
QL 30 each per 30 day(s)		
<i>benazep/hctz tablet 10-12.5</i>	1	
<i>benazep/hctz tablet 20-12.5</i>	1	
<i>benazep/hctz tablet 20-25mg</i>	1	
<i>benazep/hctz tablet 5-6.25mg</i>	1	
<i>benazepril tablet 10mg</i>	1	
<i>benazepril tablet 20mg</i>	1	

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Drug	Tier	Requirements	Drug	Tier	Requirements
		/Limits			/Limits
<i>benazepril tablet 40mg</i>	1		<i>irbesartan tablet 300mg</i>	1	
<i>benazepril tablet 5mg</i>	1		<i>irbesartan tablet 75mg</i>	1	
CANDESA/HCTZ TABLET 16-12.5	1		KERENDIA TABLET 10MG	4	QL; PA
CANDESA/HCTZ TABLET 32-12.5	1		QL 30 each per 30 day(s)		
CANDESA/HCTZ TABLET 32-25MG	1		KERENDIA TABLET 20MG	4	QL; PA
<i>candesartan tablet 16mg</i>	1		QL 30 each per 30 day(s)		
<i>candesartan tablet 32mg</i>	1		<i>lisinop/hctz tablet 10-12.5</i>	1	
<i>candesartan tablet 4mg</i>	1		<i>lisinop/hctz tablet 20-12.5</i>	1	
<i>candesartan tablet 8mg</i>	1		<i>lisinop/hctz tablet 20-25mg</i>	1	
<i>captopril tablet 100mg</i>	1		<i>lisinopril tablet 10mg</i>	1	
<i>captopril tablet 12.5mg</i>	1		<i>lisinopril tablet 2.5mg</i>	1	
<i>captopril tablet 25mg</i>	1		<i>lisinopril tablet 20mg</i>	1	
<i>captopril tablet 50mg</i>	1		<i>lisinopril tablet 30mg</i>	1	
EDARBYCLOR TABLET 40-12.5	4	ST	<i>lisinopril tablet 40mg</i>	1	
EDARBYCLOR TABLET 40-25MG	4	ST	<i>lisinopril tablet 5mg</i>	1	
<i>enalapr/hctz tablet 10-25mg</i>	1		<i>losartan pot tablet 100mg</i>	1	
<i>enalapr/hctz tablet 5-12.5mg</i>	1		<i>losartan pot tablet 25mg</i>	1	
<i>enalapril tablet 10mg</i>	1		<i>losartan pot tablet 50mg</i>	1	
<i>enalapril tablet 2.5mg</i>	1		<i>losartan/hct tablet 100-12.5</i>	1	
<i>enalapril tablet 20mg</i>	1		<i>losartan/hct tablet 100-25</i>	1	
<i>enalapril tablet 5mg</i>	1		<i>losartan/hct tablet 50-12.5</i>	1	
ENTRESTO TABLET 24-26MG	3	QL	<i>moexipril tablet 15mg</i>	1	
QL 60 each per 30 day(s)			<i>moexipril tablet 7.5mg</i>	1	
ENTRESTO TABLET 49-51MG	3	QL	<i>olm med/hctz tablet 20-12.5</i>	1	
QL 60 each per 30 day(s)			<i>olm med/hctz tablet 40-12.5</i>	1	
ENTRESTO TABLET 97-103MG	3	QL	<i>olm med/hctz tablet 40-25mg</i>	1	
QL 60 each per 30 day(s)			<i>olmesa medox tablet 20mg</i>	1	
<i>eplerenone tablet 25mg</i>	2		<i>olmesa medox tablet 40mg</i>	1	
<i>eplerenone tablet 50mg</i>	2		<i>olmesa medox tablet 5mg</i>	1	
<i>fosinop/hctz tablet 10/12.5</i>	1		<i>perindopril tablet 2mg</i>	1	
<i>fosinop/hctz tablet 20/12.5</i>	1		<i>perindopril tablet 4mg</i>	1	
<i>fosinopril tablet 10mg</i>	1		<i>perindopril tablet 8mg</i>	1	
<i>fosinopril tablet 20mg</i>	1		<i>quinapril tablet 10mg</i>	1	
<i>fosinopril tablet 40mg</i>	1		<i>quinapril tablet 20mg</i>	1	
<i>irbesar/hctz tablet 150-12.5</i>	1		<i>quinapril tablet 40mg</i>	1	
<i>irbesar/hctz tablet 300-12.5</i>	1		<i>quinapril tablet 5mg</i>	1	
<i>irbesartan tablet 150mg</i>	1		<i>ramipril capsule 1.25mg</i>	1	

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Drug	Tier	Requirements /Limits
ramipril capsule 10mg	1	
ramipril capsule 2.5mg	1	
ramipril capsule 5mg	1	
spirono/hctz tablet 25/25	2	
spironolact tablet 100mg	2	
spironolact tablet 25mg	2	
spironolact tablet 50mg	2	
telmisa/hctz tablet 40-12.5	1	
telmisa/hctz tablet 80-12.5	1	
telmisa/hctz tablet 80-25mg	1	
telmisartan tablet 20mg	1	
telmisartan tablet 40mg	1	
telmisartan tablet 80mg	1	
trandolapril tablet 1mg	1	
trandolapril tablet 2mg	1	
trandolapril tablet 4mg	1	
valsart/hctz tablet 160-12.5	1	
valsart/hctz tablet 160-25mg	1	
valsart/hctz tablet 320-12.5	1	
valsart/hctz tablet 320-25mg	1	
valsart/hctz tablet 80-12.5	1	
valsartan tablet 160mg	1	
valsartan tablet 320mg	1	
valsartan tablet 40mg	1	
valsartan tablet 80mg	1	
VASODILATING AGENTS		
asa/dipyrida capsule 25-200mg	2	QL
QL 60 each per 30 day(s)		
ENTADFI CAPSULE 5-5MG	4	QL
QL 30 each per 30 day(s)		
isosorb din tablet 10mg	2	
isosorb din tablet 20mg	2	
isosorb din tablet 30mg	2	
isosorb din tablet 40mg	2	
isosorb din tablet 5mg	2	
isosorb mono tablet 10mg	2	
isosorb mono tablet 120mg er	2	

Drug	Tier	Requirements /Limits
isosorb mono tablet 20mg	2	
isosorb mono tablet 30mg er	2	
isosorb mono tablet 60mg er	2	
nitro-bid oin 2%	4	
nitroglycer dis 0.1mg/hr	2	
nitroglycer dis 0.2mg/hr	2	
nitroglycer dis 0.4mg/hr	2	
nitroglycer dis 0.6mg/hr	2	
nitroglyceri sub 0.6mg	2	
nitroglycer sub 0.3mg	2	
nitroglycer sub 0.4mg	2	
nitroglycer spr 400mcg	2	
NITROLINGUAL SPR 400MCG	2	
RECTIV OIN 0.4%	4	QL
QL 30 each per 30 day(s)		
sildenafil suspension 10mg/ml	2	QL; PA
QL 180 milliliter(s) 30 day(s)		
sildenafil tablet 20mg	2	QL; PA
QL 90 each per 30 day(s)		
tadalafil tablet 20mg	2	QL; PA
QL 60 each per 30 day(s)		
TADLIQ SUSPENSION	5	QL; PA
20MG/5ML		
QL 300 milliliter(s) 30 day(s)		
VERQUVO TABLET 10MG	3	QL; PA
QL 30 each per 30 day(s)		
VERQUVO TABLET 2.5MG	3	QL; PA
QL 30 each per 30 day(s)		
VERQUVO TABLET 5MG	3	QL; PA
QL 30 each per 30 day(s)		
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
apap/codeine tablet	4	QL; NM
300-15mg		
QL 390 each per 30 day(s)		
apap/codeine tablet	4	QL; NM
300-30mg		
QL 390 each per 30 day(s)		

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
<i>apap/codeine tablet 300-60mg</i>	4	QL; NM	<i>but/apap/caf tablet</i>	2	QL; NM
QL 390 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>ascomp/cod capsule 30mg</i>	2	QL; NM	<i>but/asa/caf/ capsule codeine</i>	2	QL; NM
QL 180 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>bupren/nalox mis 12-3mg</i>	2	QL; NM	<i>but/asa/caff capsule</i>	2	QL; NM
QL 120 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>bupren/nalox mis 2-0.5mg</i>	2	QL; NM	<i>celecoxib capsule 100mg</i>	2	QL
QL 120 each per 30 day(s)			QL 240 each per 30 day(s)		
<i>bupren/nalox mis 4-1mg</i>	2	QL; NM	<i>celecoxib capsule 200mg</i>	2	QL
QL 120 each per 30 day(s)			QL 120 each per 30 day(s)		
<i>bupren/nalox mis 8-2mg</i>	2	QL; NM	<i>celecoxib capsule 400mg</i>	2	QL
QL 120 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>bupren/nalox sub 2-0.5mg</i>	2	QL; NM	<i>celecoxib capsule 50mg</i>	2	QL
QL 120 each per 30 day(s)			QL 480 each per 30 day(s)		
<i>bupren/nalox sub 8-2mg</i>	2	QL; NM	<i>diclofen pot tablet 50mg</i>	2	
QL 120 each per 30 day(s)			<i>diclofenac pow 50mg</i>	2	QL; ST
<i>buprenorphin dis 10mcg/hr</i>	3	QL; NM	QL 9 each per 30 day(s)		
QL 4 each per 28 day(s)			<i>diclofenac tablet 100mg er</i>	2	
<i>buprenorphin dis 15mcg/hr</i>	3	QL; NM	<i>diclofenac tablet 25mg dr</i>	2	
QL 4 each per 28 day(s)			<i>diclofenac tablet 50mg dr</i>	2	
<i>buprenorphin dis 20mcg/hr</i>	3	QL; NM	<i>diclofenac tablet 75mg dr</i>	2	
QL 4 each per 28 day(s)			<i>diflunisal tablet 500mg</i>	2	QL
<i>buprenorphin dis 5mcg/hr</i>	3	QL; NM	QL 90 each per 30 day(s)		
QL 4 each per 28 day(s)			<i>etodolac capsule 200mg</i>	2	
<i>buprenorphin dis 7.5/hr</i>	3	QL; NM	<i>etodolac capsule 300mg</i>	2	
QL 4 each per 28 day(s)			<i>etodolac tablet 400mg</i>	2	
<i>buprenorphin sub 2mg</i>	3	QL; NM	<i>etodolac tablet 500mg</i>	2	
QL 210 each per 30 day(s)			<i>etodolac er tablet 400mg</i>	2	QL
<i>buprenorphin sub 8mg</i>	3	QL; NM	QL 60 each per 30 day(s)		
QL 120 each per 30 day(s)			<i>etodolac er tablet 500mg</i>	2	QL
<i>but/apap/caf capsule</i>	2	QL; NM	QL 60 each per 30 day(s)		
QL 60 each per 30 day(s)			<i>etodolac er tablet 600mg</i>	2	QL
<i>but/apap/caf capsule</i>	2	QL; NM	QL 30 each per 30 day(s)		
QL 60 each per 30 day(s)			FENOPROFEN CAPSULE	2	
<i>but/apap/caf capsule codeine</i>	2	QL; NM	400MG		
QL 60 each per 30 day(s)			<i>fenoprofen tablet 600mg</i>	2	
<i>but/apap/caf capsule codeine</i>	2	QL; NM	FENTANYL OT LOZ 1200MCG	5	QL; PA; NM
QL 60 each per 30 day(s)			QL 120 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
FENTANYL OT LOZ 1600MCG QL 120 each per 30 day(s)	5	QL; PA; NM
FENTANYL OT LOZ 200MCG QL 120 each per 30 day(s)	4	QL; PA; NM
FENTANYL OT LOZ 400MCG QL 120 each per 30 day(s)	5	QL; PA; NM
FENTANYL OT LOZ 600MCG QL 120 each per 30 day(s)	5	QL; PA; NM
FENTANYL OT LOZ 800MCG QL 120 each per 30 day(s)	5	QL; PA; NM
<i>flurbiprofen tablet 100mg</i>	2	
<i>hydroco/apap tablet 10-325mg</i> QL 240 each per 30 day(s)	3	QL
<i>hydroco/apap tablet 5-325mg</i> QL 240 each per 30 day(s)	3	QL
<i>hydroco/apap tablet 7.5-325</i> QL 240 each per 30 day(s)	3	QL
<i>ibu tablet 600mg</i>	2	
<i>ibu tablet 800mg</i>	2	
<i>ibuprofen tablet 400mg</i>	2	
<i>ibuprofen tablet 600mg</i>	2	
<i>ibuprofen tablet 800mg</i>	2	
<i>indomethacin capsule 25mg</i> QL 240 each per 30 day(s)	2	QL
<i>indomethacin capsule 50mg</i> QL 120 each per 30 day(s)	2	QL
<i>meclofen sod capsule 100mg</i> QL 120 each per 30 day(s)	2	QL
<i>meclofen sod capsule 50mg</i> QL 240 each per 30 day(s)	2	QL
<i>meloxicam tablet 15mg</i>	2	
<i>meloxicam tablet 7.5mg</i>	2	
<i>morphine sul tablet 100mg er</i> QL 60 each per 30 day(s)	4	QL; NM
<i>morphine sul tablet 15mg</i> QL 120 each per 30 day(s)	4	QL; NM
<i>morphine sul tablet 15mg er</i> QL 90 each per 30 day(s)	4	QL; NM

Drug	Tier	Requirements /Limits
<i>morphine sul tablet 200mg er</i> QL 60 each per 30 day(s)	4	QL; NM
<i>morphine sul tablet 30mg</i> QL 120 each per 30 day(s)	4	QL; NM
<i>morphine sul tablet 30mg er</i> QL 60 each per 30 day(s)	4	QL; NM
<i>morphine sul tablet 60mg er</i> QL 60 each per 30 day(s)	4	QL; NM
<i>nabumetone tablet 500mg</i>	2	
<i>nabumetone tablet 750mg</i>	2	
<i>naproxen suspension 125/5ml</i>	2	
<i>naproxen tablet 250mg</i>	2	
<i>naproxen tablet 375mg</i>	2	
<i>naproxen tablet 500mg</i>	2	
<i>naproxen sod tablet 275mg</i>	2	
<i>naproxen sod tablet 550mg</i>	2	
<i>oxycod/apap tablet 10-325mg</i> QL 180 each per 30 day(s)	3	QL
<i>oxycod/apap tablet 2.5-325</i> QL 180 each per 30 day(s)	3	QL
<i>oxycod/apap tablet 5-325mg</i> QL 180 each per 30 day(s)	3	QL
<i>oxycod/apap tablet 7.5-325</i> QL 180 each per 30 day(s)	3	QL
<i>piroxicam capsule 10mg</i>	2	
<i>piroxicam capsule 20mg</i>	2	
<i>sulindac tablet 150mg</i>	2	
<i>sulindac tablet 200mg</i>	2	
<i>tramadol/apap tablet 37.5-325</i> QL 120 each per 30 day(s)	3	QL
<i>tramadol hcl tablet 100mg</i> QL 120 each per 30 day(s)	3	QL
<i>tramadol hcl tablet 100mg er</i> QL 120 each per 30 day(s)	3	QL
<i>tramadol hcl tablet 200mg er</i> QL 60 each per 30 day(s)	3	QL
<i>tramadol hcl tablet 300mg er</i> QL 30 each per 30 day(s)	3	QL

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<i>tramadol hcl tablet 50mg</i>	3	QL	<i>dexmethylph capsule 15mg er</i>	2	QL
QL 240 each per 30 day(s)			QL 60 each per 30 day(s)		
ANOREXIGENIC AGENTS AND RESPIRATORY AND CNS STIMULANTS					
<i>amphet/dextr capsule 10mg er</i>	2	QL	<i>dexmethylph capsule 30mg er</i>	2	QL
QL 60 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>amphet/dextr capsule 15mg er</i>	2	QL	<i>dexmethylph capsule 40mg er</i>	2	QL
QL 60 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>amphet/dextr capsule 20mg er</i>	2	QL	<i>dexmethylphe capsule 10mg er</i>	2	QL
QL 60 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>amphet/dextr capsule 25mg er</i>	2	QL	<i>dexmethylphe capsule 20mg er</i>	2	QL
QL 60 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>amphet/dextr capsule 30mg er</i>	2	QL	<i>dexmethylphe capsule 5mg er</i>	2	QL
QL 60 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>amphet/dextr capsule 5mg er</i>	2	QL	<i>dexmethylphe capsule er 25mg</i>	2	QL
QL 60 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>amphet/dextr tablet 10mg</i>	2	QL	<i>dexmethylphe capsule er 35mg</i>	2	QL
QL 60 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>amphet/dextr tablet 12.5mg</i>	2	QL	<i>dextroamphet capsule 10mg er</i>	2	QL
QL 60 each per 30 day(s)			QL 120 each per 30 day(s)		
<i>amphet/dextr tablet 15mg</i>	2	QL	<i>dextroamphet capsule 15mg er</i>	2	QL
QL 60 each per 30 day(s)			QL 120 each per 30 day(s)		
<i>amphet/dextr tablet 20mg</i>	2	QL	<i>dextroamphet capsule 5mg er</i>	2	QL
QL 60 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>amphet/dextr tablet 30mg</i>	2	QL	<i>dextroamphet tablet 10mg</i>	2	QL
QL 60 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>amphet/dextr tablet 5mg</i>	2	QL	<i>dextroamphet tablet 15mg</i>	2	QL
QL 60 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>amphet/dextr tablet 7.5mg</i>	2	QL	<i>dextroamphet tablet 20mg</i>	2	QL
QL 60 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>armodafinil tablet 150mg</i>	2	QL	<i>dextroamphet tablet 30mg</i>	2	QL
QL 30 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>armodafinil tablet 200mg</i>	2	QL	<i>dextroamphet tablet 5mg</i>	2	QL
QL 30 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>armodafinil tablet 250mg</i>	2	QL			
QL 30 each per 30 day(s)					
<i>armodafinil tablet 50mg</i>	2	QL			
QL 30 each per 30 day(s)					

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Drug	Tier	Requirements /Limits
<i>lisdexamfeta capsule 10mg</i> QL 30 each per 30 day(s)	2	QL; ST
<i>lisdexamfeta capsule 20mg</i> QL 30 each per 30 day(s)	2	QL; ST
<i>lisdexamfeta capsule 30mg</i> QL 30 each per 30 day(s)	2	QL; ST
<i>lisdexamfeta capsule 40mg</i> QL 30 each per 30 day(s)	2	QL; ST
<i>lisdexamfeta capsule 50mg</i> QL 30 each per 30 day(s)	2	QL; ST
<i>lisdexamfeta capsule 60mg</i> QL 30 each per 30 day(s)	2	QL; ST
<i>lisdexamfeta capsule 70mg</i> QL 30 each per 30 day(s)	2	QL; ST
METHYLPHENID CAPSULE 10MG QL 180 each per 30 day(s)	2	QL
<i>methylphenid capsule 10mg er</i> QL 60 each per 30 day(s)	2	QL
METHYLPHENID CAPSULE 20MG QL 30 each per 30 day(s)	2	QL
<i>methylphenid capsule 20mg er</i> QL 60 each per 30 day(s)	2	QL
METHYLPHENID CAPSULE 30MG QL 60 each per 30 day(s)	2	QL
<i>methylphenid capsule 30mg er</i> QL 60 each per 30 day(s)	2	QL
<i>methylphenid capsule 40mg er</i> QL 60 each per 30 day(s)	2	QL
METHYLPHENID CAPSULE 40MG ER QL 60 each per 30 day(s)	2	QL
METHYLPHENID CAPSULE 50MG QL 30 each per 30 day(s)	2	QL
METHYLPHENID CAPSULE 60MG QL 30 each per 30 day(s)	2	QL
<i>methylphenid capsule 60mg la</i> QL 60 each per 30 day(s)	2	QL

Drug	Tier	Requirements /Limits
<i>methylphenid chw 10mg</i> QL 180 each per 30 day(s)	2	QL
<i>methylphenid chw 2.5mg</i> QL 90 each per 30 day(s)	2	QL
<i>methylphenid chw 5mg</i> QL 180 each per 30 day(s)	2	QL
<i>methylphenid pad 10mg/9hr</i> QL 30 each per 30 day(s)	2	QL; ST
<i>methylphenid pad 15mg/9hr</i> QL 30 each per 30 day(s)	2	QL; ST
<i>methylphenid pad 20mg/9hr</i> QL 30 each per 30 day(s)	2	QL; ST
<i>methylphenid pad 30mg/9hr</i> QL 30 each per 30 day(s)	2	QL; ST
<i>methylphenid solution</i> 10mg/5ml QL 900 milliliter(s) 30 day(s)	2	QL
<i>methylphenid solution</i> 5mg/5ml QL 1800 milliliter(s) 30 day(s)	2	QL
<i>methylphenid tablet 10mg</i> QL 90 each per 30 day(s)	2	QL
<i>methylphenid tablet 10mg er</i> QL 120 each per 30 day(s)	2	QL
<i>methylphenid tablet 18mg er</i> QL 60 each per 30 day(s)	2	QL
<i>methylphenid tablet 18mg er</i> QL 60 each per 30 day(s)	2	QL
<i>methylphenid tablet 20mg</i> QL 90 each per 30 day(s)	2	QL
<i>methylphenid tablet 20mg er</i> QL 90 each per 30 day(s)	2	QL
<i>methylphenid tablet 27mg er</i> QL 60 each per 30 day(s)	2	QL
<i>methylphenid tablet 36mg er</i> QL 60 each per 30 day(s)	2	QL
<i>methylphenid tablet 54mg er</i> QL 60 each per 30 day(s)	2	QL

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
<i>methylphenid tablet 5mg</i>	2	QL	CARBAMAZEPIN CAPSULE	2	QL
QL 90 each per 30 day(s)			300MG ER		
<i>methylphenid tablet 72mg er</i>	2	QL	QL 150 each per 30 day(s)		
QL 60 each per 30 day(s)			<i>carbamazepin chw 100mg</i>	2	QL
<i>modafinil tablet 100mg</i>	2	QL	QL 480 each per 30 day(s)		
QL 30 each per 30 day(s)			<i>carbamazepin suspension</i>	2	QL
<i>modafinil tablet 200mg</i>	2	QL	100/5ml		
QL 60 each per 30 day(s)			QL 2400 milliliter(s) 30 day(s)		
WAKIX TABLET 17.8MG	5	QL; PA	<i>carbamazepin tablet 100mger</i>	2	QL
QL 60 each per 30 day(s)			QL 480 each per 30 day(s)		
WAKIX TABLET 4.45MG	5	QL; PA	<i>carbamazepin tablet 200mg</i>	2	QL
QL 60 each per 30 day(s)			QL 240 each per 30 day(s)		
ANTICONVULSANTS			<i>carbamazepin tablet 200mg er</i>	2	QL
APTIOM TABLET 200MG	5	QL; ST	QL 240 each per 30 day(s)		
QL 30 each per 30 day(s)			<i>carbamazepin tablet 400mg er</i>	3	QL
APTIOM TABLET 400MG	5	QL; ST	QL 120 each per 30 day(s)		
QL 30 each per 30 day(s)			<i>clobazam suspension</i>	2	QL
APTIOM TABLET 600MG	5	QL; ST	2.5mg/ml		
QL 60 each per 30 day(s)			QL 480 milliliter(s) 30 day(s)		
APTIOM TABLET 800MG	5	QL; ST	<i>clobazam tablet 10mg</i>	2	QL
QL 60 each per 30 day(s)			QL 60 each per 30 day(s)		
BRIVIACT SOLUTION 10MG/ML	5	QL; ST	<i>clobazam tablet 20mg</i>	2	QL
QL 600 milliliter(s) 30 day(s)			QL 60 each per 30 day(s)		
BRIVIACT TABLET 100MG	5	QL; ST	<i>clonazep odt tablet 0.125mg</i>	2	QL
QL 60 each per 30 day(s)			QL 300 each per 30 day(s)		
BRIVIACT TABLET 10MG	5	QL; ST	<i>clonazep odt tablet 0.25mg</i>	2	QL
QL 60 each per 30 day(s)			QL 300 each per 30 day(s)		
BRIVIACT TABLET 25MG	5	QL; ST	<i>clonazep odt tablet 0.5mg</i>	2	QL
QL 60 each per 30 day(s)			QL 300 each per 30 day(s)		
BRIVIACT TABLET 50MG	5	QL; ST	<i>clonazep odt tablet 1mg</i>	2	QL
QL 60 each per 30 day(s)			QL 300 each per 30 day(s)		
BRIVIACT TABLET 75MG	5	QL; ST	<i>clonazep odt tablet 2mg</i>	2	QL
QL 60 each per 30 day(s)			QL 300 each per 30 day(s)		
CARBAMAZEPIN CAPSULE 100MG	2	QL	<i>clonazepam tablet 0.5mg</i>	2	QL
ER			QL 300 each per 30 day(s)		
QL 480 each per 30 day(s)			<i>clonazepam tablet 1mg</i>	2	QL
CARBAMAZEPIN CAPSULE 200MG	2	QL	QL 300 each per 30 day(s)		
ER					
QL 240 each per 30 day(s)					

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Drug	Tier	Requirements /Limits
<i>clonazepam tablet 2mg</i>	2	QL
QL 300 each per 30 day(s)		
DIACOMIT CAPSULE 250MG	4	QL; PA
QL 300 each per 30 day(s)		
DIACOMIT CAPSULE 500MG	4	QL; PA
QL 300 each per 30 day(s)		
DIACOMIT PACKET 250MG	4	QL; PA
QL 300 each per 30 day(s)		
DIACOMIT PACKET 500MG	4	QL; PA
QL 300 each per 30 day(s)		
<i>dilantin capsule 100mg</i>	4	QL
QL 300 each per 30 day(s)		
<i>dilantin capsule 30mg</i>	4	QL
QL 600 each per 30 day(s)		
<i>dilantin chw 50mg</i>	4	QL
QL 600 each per 30 day(s)		
DILANTIN-125 SUSPENSION	4	QL
125/5ML		
QL 750 milliliter(s) 30 day(s)		
<i>divalproex capsule 125mg</i>	2	QL
QL 1080 each per 30 day(s)		
<i>divalproex tablet 125mg dr</i>	2	QL
QL 600 each per 30 day(s)		
<i>divalproex tablet 250mg dr</i>	2	QL
QL 510 each per 30 day(s)		
<i>divalproex tablet 250mg er</i>	2	QL
QL 510 each per 30 day(s)		
<i>divalproex tablet 500mg dr</i>	2	QL
QL 270 each per 30 day(s)		
<i>divalproex tablet 500mg er</i>	2	QL
QL 270 each per 30 day(s)		
EPIDIOLEX SOLUTION 100MG/ML	5	QL; PA
QL 900 milliliter(s) 30 day(s)		
<i>epitol tablet 200mg</i>	2	QL
QL 240 each per 30 day(s)		
EPRONTIA SOLUTION 25MG/ML	4	QL
QL 480 milliliter(s) 30 day(s)		

Drug	Tier	Requirements /Limits
EQUETRO CAPSULE 100MG	4	QL; ST
QL 180 each per 30 day(s)		
EQUETRO CAPSULE 200MG	4	QL; ST
QL 180 each per 30 day(s)		
EQUETRO CAPSULE 300MG	4	QL; ST
QL 180 each per 30 day(s)		
<i>ethosuximide capsule 250mg</i>	2	
<i>ethosuximide solution</i>	2	QL
250/5ml		
QL 1200 milliliter(s) 30 day(s)		
<i>felbamate suspension</i>	2	QL
600/5ml		
QL 900 milliliter(s) 30 day(s)		
<i>felbamate tablet 400mg</i>	2	QL
QL 270 each per 30 day(s)		
<i>felbamate tablet 600mg</i>	2	QL
QL 180 each per 30 day(s)		
FINTEPLA SOLUTION	5	QL; PA
2.2MG/ML		
QL 360 milliliter(s) 30 day(s)		
FYCOMPA SUSPENSION	5	QL; ST
0.5MG/ML		
QL 720 milliliter(s) 30 day(s)		
FYCOMPA TABLET 10MG	5	QL; ST
QL 30 each per 30 day(s)		
FYCOMPA TABLET 12MG	5	QL; ST
QL 30 each per 30 day(s)		
FYCOMPA TABLET 2MG	4	QL; ST
QL 30 each per 30 day(s)		
FYCOMPA TABLET 4MG	5	QL; ST
QL 30 each per 30 day(s)		
FYCOMPA TABLET 6MG	5	QL; ST
QL 30 each per 30 day(s)		
FYCOMPA TABLET 8MG	5	QL; ST
QL 30 each per 30 day(s)		
<i>gabapentin capsule 100mg</i>	2	QL
QL 960 each per 30 day(s)		

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
<i>gabapentin capsule 300mg</i>	2	QL	<i>lamotrigine kit start 49</i>	2	QL
QL 330 each per 30 day(s)			QL 98 each per 365 day(s)		
<i>gabapentin capsule 400mg</i>	2	QL	<i>lamotrigine kit start 98</i>	2	QL
QL 270 each per 30 day(s)			QL 196 each per 365 day(s)		
<i>gabapentin solution 250/5ml</i>	2	QL	<i>lamotrigine tablet 100mg</i>	2	QL
QL 2160 milliliter(s) 30 day(s)			QL 180 each per 30 day(s)		
<i>gabapentin tablet 600mg</i>	2	QL	<i>lamotrigine tablet 100mg er</i>	2	QL
QL 180 each per 30 day(s)			QL 90 each per 30 day(s)		
<i>gabapentin tablet 800mg</i>	2	QL	<i>lamotrigine tablet 150mg</i>	2	QL
QL 120 each per 30 day(s)			QL 120 each per 30 day(s)		
<i>lacosamide solution 10mg/ml</i>	2	QL	<i>lamotrigine tablet 200mg</i>	2	QL
QL 1200 milliliter(s) 30 day(s)			QL 90 each per 30 day(s)		
<i>lacosamide tablet 100mg</i>	2	QL	<i>lamotrigine tablet 200mg</i>	2	QL
QL 60 each per 30 day(s)			QL 90 each per 30 day(s)		
<i>lacosamide tablet 150mg</i>	2	QL	<i>lamotrigine tablet 200mg er</i>	2	QL
QL 60 each per 30 day(s)			QL 90 each per 30 day(s)		
<i>lacosamide tablet 200mg</i>	2	QL	<i>lamotrigine tablet 250mg er</i>	2	QL
QL 60 each per 30 day(s)			QL 90 each per 30 day(s)		
<i>lacosamide tablet 50mg</i>	2	QL	<i>lamotrigine tablet 25mg</i>	2	QL
QL 60 each per 30 day(s)			QL 720 each per 30 day(s)		
LAMICTAL ODT TABLET 100MG	4	QL	<i>lamotrigine tablet 25mg er</i>	2	QL
QL 60 each per 30 day(s)			QL 60 each per 30 day(s)		
LAMICTAL ODT TABLET 200MG	4	QL	<i>lamotrigine tablet 25mg odt</i>	2	QL
QL 90 each per 30 day(s)			QL 210 each per 30 day(s)		
<i>lamotrig odt kit 25/50mg</i>	2	QL	<i>lamotrigine tablet 300mg er</i>	2	QL
QL 28 each per 180 day(s)			QL 90 each per 30 day(s)		
<i>lamotrig odt kit 50/100mg</i>	2	QL	<i>lamotrigine tablet 50mg er</i>	2	QL
QL 56 each per 365 day(s)			QL 30 each per 30 day(s)		
<i>lamotrig odt tablet 100mg</i>	2	QL	<i>lamotrigine tablet 50mg odt</i>	2	QL
QL 60 each per 30 day(s)			QL 120 each per 30 day(s)		
<i>lamotrigine chw 25mg</i>	2	QL	<i>levetiraceta solution</i>	2	QL
QL 600 each per 30 day(s)			100mg/ml		
<i>lamotrigine chw 5mg</i>	2	QL	QL 900 milliliter(s) 30 day(s)		
QL 600 each per 30 day(s)			<i>levetiraceta tablet 1000mg</i>	2	QL
<i>lamotrigine kit odt</i>	2	QL	QL 120 each per 30 day(s)		
QL 70 each per 365 day(s)			<i>levetiraceta tablet 250mg</i>	2	QL
<i>lamotrigine kit start 35</i>	2	QL	QL 480 each per 30 day(s)		
QL 70 each per 365 day(s)					

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Drug	Tier	Requirements /Limits
<i>levetiraceta tablet 500mg</i>	2	QL
QL 240 each per 30 day(s)		
<i>levetiraceta tablet 500mg er</i>	2	QL
QL 120 each per 30 day(s)		
<i>levetiraceta tablet 750mg</i>	2	QL
QL 120 each per 30 day(s)		
<i>levetiraceta tablet 750mg er</i>	2	QL
QL 120 each per 30 day(s)		
MAGNESIUM SU INJECTABLE 50%	2	HI
<i>magnesium su injectable 50%</i>	2	HI
<i>methsuximide capsule 300mg</i>	2	QL
QL 120 each per 30 day(s)		
<i>oxcarbazepin suspension 300mg/5m</i>	2	QL
QL 1200 each per 30 day(s)		
<i>oxcarbazepin tablet 150mg</i>	2	QL
QL 600 each per 30 day(s)		
<i>oxcarbazepin tablet 300mg</i>	2	QL
QL 300 each per 30 day(s)		
<i>oxcarbazepin tablet 600mg</i>	2	QL
QL 120 each per 30 day(s)		
PHENOBARB SOLUTION 20MG/5ML	2	
PHENOBARB TABLET 100MG	2	
PHENOBARB TABLET 15MG	2	
PHENOBARB TABLET 16.2MG	2	
PHENOBARB TABLET 30MG	2	
PHENOBARB TABLET 32.4MG	2	
PHENOBARB TABLET 60MG	2	
PHENOBARB TABLET 64.8MG	2	
PHENOBARB TABLET 97.2MG	2	
<i>phenytoin chw 50mg</i>	2	QL
QL 600 each per 30 day(s)		
<i>phenytoin suspension 125/5ml</i>	2	QL
QL 750 milliliter(s) 30 day(s)		
<i>phenytoin ex capsule 100mg</i>	2	QL
QL 300 each per 30 day(s)		

Drug	Tier	Requirements /Limits
<i>phenytoin ex capsule 200mg</i>	2	QL
QL 180 each per 30 day(s)		
<i>phenytoin ex capsule 300mg</i>	2	QL
QL 120 each per 30 day(s)		
<i>pregabalin capsule 100mg</i>	2	
<i>pregabalin capsule 150mg</i>	2	
<i>pregabalin capsule 200mg</i>	2	
<i>pregabalin capsule 225mg</i>	2	
<i>pregabalin capsule 25mg</i>	2	
<i>pregabalin capsule 300mg</i>	2	
<i>pregabalin capsule 50mg</i>	2	
<i>pregabalin capsule 75mg</i>	2	
<i>pregabalin solution 20mg/ml</i>	2	
<i>primidone tablet 125mg</i>	2	QL
QL 480 each per 30 day(s)		
<i>primidone tablet 250mg</i>	2	QL
QL 240 each per 30 day(s)		
<i>primidone tablet 50mg</i>	2	QL
QL 1200 each per 30 day(s)		
<i>rufinamide suspension 40mg/ml</i>	5	QL; PA
QL 2400 milliliter(s) 30 day(s)		
<i>rufinamide tablet 200mg</i>	2	QL; PA
QL 120 each per 30 day(s)		
<i>rufinamide tablet 400mg</i>	5	QL; PA
QL 240 each per 30 day(s)		
SPRITAM TABLET 1000MG	4	QL; ST
QL 90 each per 30 day(s)		
SPRITAM TABLET 250MG	4	QL; ST
QL 90 each per 30 day(s)		
SPRITAM TABLET 500MG	4	QL; ST
QL 90 each per 30 day(s)		
SPRITAM TABLET 750MG	4	QL; ST
QL 90 each per 30 day(s)		
SYMPAZAN MIS 10MG	5	QL; PA
QL 60 each per 30 day(s)		
SYMPAZAN MIS 20MG	5	QL; PA
QL 60 each per 30 day(s)		

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
SYMPAZAN MIS 5MG	5	QL; PA	XCOPRI PACKET 150-200	5	QL
QL 60 each per 30 day(s)			QL 28 each per 28 day(s)		
TIAGABINE TABLET 12MG	2	QL	XCOPRI PACKET 150-200	5	QL
QL 120 each per 30 day(s)			QL 56 each per 28 day(s)		
TIAGABINE TABLET 16MG	2	QL	XCOPRI PACKET 50-100MG	5	QL
QL 90 each per 30 day(s)			QL 28 each per 28 day(s)		
<i>tiagabine tablet 2mg</i>	2	QL	XCOPRI TABLET 100MG	5	QL
QL 840 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>tiagabine tablet 4mg</i>	2	QL	XCOPRI TABLET 150MG	5	QL
QL 420 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>topiramate capsule 15mg</i>	2	QL	XCOPRI TABLET 200MG	5	QL
QL 480 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>topiramate capsule 25mg</i>	2	QL	XCOPRI TABLET 50MG	5	QL
QL 480 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>topiramate tablet 100mg</i>	2	QL	ZONISADE SUSPENSION	5	PA
QL 180 each per 30 day(s)			100MG/5		
<i>topiramate tablet 200mg</i>	2	QL	<i>zonisamide capsule 100mg</i>	2	QL
QL 60 each per 30 day(s)			QL 180 each per 30 day(s)		
<i>topiramate tablet 25mg</i>	2	QL	<i>zonisamide capsule 25mg</i>	2	QL
QL 720 each per 30 day(s)			QL 720 each per 30 day(s)		
<i>topiramate tablet 50mg</i>	2	QL	<i>zonisamide capsule 50mg</i>	2	QL
QL 360 each per 30 day(s)			QL 360 each per 30 day(s)		
<i>valproic acid capsule 250mg</i>	2	QL	ZTALMY SUSPENSION	5	QL; PA
QL 540 each per 30 day(s)			50MG/ML		
<i>valproic acid solution 250/5ml</i>	2	QL	QL 1080 milliliter(s) 30 day(s)		
QL 3000 milliliter(s) 30 day(s)			ANTIMIGRAINE AGENTS		
<i>vigabatrin packet 500mg</i>	5	QL; PA	AJOVY INJECTABLE 225/1.5	3	QL; ST
QL 9000 each per 30 day(s)			QL 4.50 each per 84 day(s)		
<i>vigabatrin tablet 500mg</i>	5	QL; PA	AJOVY INJECTABLE 225/1.5	3	QL; ST
QL 180 each per 30 day(s)			QL 4.50 each per 84 day(s)		
<i>vigadrone pow 500mg</i>	5	QL; PA	<i>eletriptan tablet 20mg</i>	2	QL
QL 9000 each per 30 day(s)			QL 9 each per 30 day(s)		
<i>vigpoder pow 500mg</i>	5	QL; PA	<i>eletriptan tablet 40mg</i>	2	QL
QL 180 each per 30 day(s)			QL 9 each per 30 day(s)		
XCOPRI PACKET 100-150	5	QL	EMGALITY INJECTABLE	4	QL; PA
QL 56 each per 28 day(s)			100MG/ML		
XCOPRI PACKET 12.5-25	4	QL	QL 3 milliliter(s) 30 day(s)		
QL 28 each per 28 day(s)					

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
EMGALITY INJECTABLE 120MG/ML QL 1 milliliter(s) 28 day(s)	4	QL; PA	SUMATRIPTAN INJECTABLE 6MG/0.5 QL 4 each per 30 day(s)	2	QL
EMGALITY INJECTABLE 120MG/ML QL 1 milliliter(s) 28 day(s)	4	QL; PA	<i>sumatriptan injectable</i> 6mg/0.5 QL 4 each per 30 day(s)	2	QL
FROVATRIPTAN TABLET 2.5MG QL 12 each per 30 day(s)	2	QL; ST	<i>sumatriptan injectable</i> 6mg/0.5 QL 4 each per 30 day(s)	2	QL
<i>naratriptan tablet 1mg</i> QL 9 each per 30 day(s)	2	QL	SUMATRIPTAN SPR 20MG/ACT QL 12 each per 30 day(s)	2	QL; ST
<i>naratriptan tablet 2.5mg</i> QL 9 each per 30 day(s)	2	QL	SUMATRIPTAN SPR 5MG/ACT QL 12 each per 30 day(s)	2	QL; ST
NURTEC TABLET 75MG ODT QL 8 each per 30 day(s)	3	QL; PA	<i>sumatriptan tablet 100mg</i> QL 9 each per 30 day(s)	2	QL
QULIPTA TABLET 10MG QL 30 each per 30 day(s)	4	QL; PA	<i>sumatriptan tablet 25mg</i> QL 9 each per 30 day(s)	2	QL
QULIPTA TABLET 30MG QL 30 each per 30 day(s)	4	QL; PA	<i>sumatriptan tablet 50mg</i> QL 9 each per 30 day(s)	2	QL
QULIPTA TABLET 60MG QL 30 each per 30 day(s)	4	QL; PA	UBRELVY TABLET 100MG QL 16 each per 30 day(s)	3	QL; PA
REYVOW TABLET 100MG QL 8 each per 30 day(s)	4	QL; PA	UBRELVY TABLET 50MG QL 16 each per 30 day(s)	3	QL; PA
REYVOW TABLET 50MG QL 8 each per 30 day(s)	4	QL; PA	<i>zolmitriptan spr 5mg</i> QL 8 each per 30 day(s)	2	QL; ST
<i>rizatriptan tablet 10mg</i> QL 18 each per 30 day(s)	2	QL	<i>zolmitriptan tablet 2.5mg</i> QL 9 each per 30 day(s)	2	QL
<i>rizatriptan tablet 10mg odt</i> QL 18 each per 30 day(s)	2	QL	<i>zolmitriptan tablet 2.5mg</i> QL 9 each per 30 day(s)	2	QL
<i>rizatriptan tablet 5mg</i> QL 18 each per 30 day(s)	2	QL	<i>zolmitriptan tablet 5mg</i> QL 9 each per 30 day(s)	2	QL
<i>rizatriptan tablet 5mg odt</i> QL 18 each per 30 day(s)	2	QL	<i>zolmitriptan tablet 5mg odt</i> QL 9 each per 30 day(s)	2	QL
<i>sumatriptan injectable 4mg/0.5</i> QL 4 each per 30 day(s)	2	QL	ZOMIG SPR 2.5MG QL 8 each per 30 day(s)	4	QL; ST
SUMATRIPTAN INJECTABLE 4MG/0.5 QL 4 each per 30 day(s)	2	QL	ANTIPARKINSONIAN AGENTS		
			<i>apomorphine injectable</i> 30mg/3ml	5	PA

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Drug	Tier	Requirements /Limits
<i>benztropine tablet 0.5mg</i> QL 90 each per 30 day(s)	2	QL
<i>benztropine tablet 1mg</i> QL 90 each per 30 day(s)	2	QL
<i>benztropine tablet 2mg</i>	2	
<i>bromocriptin capsule 5mg</i>	2	
<i>bromocriptin tablet 2.5mg</i>	2	
<i>cabergoline tablet 0.5mg</i> QL 60 each per 30 day(s)	2	QL
<i>carb/levo tablet 10-100mg</i>	2	
<i>carb/levo tablet 10-100mg</i>	2	
<i>carb/levo tablet 25-100mg</i>	2	
<i>carb/levo tablet 25-100mg</i>	2	
<i>carb/levo tablet 25-250mg</i>	2	
<i>carb/levo tablet 25-250mg</i>	2	
CARB/LEVO 50 TABLET /ENTACAP	2	
CARB/LEVO 75 TABLET /ENTACAP	2	
<i>carb/levo er tablet 25-100mg</i> QL 360 each per 30 day(s)	2	QL
<i>carb/levo er tablet 50-200mg</i> QL 360 each per 30 day(s)	2	QL
CARB/LEVO100 TABLET /ENTACAP	2	
CARB/LEVO125 TABLET /ENTACAP	2	
CARB/LEVO150 TABLET /ENTACAP	2	
CARB/LEVO200 TABLET /ENTACAP	2	
<i>carbidopa tablet 25mg</i>	2	
<i>entacapone tablet 200mg</i>	2	
NEUPRO DIS 1MG/24HR QL 30 each per 30 day(s)	4	QL; ST
NEUPRO DIS 2MG/24HR QL 30 each per 30 day(s)	4	QL; ST
NEUPRO DIS 3MG/24HR QL 30 each per 30 day(s)	4	QL; ST

Drug	Tier	Requirements /Limits
NEUPRO DIS 4MG/24HR QL 30 each per 30 day(s)	4	QL; ST
NEUPRO DIS 6MG/24HR QL 30 each per 30 day(s)	4	QL; ST
NEUPRO DIS 8MG/24HR QL 30 each per 30 day(s)	4	QL; ST
<i>pramipexole tablet 0.125mg</i> QL 120 each per 30 day(s)	2	QL
<i>pramipexole tablet 0.25mg</i> QL 120 each per 30 day(s)	2	QL
<i>pramipexole tablet 0.375 er</i> QL 30 each per 30 day(s)	2	QL; ST
<i>pramipexole tablet 0.5mg</i> QL 120 each per 30 day(s)	2	QL
<i>pramipexole tablet 0.75 er</i> QL 90 each per 30 day(s)	2	QL; ST
<i>pramipexole tablet 0.75mg</i> QL 120 each per 30 day(s)	2	QL
<i>pramipexole tablet 1.5mg</i> QL 120 each per 30 day(s)	2	QL
<i>pramipexole tablet 1.5mg er</i> QL 90 each per 30 day(s)	2	QL; ST
<i>pramipexole tablet 1mg</i> QL 120 each per 30 day(s)	2	QL
<i>pramipexole tablet 2.25 er</i> QL 30 each per 30 day(s)	2	QL; ST
<i>pramipexole tablet 3.75 er</i> QL 30 each per 30 day(s)	2	QL; ST
<i>pramipexole tablet 3mg er</i> QL 30 each per 30 day(s)	2	QL; ST
<i>pramipexole tablet 4.5mg er</i> QL 30 each per 30 day(s)	2	QL; ST
<i>rasagiline tablet 0.5mg</i>	2	
<i>rasagiline tablet 1mg</i>	2	
<i>ropinirole tablet 0.25mg</i>	2	
<i>ropinirole tablet 0.5mg</i>	2	
<i>ropinirole tablet 12mg er</i> QL 90 each per 30 day(s)	2	QL

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Drug	Tier	Requirements /Limits
<i>ropinirole tablet 1mg</i>	2	
<i>ropinirole tablet 2mg</i>	2	
<i>ropinirole tablet 2mg er</i> QL 90 each per 30 day(s)	2	QL
<i>ropinirole tablet 3mg</i>	2	
<i>ropinirole tablet 4mg</i>	2	
<i>ropinirole tablet 4mg er</i> QL 90 each per 30 day(s)	2	QL
<i>ropinirole tablet 5mg</i>	2	
<i>ropinirole tablet 6mg er</i> QL 90 each per 30 day(s)	2	QL
<i>ropinirole tablet 8mg er</i> QL 90 each per 30 day(s)	2	QL
RYTARY CAPSULE 145MG QL 90 each per 30 day(s)	3	QL; ST
RYTARY CAPSULE 195MG QL 240 each per 30 day(s)	3	QL; ST
RYTARY CAPSULE 245MG QL 300 each per 30 day(s)	3	QL; ST
RYTARY CAPSULE 95MG QL 90 each per 30 day(s)	3	QL; ST
<i>selegiline capsule 5mg</i>	2	
<i>selegiline tablet 5mg</i>	2	
<i>tolcapone tablet 100mg</i> QL 180 each per 30 day(s)	5	QL; PA
<i>trihexyphen solution 0.4mg/ml</i>	2	
<i>trihexyphen tablet 2mg</i> QL 150 each per 30 day(s)	2	QL
<i>trihexyphen tablet 5mg</i> QL 150 each per 30 day(s)	2	QL
ZELAPAR TABLET 1.25MG QL 60 each per 30 day(s)	5	QL; PA
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam con 1mg/ml</i> QL 300 milliliter(s) 30 day(s)	2	QL
<i>alprazolam tablet 0.25 odt</i> QL 150 each per 30 day(s)	2	QL

Drug	Tier	Requirements /Limits
<i>alprazolam tablet 0.25mg</i> QL 150 each per 30 day(s)	2	QL
<i>alprazolam tablet 0.5mg</i> QL 150 each per 30 day(s)	2	QL
<i>alprazolam tablet 0.5mg er</i> QL 90 each per 30 day(s)	2	QL
<i>alprazolam tablet 0.5mg od</i> QL 150 each per 30 day(s)	2	QL
<i>alprazolam tablet 1mg</i> QL 150 each per 30 day(s)	2	QL
<i>alprazolam tablet 1mg er</i> QL 90 each per 30 day(s)	2	QL
<i>alprazolam tablet 1mg odt</i> QL 150 each per 30 day(s)	2	QL
<i>alprazolam tablet 2mg</i> QL 150 each per 30 day(s)	2	QL
<i>alprazolam tablet 2mg er</i> QL 90 each per 30 day(s)	2	QL
<i>alprazolam tablet 2mg odt</i> QL 150 each per 30 day(s)	2	QL
<i>alprazolam tablet 3mg er</i> QL 90 each per 30 day(s)	2	QL
BELSOMRA TABLET 10MG QL 30 each per 30 day(s)	4	QL; ST
BELSOMRA TABLET 15MG QL 30 each per 30 day(s)	4	QL; ST
BELSOMRA TABLET 20MG QL 30 each per 30 day(s)	4	QL; ST
BELSOMRA TABLET 5MG QL 30 each per 30 day(s)	4	QL; ST
<i>bupirone tablet 10mg</i>	2	
<i>bupirone tablet 15mg</i>	2	
<i>bupirone tablet 30mg</i>	2	
<i>bupirone tablet 5mg</i>	2	
<i>bupirone tablet 7.5mg</i>	2	
<i>cloraz dipot tablet 15mg</i> QL 180 each per 30 day(s)	2	QL

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Drug	Tier	Requirements /Limits
<i>cloraz dipot tablet 3.75mg</i> QL 90 each per 30 day(s)	2	QL
<i>cloraz dipot tablet 7.5mg</i> QL 90 each per 30 day(s)	2	QL
<i>diazepam con 5mg/ml</i> QL 240 milliliter(s) 30 day(s)	2	QL
<i>diazepam gel 10mg</i> DIAZEPAM GEL 2.5MG	2	
<i>diazepam gel 20mg</i>	2	
<i>diazepam solution 5mg/5ml</i> QL 1200 milliliter(s) 30 day(s)	2	QL
<i>diazepam tablet 10mg</i> QL 120 each per 30 day(s)	2	QL
<i>diazepam tablet 2mg</i> QL 120 each per 30 day(s)	2	QL
<i>diazepam tablet 5mg</i> QL 120 each per 30 day(s)	2	QL
<i>eszopiclone tablet 1mg</i> QL 30 each per 30 day(s)	2	QL
<i>eszopiclone tablet 2mg</i> QL 30 each per 30 day(s)	2	QL
<i>eszopiclone tablet 3mg</i> QL 30 each per 30 day(s)	2	QL
HETLIOZ LQ SUSPENSION 4MG/ML QL 150 milliliter(s) 30 day(s)	5	QL; PA
<i>hydroxyz hcl tablet 10mg</i>	2	
<i>hydroxyz hcl tablet 25mg</i>	2	
<i>hydroxyz hcl tablet 50mg</i>	2	
<i>hydroxyz pam capsule 100mg</i>	2	
<i>hydroxyz pam capsule 25mg</i>	2	
<i>hydroxyz pam capsule 50mg</i>	2	
<i>lorazepam con 2mg/ml</i> QL 150 milliliter(s) 30 day(s)	2	QL
<i>lorazepam tablet 0.5mg</i> QL 150 each per 30 day(s)	2	QL
<i>lorazepam tablet 1mg</i> QL 150 each per 30 day(s)	2	QL

Drug	Tier	Requirements /Limits
<i>lorazepam tablet 2mg</i> QL 150 each per 30 day(s)	2	QL
NAYZILAM SPR 5MG QL 10 each per 30 day(s)	4	QL
<i>ramelteon tablet 8mg</i> QL 30 each per 30 day(s)	2	QL
<i>tasimelteon capsule 20mg</i> QL 30 each per 30 day(s)	5	QL; PA
<i>temazepam capsule 15mg</i> QL 60 each per 30 day(s)	2	QL
<i>temazepam capsule 30mg</i> QL 30 each per 30 day(s)	2	QL
<i>triazolam tablet 0.125mg</i> QL 30 each per 30 day(s)	2	QL
<i>triazolam tablet 0.25mg</i> QL 30 each per 30 day(s)	2	QL
VALTOCO SPR 10MG QL 10 each per 30 day(s)	4	QL
VALTOCO SPR 15MG QL 10 each per 30 day(s)	4	QL
VALTOCO SPR 20MG QL 10 each per 30 day(s)	4	QL
VALTOCO SPR 5MG QL 10 each per 30 day(s)	4	QL
<i>zaleplon capsule 10mg</i> QL 30 each per 30 day(s)	2	QL
<i>zaleplon capsule 5mg</i> QL 30 each per 30 day(s)	2	QL
<i>zolpidem tablet 10mg</i> QL 60 each per 30 day(s)	2	QL
<i>zolpidem tablet 5mg</i> QL 60 each per 30 day(s)	2	QL
<i>zolpidem er tablet 12.5mg</i> QL 30 each per 30 day(s)	2	QL
<i>zolpidem er tablet 6.25mg</i> QL 30 each per 30 day(s)	2	QL
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>atomoxetine capsule 100mg</i> QL 30 each per 30 day(s)	2	QL

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Drug	Tier	Requirements /Limits
<i>atomoxetine capsule 10mg</i> QL 30 each per 30 day(s)	2	QL
<i>atomoxetine capsule 18mg</i> QL 30 each per 30 day(s)	2	QL
<i>atomoxetine capsule 25mg</i> QL 30 each per 30 day(s)	2	QL
<i>atomoxetine capsule 40mg</i> QL 30 each per 30 day(s)	2	QL
<i>atomoxetine capsule 60mg</i> QL 30 each per 30 day(s)	2	QL
<i>atomoxetine capsule 80mg</i> QL 30 each per 30 day(s)	2	QL
<i>guanfacine tablet 1mg er</i>	2	
<i>guanfacine tablet 2mg er</i>	2	
<i>guanfacine tablet 3mg er</i>	2	
<i>guanfacine tablet 4mg er</i>	2	
MEMANT TITRA PACKET 5-10MG QL 49 each per 28 day(s)	2	QL
<i>memantine tablet hcl 10mg</i> QL 60 each per 30 day(s)	2	QL
<i>memantine tablet hcl 5mg</i> QL 60 each per 30 day(s)	2	QL
<i>memantine hc capsule 14mg er</i> QL 30 each per 30 day(s)	2	QL
<i>memantine hc capsule 21mg er</i> QL 30 each per 30 day(s)	2	QL
<i>memantine hc capsule 28mg er</i> QL 30 each per 30 day(s)	2	QL
<i>memantine hc capsule 7mg er</i> QL 30 each per 30 day(s)	2	QL
<i>memantine hc solution 2mg/ml</i>	2	
NOURIANZ TABLET 20MG QL 30 each per 30 day(s)	5	QL; PA
NOURIANZ TABLET 40MG QL 30 each per 30 day(s)	5	QL; PA
QELBREE CAPSULE 100MG ER QL 30 each per 30 day(s)	4	QL; ST

Drug	Tier	Requirements /Limits
QELBREE CAPSULE 150MG ER QL 60 each per 30 day(s)	4	QL; ST
QELBREE CAPSULE 200MG ER QL 90 each per 30 day(s)	4	QL; ST
RADICAVA ORS SUSPENSION STARTER QL 70 each per 28 day(s)	5	QL; PA
RELYVRIO PACKET 3-1GM QL 60 each per 30 day(s)	5	QL; PA
<i>riluzole tablet 50mg</i>	2	
SUNOSI TABLET 150MG QL 30 each per 30 day(s)	4	QL; ST
SUNOSI TABLET 75MG QL 30 each per 30 day(s)	4	QL; ST
OPIATE ANTAGONISTS		
KLOXXADO SPR 8MG QL 7 each per 70 day(s)	3	QL
<i>naloxone injectable 0.4mg/ml</i> QL 2 milliliter(s) 30 day(s)	2	QL
<i>naloxone injectable 0.4mg/ml</i> QL 2 milliliter(s) 30 day(s)	2	QL
<i>naloxone injectable 1mg/ml</i> QL 2 milliliter(s) 30 day(s)	2	QL
<i>naloxone hcl spr 4mg</i> QL 2 each per 30 day(s)	2	QL
<i>naltrexone tablet 50mg</i>	2	
ZIMHI SOLUTION QL 2 each per 30 day(s)	3	QL
PSYCHOTHERAPEUTIC AGENTS		
ABILIFY ASIM INJECTABLE 720MG QL 2.40 each per 56 day(s)	5	QL
ABILIFY ASIM INJECTABLE 960MG QL 3.20 each per 56 day(s)	5	QL
ABILIFY MAIN INJECTABLE 300MG QL 2 each per 28 day(s)	5	QL

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Drug	Tier	Requirements /Limits
ABILIFY MAIN INJECTABLE 300MG	5	QL
QL 2 each per 28 day(s)		
ABILIFY MAIN INJECTABLE 400MG	5	QL
QL 2 each per 28 day(s)		
ABILIFY MAIN INJECTABLE 400MG	5	QL
QL 2 each per 28 day(s)		
<i>amitriptylin tablet 100mg</i>	2	
<i>amitriptylin tablet 10mg</i>	2	
<i>amitriptylin tablet 150mg</i>	2	
<i>amitriptylin tablet 25mg</i>	2	
<i>amitriptylin tablet 50mg</i>	2	
<i>amitriptylin tablet 75mg</i>	2	
<i>amoxapine tablet 100mg</i>	2	
<i>amoxapine tablet 150mg</i>	2	
<i>amoxapine tablet 25mg</i>	2	
<i>amoxapine tablet 50mg</i>	2	
APLENZIN TABLET 174MG	4	QL; ST
QL 30 each per 30 day(s)		
APLENZIN TABLET 348MG	4	QL; ST
QL 30 each per 30 day(s)		
APLENZIN TABLET 522MG	4	QL; ST
QL 30 each per 30 day(s)		
<i>aripiprazole solution 1mg/ml</i>	2	QL
QL 900 milliliter(s) 30 day(s)		
<i>aripiprazole tablet 10mg</i>	2	
<i>aripiprazole tablet 10mg odt</i>	2	QL
QL 60 each per 30 day(s)		
<i>aripiprazole tablet 15mg</i>	2	
<i>aripiprazole tablet 15mg odt</i>	2	QL
QL 60 each per 30 day(s)		
<i>aripiprazole tablet 20mg</i>	2	
<i>aripiprazole tablet 2mg</i>	2	
<i>aripiprazole tablet 30mg</i>	2	
<i>aripiprazole tablet 5mg</i>	2	

Drug	Tier	Requirements /Limits
ARISTADA INJECTABLE 1064MG	5	QL
QL 3.90 each per 28 day(s)		
ARISTADA INJECTABLE 441MG/1.	5	QL
QL 1.60 each per 28 day(s)		
ARISTADA INJECTABLE 662MG/2	5	QL
QL 2.40 each per 28 day(s)		
ARISTADA INJECTABLE 882MG/3	5	QL
QL 3.20 each per 28 day(s)		
ARISTADA INJECTABLE INITIO	5	QL
QL 2.40 each per 28 day(s)		
ASENAPINE SUB 10MG	2	QL; ST
QL 60 each per 30 day(s)		
<i>asenapine sub 2.5mg</i>	2	QL; ST
QL 60 each per 30 day(s)		
ASENAPINE SUB 5MG	2	QL; ST
QL 60 each per 30 day(s)		
AUVELITY TABLET 45-105MG	5	QL; PA
QL 60 each per 30 day(s)		
<i>bupropion tablet 100mg</i>	2	
<i>bupropion tablet 100mg sr</i>	2	
<i>bupropion tablet 150mg sr</i>	2	
<i>bupropion tablet 150mg sr</i>	2	
<i>bupropion tablet 200mg sr</i>	2	
<i>bupropion tablet 75mg</i>	2	
<i>buproprn hcl tablet 150mg xl</i>	2	
<i>buproprn hcl tablet 300mg xl</i>	2	
CAPLYTA CAPSULE 10.5MG	5	QL; PA
QL 30 each per 30 day(s)		
CAPLYTA CAPSULE 21MG	5	QL; PA
QL 30 each per 30 day(s)		
CAPLYTA CAPSULE 42MG	5	QL; PA
QL 30 each per 30 day(s)		
<i>chlorpromaz tablet 100mg</i>	2	

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Drug	Tier	Requirements /Limits
<i>chlorpromaz tablet 10mg</i>	2	
<i>chlorpromaz tablet 200mg</i>	2	
<i>chlorpromaz tablet 25mg</i>	2	
<i>chlorpromaz tablet 50mg</i>	2	
<i>chlorpromazi con 100mg/ml</i>	2	
<i>chlorpromazi con 30mg/ml</i>	2	
CITALOPRAM CAPSULE 30MG	2	
<i>citalopram solution 10mg/5ml</i>	2	
<i>citalopram tablet 10mg</i>	2	
<i>citalopram tablet 20mg</i>	2	
<i>citalopram tablet 40mg</i>	2	
<i>clomipramine capsule 25mg</i>	2	ST
<i>clomipramine capsule 50mg</i>	2	ST
<i>clomipramine capsule 75mg</i>	2	ST
<i>clozapine tablet 100/odt</i>	2	QL
QL 270 each per 30 day(s)		
<i>clozapine tablet 100mg</i>	2	QL
QL 180 each per 30 day(s)		
<i>clozapine tablet 12.5/odt</i>	2	QL
QL 270 each per 30 day(s)		
<i>clozapine tablet 150/odt</i>	2	QL
QL 180 each per 30 day(s)		
<i>clozapine tablet 200/odt</i>	2	QL
QL 180 each per 30 day(s)		
<i>clozapine tablet 200mg</i>	2	QL
QL 135 each per 30 day(s)		
<i>clozapine tablet 25mg</i>	2	QL
QL 90 each per 30 day(s)		
<i>clozapine tablet 25mg odt</i>	2	QL
QL 270 each per 30 day(s)		
<i>clozapine tablet 50mg</i>	2	QL
QL 90 each per 30 day(s)		
<i>compro sup 25mg</i>	2	
<i>desipramine tablet 100mg</i>	2	
<i>desipramine tablet 10mg</i>	2	
<i>desipramine tablet 150mg</i>	2	
<i>desipramine tablet 25mg</i>	2	

Drug	Tier	Requirements /Limits
<i>desipramine tablet 50mg</i>	2	
<i>desipramine tablet 75mg</i>	2	
<i>desvenlafax tablet 100mg er</i>	2	QL
QL 30 each per 30 day(s)		
DESVENLAFAX TABLET 100MG	2	QL
ER		
QL 30 each per 30 day(s)		
<i>desvenlafax tablet 25mg er</i>	2	QL
QL 30 each per 30 day(s)		
<i>desvenlafax tablet 50mg er</i>	2	QL
QL 30 each per 30 day(s)		
DESVENLAFAX TABLET 50MG	2	QL
ER		
QL 30 each per 30 day(s)		
<i>doxepin hcl capsule 100mg</i>	2	
<i>doxepin hcl capsule 10mg</i>	2	
<i>doxepin hcl capsule 150mg</i>	2	
<i>doxepin hcl capsule 25mg</i>	2	
<i>doxepin hcl capsule 50mg</i>	2	
<i>doxepin hcl capsule 75mg</i>	2	
<i>doxepin hcl con 10mg/ml</i>	2	
<i>duloxetine capsule 20mg</i>	2	
<i>duloxetine capsule 30mg</i>	2	
<i>duloxetine capsule 40mg</i>	2	QL
QL 60 each per 30 day(s)		
<i>duloxetine capsule 60mg</i>	2	
EMSAM DIS 12MG/24H	5	QL; ST
QL 30 each per 30 day(s)		
EMSAM DIS 6MG/24HR	5	QL; ST
QL 30 each per 30 day(s)		
EMSAM DIS 9MG/24HR	5	QL; ST
QL 30 each per 30 day(s)		
<i>escitalopram solution</i>	2	
<i>5mg/5ml</i>		
<i>escitalopram tablet 10mg</i>	2	
<i>escitalopram tablet 20mg</i>	2	
<i>escitalopram tablet 5mg</i>	2	

PA - Prior Authorization QL - Quantity Limit ST - Step Therapy

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
FANAPT PACKET	4	QL; PA	<i>fluoxetine tablet 20mg</i>	2	
QL 8 each per 30 day(s)			<i>fluoxetine tablet 60mg</i>	2	QL
FANAPT TABLET 10MG	5	QL; PA	QL 30 each per 30 day(s)		
QL 60 each per 30 day(s)			<i>fluphenaz de injectable</i>	2	BvsD
FANAPT TABLET 12MG	5	QL; PA	<i>25mg/ml</i>		
QL 60 each per 30 day(s)			<i>fluphenazine elx 2.5/5ml</i>	2	
FANAPT TABLET 1MG	5	QL; PA	<i>fluphenazine injectable</i>	2	BvsD
QL 60 each per 30 day(s)			<i>2.5mg/ml</i>		
FANAPT TABLET 2MG	5	QL; PA	<i>fluphenazine tablet 10mg</i>	2	
QL 60 each per 30 day(s)			<i>fluphenazine tablet 1mg</i>	2	
FANAPT TABLET 4MG	5	QL; PA	<i>fluphenazine tablet 2.5mg</i>	2	
QL 60 each per 30 day(s)			<i>fluphenazine tablet 5mg</i>	2	
FANAPT TABLET 6MG	5	QL; PA	<i>fluvoxamine capsule 100mg er</i>	2	
QL 60 each per 30 day(s)			<i>fluvoxamine capsule 150mg er</i>	2	
FANAPT TABLET 8MG	5	QL; PA	FLUVOXAMINE TABLET	2	
QL 60 each per 30 day(s)			100MG		
FETZIMA CAPSULE 120MG	4	QL; ST	FLUVOXAMINE TABLET 25MG	2	
QL 30 each per 30 day(s)			FLUVOXAMINE TABLET 50MG	2	
FETZIMA CAPSULE 20MG	4	QL; ST	<i>haloper dec injectable</i>	2	
QL 30 each per 30 day(s)			<i>100mg/ml</i>		
FETZIMA CAPSULE 40MG	4	QL; ST	<i>haloper dec injectable</i>	2	
QL 30 each per 30 day(s)			<i>500/5ml</i>		
FETZIMA CAPSULE 80MG	4	QL; ST	<i>haloper dec injectable</i>	2	
QL 30 each per 30 day(s)			<i>50mg/ml</i>		
FETZIMA CAPSULE TITRATIO	4	QL; ST	<i>haloper lac injectable 5mg/ml</i>	2	
QL 30 each per 30 day(s)			<i>haloperidol con 2mg/ml</i>	2	
<i>fluoxetine capsule 10mg</i>	2		<i>haloperidol tablet 0.5mg</i>	2	
<i>fluoxetine capsule 20mg</i>	2		<i>haloperidol tablet 10mg</i>	2	
<i>fluoxetine capsule 40mg</i>	2		<i>haloperidol tablet 1mg</i>	2	
<i>fluoxetine capsule 90mg dr</i>	2	QL	<i>haloperidol tablet 20mg</i>	2	
QL 4 each per 28 day(s)			<i>haloperidol tablet 2mg</i>	2	
<i>fluoxetine solution 20mg/5ml</i>	2		<i>haloperidol tablet 5mg</i>	2	
<i>fluoxetine tablet 10mg</i>	2		<i>imipram hcl tablet 10mg</i>	2	
<i>fluoxetine tablet 10mg</i>	2	QL	<i>imipram hcl tablet 25mg</i>	2	
QL 30 each per 30 day(s)			<i>imipram hcl tablet 50mg</i>	2	
<i>fluoxetine tablet 20mg</i>	2	QL	<i>imipram pam capsule 100mg</i>	2	
QL 120 each per 30 day(s)			<i>imipram pam capsule 125mg</i>	2	

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Drug	Tier	Requirements /Limits
<i>imipram pam capsule 150mg</i>	2	
<i>imipram pam capsule 75mg</i>	2	
INVEGA HAFYE INJECTABLE 1092MG	5	QL
QL 3.50 each per 180 day(s)		
INVEGA HAFYE INJECTABLE 1560MG	5	QL
QL 5 each per 180 day(s)		
INVEGA SUST INJECTABLE 117/0.75	5	
INVEGA SUST INJECTABLE 156MG/ML	5	
INVEGA SUST INJECTABLE 234/1.5	5	
INVEGA SUST INJECTABLE 39/0.25	4	
INVEGA SUST INJECTABLE 78/0.5ML	5	
INVEGA TRINZ INJECTABLE 273MG	5	QL
QL 0.8750 each per 90 day(s)		
INVEGA TRINZ INJECTABLE 410MG	5	QL
QL 1.3150 each per 90 day(s)		
INVEGA TRINZ INJECTABLE 546MG	5	QL
QL 1.75 each per 90 day(s)		
INVEGA TRINZ INJECTABLE 819MG	5	QL
QL 2.6250 each per 90 day(s)		
<i>lithium solution 8meq/5ml</i>	2	
<i>lithium carb capsule 150mg</i>	2	
<i>lithium carb capsule 300mg</i>	2	
LITHIUM CARB CAPSULE 600MG	2	
LITHIUM CARB TABLET 300MG	2	
<i>lithium carb tablet 300mg er</i>	2	
<i>lithium carb tablet 450mg er</i>	2	

Drug	Tier	Requirements /Limits
<i>loxapine capsule 10mg</i>	2	
<i>loxapine capsule 25mg</i>	2	
<i>loxapine capsule 50mg</i>	2	
<i>loxapine capsule 5mg</i>	2	
<i>lurasidone tablet 120mg</i>	2	QL
QL 30 each per 30 day(s)		
<i>lurasidone tablet 20mg</i>	2	QL
QL 30 each per 30 day(s)		
<i>lurasidone tablet 40mg</i>	2	QL
QL 30 each per 30 day(s)		
<i>lurasidone tablet 60mg</i>	2	QL
QL 30 each per 30 day(s)		
<i>lurasidone tablet 80mg</i>	2	QL
QL 30 each per 30 day(s)		
LYBALVI TABLET 10-10MG	4	QL; PA
QL 30 each per 30 day(s)		
LYBALVI TABLET 15-10MG	4	QL; PA
QL 30 each per 30 day(s)		
LYBALVI TABLET 20-10MG	4	QL; PA
QL 30 each per 30 day(s)		
LYBALVI TABLET 5-10MG	4	QL; PA
QL 30 each per 30 day(s)		
MARPLAN TABLET 10MG	4	
<i>mirtazapine tablet 15mg</i>	2	
<i>mirtazapine tablet 15mg odt</i>	2	QL
QL 30 each per 30 day(s)		
<i>mirtazapine tablet 30mg</i>	2	
<i>mirtazapine tablet 30mg odt</i>	2	QL
QL 30 each per 30 day(s)		
<i>mirtazapine tablet 45mg</i>	2	
<i>mirtazapine tablet 45mg odt</i>	2	QL
QL 30 each per 30 day(s)		
<i>mirtazapine tablet 7.5mg</i>	2	
<i>molindone tablet hcl 10mg</i>	2	QL
QL 270 each per 30 day(s)		
<i>molindone tablet hcl 25mg</i>	2	QL
QL 270 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
<i>molindone tablet hcl 5mg</i>	2	QL
QL 270 each per 30 day(s)		
<i>nefazodone tablet 100mg</i>	2	
<i>nefazodone tablet 150mg</i>	2	
<i>nefazodone tablet 200mg</i>	2	
<i>nefazodone tablet 250mg</i>	2	
<i>nefazodone tablet 50mg</i>	2	
<i>nortriptylin capsule 10mg</i>	2	
<i>nortriptylin capsule 25mg</i>	2	
<i>nortriptylin capsule 50mg</i>	2	
<i>nortriptylin capsule 75mg</i>	2	
<i>nortriptylin solution 10mg/5ml</i>	2	
NUPLAZID CAPSULE 34MG	5	QL; PA
QL 60 each per 30 day(s)		
NUPLAZID TABLET 10MG	5	QL; PA
QL 60 each per 30 day(s)		
<i>olanza/fluox capsule 12-25mg</i>	2	
<i>olanza/fluox capsule 12-50mg</i>	2	
<i>olanza/fluox capsule 3-25mg</i>	2	
<i>olanza/fluox capsule 6-25mg</i>	2	
<i>olanza/fluox capsule 6-50mg</i>	2	
<i>olanzapine injectable 10mg</i>	2	BvsD
<i>olanzapine tablet 10mg</i>	2	
<i>olanzapine tablet 10mg odt</i>	2	QL
QL 30 each per 30 day(s)		
<i>olanzapine tablet 15mg</i>	2	
<i>olanzapine tablet 15mg odt</i>	2	QL
QL 30 each per 30 day(s)		
<i>olanzapine tablet 2.5mg</i>	2	
<i>olanzapine tablet 20mg</i>	2	
<i>olanzapine tablet 20mg odt</i>	2	QL
QL 30 each per 30 day(s)		
<i>olanzapine tablet 5mg</i>	2	
<i>olanzapine tablet 5mg odt</i>	2	QL
QL 30 each per 30 day(s)		
<i>olanzapine tablet 7.5mg</i>	2	
<i>paliperidone tablet er 1.5mg</i>	2	QL; ST
QL 30 each per 30 day(s)		

Drug	Tier	Requirements /Limits
<i>paliperidone tablet er 3mg</i>	2	QL; ST
QL 30 each per 30 day(s)		
<i>paliperidone tablet er 6mg</i>	2	QL; ST
QL 60 each per 30 day(s)		
<i>paliperidone tablet er 9mg</i>	2	QL; ST
QL 30 each per 30 day(s)		
<i>paroxetine er tablet 12.5mg</i>	2	QL
QL 30 each per 30 day(s)		
<i>paroxetine er tablet 37.5mg</i>	2	QL
QL 30 each per 30 day(s)		
<i>paroxetine suspension 10mg/5ml</i>	2	QL
QL 900 milliliter(s) 30 day(s)		
<i>paroxetine tablet 10mg</i>	2	
<i>paroxetine tablet 20mg</i>	2	
<i>paroxetine tablet 25mg er</i>	2	QL
QL 90 each per 30 day(s)		
<i>paroxetine tablet 30mg</i>	2	
<i>paroxetine tablet 40mg</i>	2	
PAXIL SUSPENSION 10MG/5ML	4	
<i>perphenazine tablet 16mg</i>	2	
<i>perphenazine tablet 2mg</i>	2	
<i>perphenazine tablet 4mg</i>	2	
<i>perphenazine tablet 8mg</i>	2	
PERSERIS INJECTABLE 120MG	5	QL; BvsD
QL 1 each per 30 day(s)		
PERSERIS INJECTABLE 90MG	5	QL; BvsD
QL 1 each per 30 day(s)		
PHENELZINE TABLET 15MG	2	
<i>pimozide tablet 1mg</i>	2	QL
QL 150 each per 30 day(s)		
<i>pimozide tablet 2mg</i>	2	QL
QL 150 each per 30 day(s)		
<i>prochlorper sup 25mg</i>	2	
<i>prochlorper tablet 10mg</i>	2	
<i>prochlorper tablet 5mg</i>	2	

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Drug	Tier	Requirements /Limits
<i>protriptylin tablet 10mg</i>	2	ST
<i>protriptylin tablet 5mg</i>	2	ST
<i>quetiapine tablet 100mg</i>	2	
<i>quetiapine tablet 150mg</i>	2	
<i>quetiapine tablet 150mg er</i>	2	
<i>quetiapine tablet 200mg</i>	2	
<i>quetiapine tablet 200mg er</i>	2	
<i>quetiapine tablet 25mg</i>	2	
<i>quetiapine tablet 300mg</i>	2	
<i>quetiapine tablet 300mg er</i>	2	
<i>quetiapine tablet 400mg</i>	2	
<i>quetiapine tablet 400mg er</i>	2	
<i>quetiapine tablet 50mg</i>	2	
<i>quetiapine tablet 50mg er</i>	2	
REXULTI TABLET 0.25MG	4	QL; PA
QL 30 each per 30 day(s)		
REXULTI TABLET 0.5MG	4	QL; PA
QL 30 each per 30 day(s)		
REXULTI TABLET 1MG	4	QL; PA
QL 30 each per 30 day(s)		
REXULTI TABLET 2MG	4	QL; PA
QL 30 each per 30 day(s)		
REXULTI TABLET 3MG	4	QL; PA
QL 30 each per 30 day(s)		
REXULTI TABLET 4MG	4	QL; PA
QL 30 each per 30 day(s)		
RISPERDAL INJECTABLE 12.5MG	4	
RISPERDAL INJECTABLE 25MG	5	
RISPERDAL INJECTABLE 37.5MG	5	
RISPERDAL INJECTABLE 50MG	5	
<i>risperidone solution 1mg/ml</i>	2	QL
QL 240 milliliter(s) 30 day(s)		
<i>risperidone tablet 0.25 odt</i>	2	QL
QL 30 each per 30 day(s)		
<i>risperidone tablet 0.25mg</i>	2	
<i>risperidone tablet 0.5mg</i>	2	
<i>risperidone tablet 0.5mg od</i>	2	QL
QL 60 each per 30 day(s)		

Drug	Tier	Requirements /Limits
<i>risperidone tablet 1mg</i>	2	
<i>risperidone tablet 1mg odt</i>	2	QL
QL 60 each per 30 day(s)		
<i>risperidone tablet 2mg</i>	2	
<i>risperidone tablet 2mg odt</i>	2	QL
QL 60 each per 30 day(s)		
<i>risperidone tablet 3mg</i>	2	
<i>risperidone tablet 3mg odt</i>	2	QL
QL 60 each per 30 day(s)		
<i>risperidone tablet 4mg</i>	2	
<i>risperidone tablet 4mg odt</i>	2	QL
QL 60 each per 30 day(s)		
SAVELLA MIS TITR PACKET	4	QL; ST
QL 60 each per 30 day(s)		
SAVELLA TABLET 100MG	4	QL; ST
QL 60 each per 30 day(s)		
SAVELLA TABLET 12.5MG	4	QL; ST
QL 60 each per 30 day(s)		
SAVELLA TABLET 25MG	4	QL; ST
QL 60 each per 30 day(s)		
SAVELLA TABLET 50MG	4	QL; ST
QL 60 each per 30 day(s)		
SECUADO DIS 3.8MG	5	QL; ST
QL 30 each per 30 day(s)		
SECUADO DIS 5.7MG	5	QL; ST
QL 30 each per 30 day(s)		
SECUADO DIS 7.6MG	5	QL; ST
QL 30 each per 30 day(s)		
<i>sertraline con 20mg/ml</i>	2	QL
QL 300 milliliter(s) 30 day(s)		
<i>sertraline tablet 100mg</i>	2	
<i>sertraline tablet 25mg</i>	2	
<i>sertraline tablet 50mg</i>	2	
<i>thioridazine tablet 100mg</i>	2	
<i>thioridazine tablet 10mg</i>	2	
<i>thioridazine tablet 25mg</i>	2	
<i>thioridazine tablet 50mg</i>	2	

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Drug	Tier	Requirements	Drug	Tier	Requirements
		/Limits			/Limits
<i>thiothixene capsule 10mg</i>	2		<i>venlafaxine capsule 37.5 er</i>	2	QL
<i>thiothixene capsule 1mg</i>	2		QL 30 each per 30 day(s)		
<i>thiothixene capsule 2mg</i>	2		<i>venlafaxine capsule 75mg er</i>	2	QL
<i>thiothixene capsule 5mg</i>	2		QL 90 each per 30 day(s)		
<i>tranylcyprom tablet 10mg</i>	2		<i>venlafaxine tablet 100mg</i>	2	
<i>trazodone tablet 100mg</i>	2		VENLAFAXINE TABLET	2	QL; ST
<i>trazodone tablet 150mg</i>	2		112.5MG		
<i>trazodone tablet 300mg</i>	2		QL 60 each per 30 day(s)		
<i>trazodone tablet 50mg</i>	2		<i>venlafaxine tablet 25mg</i>	2	
<i>trifluoperaz tablet 10mg</i>	2		<i>venlafaxine tablet 37.5mg</i>	2	
<i>trifluoperaz tablet 1mg</i>	2		<i>venlafaxine tablet 50mg</i>	2	
<i>trifluoperaz tablet 2mg</i>	2		<i>venlafaxine tablet 75mg</i>	2	
<i>trifluoperaz tablet 5mg</i>	2		VERSACLOZ SUSPENSION	5	QL; PA
<i>trimipramine capsule 100mg</i>	2	ST	50MG/ML		
<i>trimipramine capsule 25mg</i>	2	ST	QL 600 milliliter(s) 30 day(s)		
<i>trimipramine capsule 50mg</i>	2	ST	<i>vilazodone tablet 10mg</i>	2	QL
TRINTELLIX TABLET 10MG	4	QL; ST	QL 30 each per 30 day(s)		
QL 30 each per 30 day(s)			<i>vilazodone tablet 20mg</i>	2	QL
TRINTELLIX TABLET 20MG	4	QL; ST	QL 30 each per 30 day(s)		
QL 30 each per 30 day(s)			<i>vilazodone tablet 40mg</i>	2	QL
TRINTELLIX TABLET 5MG	4	QL; ST	QL 30 each per 30 day(s)		
QL 30 each per 30 day(s)			VRAYLAR CAPSULE 1.5-3MG	4	QL; PA
UZEDY INJECTABLE 100MG	5	QL	QL 30 each per 30 day(s)		
QL 0.28 each per 28 day(s)			VRAYLAR CAPSULE 1.5MG	5	QL; PA
UZEDY INJECTABLE 125MG	5	QL	QL 30 each per 30 day(s)		
QL 0.35 each per 28 day(s)			VRAYLAR CAPSULE 3MG	5	QL; PA
UZEDY INJECTABLE 150MG	5	QL	QL 30 each per 30 day(s)		
QL 0.42 each per 28 day(s)			VRAYLAR CAPSULE 4.5MG	5	QL; PA
UZEDY INJECTABLE 200MG	5	QL	QL 30 each per 30 day(s)		
QL 0.56 each per 28 day(s)			VRAYLAR CAPSULE 6MG	5	QL; PA
UZEDY INJECTABLE 250MG	5	QL	QL 30 each per 30 day(s)		
QL 0.70 each per 28 day(s)			<i>ziprasidone capsule 20mg</i>	2	
UZEDY INJECTABLE 50MG	5	QL	<i>ziprasidone capsule 40mg</i>	2	
QL 0.14 each per 28 day(s)			<i>ziprasidone capsule 60mg</i>	2	
UZEDY INJECTABLE 75MG	5	QL	<i>ziprasidone capsule 80mg</i>	2	
QL 0.21 each per 28 day(s)			<i>ziprasidone injectable 20mg</i>	2	
<i>venlafaxine capsule 150mg er</i>	2	QL	ZURZUVAE CAPSULE 20MG	5	QL; PA
QL 60 each per 30 day(s)			QL 28 each per 14 day(s)		

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Drug	Tier	Requirements /Limits
ZURZUVAE CAPSULE 25MG QL 28 each per 14 day(s)	5	QL; PA
ZURZUVAE CAPSULE 30MG QL 28 each per 14 day(s)	5	QL; PA
ZYPREXA RELP INJECTABLE 210MG	4	BvsD
VESICULAR MONOAMINE TRANSPORTER 2 (VMAT2) INHIBITORS		
AUSTEDO TABLET 12MG QL 120 each per 30 day(s)	5	QL; PA
AUSTEDO TABLET 6MG QL 120 each per 30 day(s)	5	QL; PA
AUSTEDO TABLET 9MG QL 120 each per 30 day(s)	5	QL; PA
AUSTEDO XR TABLET 12MG QL 90 each per 30 day(s)	5	QL; PA
AUSTEDO XR TABLET 24MG QL 60 each per 30 day(s)	5	QL; PA
AUSTEDO XR TABLET 6MG QL 90 each per 30 day(s)	5	QL; PA
AUSTEDO XR TABLET TITR KIT QL 42 each per 180 day(s)	5	QL; PA
tetrabenazin tablet 12.5mg QL 240 each per 30 day(s)	2	QL; PA
tetrabenazin tablet 25mg QL 120 each per 30 day(s)	5	QL; PA
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
AMMONIA DETOXICANTS		
carglumic tablet 200mg	5	PA
constulose solution 10gm/15	2	
enulose solution 10gm/15	2	
generlac solution 10gm/15	3	
lactulose packet 10gm	2	
lactulose solution 10gm/15	2	
phenylbutyra pow sodium	2	
CALORIC AGENTS		
CLINIMIX INJECTABLE 4.25/D10	3	HI

Drug	Tier	Requirements /Limits
CLINIMIX INJECTABLE 4.25/D5W	3	HI
CLINIMIX INJECTABLE 5%/D15W	3	HI
CLINIMIX INJECTABLE 5%/D20W	3	HI
CLINIMIX E INJECTABLE 2.75/D5W	3	HI
CLINIMIX E INJECTABLE 4.25/D10	3	HI
CLINIMIX E INJECTABLE 4.25/D5W	3	HI
CLINIMIX E INJECTABLE 5%/D15W	3	HI
CLINIMIX E INJECTABLE 5%/D20W	3	HI
<i>clinisol sf injectable 15%</i>	2	HI
DEXTROSE INJECTABLE 10%	2	HI
DEXTROSE INJECTABLE 5%	2	HI
ISOLYTE-P INJECTABLE /D5W	3	HI
NUTRILIPID EMU 20%	3	HI
<i>plenamine injectable 15%</i>	2	HI
<i>premasol solution 10%</i>	3	HI
PROSOL INJECTABLE 20%	3	HI
TRAVASOL INJECTABLE 10%	3	HI
TROPHAMINE INJECTABLE 10%	3	HI
DIURETICS		
<i>amilor/hctz tablet 5-50</i>	2	
AMILORIDE TABLET 5MG	2	
<i>bumetanide tablet 0.5mg</i>	2	
<i>bumetanide tablet 1mg</i>	2	
<i>bumetanide tablet 2mg</i>	2	
<i>chlorthalid tablet 25mg</i>	2	
<i>chlorthalid tablet 50mg</i>	2	
DIURIL SUSPENSION 250/5ML	3	
<i>ethacrynic tablet acd 25mg</i> QL 480 each per 30 day(s)	4	QL; PA

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Drug	Tier	Requirements /Limits
<i>furosemide solution 10mg/ml</i>	2	
<i>furosemide solution 40mg/5ml</i>	2	
<i>furosemide tablet 20mg</i>	2	
<i>furosemide tablet 40mg</i>	2	
<i>furosemide tablet 80mg</i>	2	
<i>hydrochlorot capsule 12.5mg</i>	2	
<i>hydrochlorot tablet 12.5mg</i>	2	
<i>hydrochlorot tablet 25mg</i>	2	
<i>hydrochlorot tablet 50mg</i>	2	
<i>indapamide tablet 1.25mg</i>	2	
<i>indapamide tablet 2.5mg</i>	2	
JYNARQUE PACKET 15MG	5	QL; PA
QL 60 each per 30 day(s)		
JYNARQUE PACKET 30-15MG	5	QL; PA
QL 60 each per 30 day(s)		
JYNARQUE PACKET 45-15MG	5	QL; PA
QL 60 each per 30 day(s)		
JYNARQUE PACKET 60-30MG	5	QL; PA
QL 60 each per 30 day(s)		
JYNARQUE PACKET 90-30MG	5	QL; PA
QL 60 each per 30 day(s)		
JYNARQUE TABLET 15MG	5	QL; PA
QL 120 each per 30 day(s)		
JYNARQUE TABLET 30MG	5	QL; PA
QL 120 each per 30 day(s)		
<i>metolazone tablet 10mg</i>	2	
<i>metolazone tablet 2.5mg</i>	2	
<i>metolazone tablet 5mg</i>	2	
<i>tolvaptan tablet 15mg</i>	5	QL
QL 30 each per 30 day(s)		
<i>tolvaptan tablet 30mg</i>	5	QL
QL 120 each per 30 day(s)		
<i>toremide tablet 100mg</i>	2	
<i>toremide tablet 10mg</i>	2	
<i>toremide tablet 20mg</i>	2	
<i>toremide tablet 5mg</i>	2	
<i>triamt/hctz capsule 37.5-25</i>	2	

Drug	Tier	Requirements /Limits
<i>triamt/hctz tablet 37.5-25</i>	2	
<i>triamt/hctz tablet 75-50mg</i>	2	
TRIAMTERENE CAPSULE 100MG	2	QL
QL 90 each per 30 day(s)		
TRIAMTERENE CAPSULE 50MG	2	QL
QL 90 each per 30 day(s)		
ION-REMOVING AGENTS		
AURYXIA TABLET 210MG	5	QL; PA
QL 360 each per 30 day(s)		
<i>lanthanum chw 1000mg</i>	5	QL; PA
QL 150 each per 30 day(s)		
<i>lanthanum chw 500mg</i>	5	QL; PA
QL 450 each per 30 day(s)		
<i>lanthanum chw 750mg</i>	5	QL; PA
QL 180 each per 30 day(s)		
LOKELMA PACKET 10GM	3	QL; PA
QL 90 each per 30 day(s)		
LOKELMA PACKET 5GM	3	QL; PA
QL 30 each per 30 day(s)		
<i>sevelamer tablet 400mg</i>	2	
<i>sevelamer tablet 800mg</i>	2	
<i>sevelamer tablet 800mg</i>	2	
<i>sod poly sul pow</i>	2	
<i>sps suspension 15gm/60</i>	2	
VELPHORO CHW 500MG	5	QL; PA
QL 180 each per 30 day(s)		
VELTASSA POW 16.8GM	5	QL; PA
QL 30 each per 30 day(s)		
VELTASSA POW 25.2GM	5	QL; PA
QL 30 each per 30 day(s)		
VELTASSA POW 8.4GM	5	QL; PA
QL 30 each per 30 day(s)		
REPLACEMENT PREPARATIONS		
<i>calc acetate capsule 667mg</i>	2	
D10W/NAACL INJECTABLE 0.2%	2	HI
D10W/NAACL INJECTABLE 0.45%	2	HI

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Drug	Tier Requirements /Limits	
D2.5W/NAACL INJECTABLE 0.45%	2	HI
D5W/NAACL INJECTABLE 0.2%	2	HI
D5W/NAACL INJECTABLE 0.45%	2	HI
D5W/NAACL INJECTABLE 0.9%	2	HI
ISOLYTE-S INJECTABLE PH 7.4	3	HI
KCL/D5W/LACT INJECTABLE 20MEQ/L	2	HI
<i>kcl/d5w/nacl injectable</i>	2	HI
<i>kcl/d5w/nacl injectable</i>	2	HI
<i>kcl/d5w/nacl injectable</i>	2	HI
<i>kcl/d5w/nacl injectable</i>	2	HI
<i>kcl/d5w/nacl injectable</i>	2	HI
<i>kcl/d5w/nacl injectable</i>	2	HI
KCL/D5W/NAACL INJECTABLE 0.15/0.2	2	HI
<i>klor-con packet 20meq</i>	2	
KLOR-CON 10 TABLET 10MEQ ER	3	
KLOR-CON 8 TABLET 8MEQ ER	3	
<i>klor-con m10 tablet 10meq er</i>	3	
<i>klor-con m15 tablet 15meq er</i>	4	
<i>klor-con m20 tablet 20meq er</i>	3	
<i>mult electro injectable ph 5.5</i>	3	HI
PLASMA-LYTE INJECTABLE -148	3	HI
PLASMA-LYTE INJECTABLE -A	3	HI
<i>pot chl/d5w injectable 20meq/l</i>	2	HI
<i>pot chl/nacl injectable 20meq/l</i>	2	HI
<i>pot chl/nacl injectable 20meq/l</i>	2	HI
<i>pot chl/nacl injectable 40meq/l</i>	2	HI
<i>pot chloride capsule 10meq er</i>	2	
<i>pot chloride capsule 8meq er</i>	2	
POT CHLORIDE INJECTABLE 10MEQ	2	HI
POT CHLORIDE INJECTABLE 20MEQ	2	HI
<i>pot chloride injectable 2meq/ml</i>	2	HI
POT CHLORIDE INJECTABLE 40MEQ	2	HI

Drug	Tier Requirements /Limits	
<i>pot chloride pow 20meq</i>	2	
<i>pot chloride solution 10%</i>	2	
<i>pot chloride solution 20%</i>	2	
<i>pot chloride tablet 10meq er</i>	2	
<i>pot chloride tablet 20meq er</i>	2	
POT CHLORIDE TABLET 8MEQ ER	2	
<i>pot citra er tablet 1080mg</i>	2	
<i>pot citra er tablet 1620mg</i>	2	
<i>pot citra er tablet 540mg</i>	2	
<i>pot cl micro tablet 10meq er</i>	2	
<i>pot cl micro tablet 15meq er</i>	2	
<i>pot cl micro tablet 20meq er</i>	2	
SOD CHLORIDE INJECTABLE 0.45%	2	HI
SOD CHLORIDE INJECTABLE 0.9%	2	HI
SOD CHLORIDE INJECTABLE 3%	2	HI
SOD CHLORIDE INJECTABLE 5%	2	HI
SODIUM CHLOR SOLUTION 0.9% IRR	2	BvsD
TPN ELECTROL INJECTABLE	2	HI
URICOSURIC AGENTS		
<i>proben/colch tablet 500-0.5</i>	2	
<i>probenecid tablet 500mg</i>	2	
ENZYMES		
ENZYMES		
PALYNZIQ INJECTABLE 10/0.5ML	5	QL; PA
QL 60 milliliter(s) 30 day(s)		
PALYNZIQ INJECTABLE 2.5/0.5	5	QL; PA
QL 60 each per 30 day(s)		
PALYNZIQ INJECTABLE 20MG/ML	5	QL; PA
QL 60 milliliter(s) 30 day(s)		

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Drug	Tier	Requirements /Limits
REVCovi INJECTABLE 1.6MG/ML	5	PA
SUCRAID SOLUTION 8500/ML	5	QL; PA; LA
QL 354 milliliter(s) 30 day(s)		
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTIALLERGIC AGENTS		
ALOMIDE SOLUTION 0.1% OP	4	QL
QL 30 each per 30 day(s)		
<i>azelastine dro 0.05%</i>	2	
<i>azelastine spr 0.1%</i>	2	QL
QL 60 each per 30 day(s)		
BEPOTASTINE DRO 1.5%	2	QL
QL 15 each per 30 day(s)		
<i>olopatadine spr 0.6%</i>	2	QL; ST
QL 30.50 each per 30 day(s)		
ANTI GLAUCOMA AGENTS		
ALPHAGAN P SOLUTION 0.1%	3	QL
QL 15 each per 30 day(s)		
BETAXOLOL SOLUTION 0.5% OP	2	
BETOPTIC-S SUSPENSION 0.25%	4	
OP		
<i>bimatoprost solution 0.03%</i>	2	QL
QL 7.50 each per 30 day(s)		
<i>brimonidine solution 0.2% op</i>	2	
BRINZOLAMIDE SUSPENSION 1%	2	QL
QL 15 each per 30 day(s)		
COMBIGAN SOLUTION 0.2/0.5%	3	QL
QL 10 each per 30 day(s)		
<i>dorzol/timol solution 2%-0.5%</i>	2	
<i>dorzol/timol solution 2-0.5%op</i>	2	
<i>dorzolamide solution 2% op</i>	2	
<i>latanoprost solution 0.005%</i>	2	
<i>levobunolol solution 0.5% op</i>	2	
LUMIGAN SOLUTION 0.01%	3	QL
QL 5 each per 30 day(s)		
<i>methazolamid tablet 25mg</i>	2	
<i>methazolamid tablet 50mg</i>	2	
PILOCARPINE SOLUTION 1% OP	2	

Drug	Tier	Requirements /Limits
PILOCARPINE SOLUTION 2%	2	
OP		
PILOCARPINE SOLUTION 4%	2	
OP		
RHOPRESSA SOLUTION 0.02%	4	QL; ST
QL 60 each per 30 day(s)		
ROCKLATAN DRO	4	QL; ST
QL 5 each per 30 day(s)		
SIMBRINZA SUSPENSION	3	QL
1-0.2%		
QL 16 each per 30 day(s)		
<i>timolol gel solution 0.25% op</i>	2	
<i>timolol gel solution 0.5% op</i>	2	
<i>timolol mal solution 0.25% op</i>	2	
<i>timolol mal solution 0.25% op</i>	2	
<i>timolol mal solution 0.5% op</i>	2	
<i>timolol mal solution 0.5% op</i>	2	
<i>timolol male solution 0.5%</i>	2	
VYZULTA SOLUTION 0.024%	4	ST
XELPROS EMU 0.005%	4	QL
QL 2.50 each per 30 day(s)		
ANTI-INFECTIVES		
AZASITE SOLUTION 1%	4	QL
QL 10 each per 30 day(s)		
<i>bacit/polymy oin op</i>	2	
<i>bacitracin oin op</i>	2	
BESIVANCE SUSPENSION 0.6%	4	QL
QL 15 each per 30 day(s)		
<i>chlorhex glu solution 0.12%</i>	2	
CILOXAN OIN 0.3% OP	4	QL
QL 17.50 each per 30 day(s)		
CIPRO HC SUSPENSION OTIC	3	
<i>cipro/dexa suspension</i>	2	
0.3-0.1%		
CIPROFLOXACN SOLUTION	2	NM
0.2%		
<i>ciprofloxacn solution 0.3% op</i>	2	

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Drug	Tier	Requirements /Limits
<i>erythromycin oin 5mg/gm</i>	2	
GATIFLOXACIN SOLUTION 0.5%	2	QL
QL 15 each per 30 day(s)		
<i>gentamicin solution 0.3% op</i>	2	
<i>levofloxacin solution 0.5%</i>	2	
<i>moxifloxacin solution hcl 0.5%</i>	2	QL
QL 15 each per 30 day(s)		
NATACYN SUSPENSION 5% OP	4	
<i>neo/bac/poly oin op</i>	2	
<i>neo/poly/bac oin /hc 1%op</i>	2	
NEO/POLY/DEX OIN 0.1% OP	2	
<i>neo/poly/dex suspension 0.1% op</i>	2	
<i>neo/poly/gra solution op</i>	2	
<i>neo/poly/hc solution 1% otic</i>	2	
<i>neo/poly/hc suspension 1% otic</i>	2	
<i>neo/poly/hc suspension op</i>	2	
<i>ofloxacin dro 0.3% op</i>	2	
<i>ofloxacin dro 0.3%otic</i>	2	
<i>perio gard solution 0.12%</i>	2	
<i>sulf/pred na solution op</i>	2	
<i>sulfacet sod oin 10% op</i>	2	
<i>sulfacet sod solution 10% op</i>	2	
<i>tobra/dexame suspension 0.3-0.1%</i>	2	
TOBRADEX OIN 0.3-0.1%	4	
TOBRADEX ST SUSPENSION 0.3-0.05	4	
<i>tobramycin solution 0.3% op</i>	2	
TOBREX OIN 0.3% OP	4	
<i>trifluridine solution 1% op</i>	2	
ZIRGAN GEL 0.15%	4	
ZYLET SUSPENSION 0.5-0.3%	4	
ANTI-INFLAMMATORY AGENTS		
ALREX SUSPENSION 0.2%	4	QL
QL 15 each per 30 day(s)		
ARNUITY ELPT INH 100MCG	3	QL
QL 30 each per 30 day(s)		

Drug	Tier	Requirements /Limits
ARNUITY ELPT INH 200MCG	3	QL
QL 30 each per 30 day(s)		
ARNUITY ELPT INH 50MCG	3	QL
QL 30 each per 30 day(s)		
<i>bromfenac solution 0.09% op</i>	2	
<i>cyclosporine emu 0.05% op</i>	2	QL
QL 60 each per 30 day(s)		
<i>dexameth pho solution 0.1% op</i>	2	
<i>diclofenac solution 0.1% op</i>	2	
<i>difluprednat emu 0.05%</i>	2	QL
QL 15 each per 30 day(s)		
FLAREX SUSPENSION 0.1% OP	4	
<i>flunisolide spr 0.025%</i>	2	QL
QL 50 each per 30 day(s)		
<i>fluocin acet oil 0.01%</i>	2	
<i>fluoromethol suspension 0.1% op</i>	2	
<i>flurbiprofen solution 0.03% op</i>	2	
FLUTICAS HFA AER 110MCG	3	QL
QL 12 each per 30 day(s)		
FLUTICAS HFA AER 220MCG	3	QL
QL 24 each per 30 day(s)		
FLUTICAS HFA AER 44MCG	3	QL
QL 10.60 each per 30 day(s)		
FLUTICASONE AER 100MCG	3	QL
QL 60 each per 30 day(s)		
FLUTICASONE AER 250MCG	3	QL
QL 60 each per 30 day(s)		
FLUTICASONE AER 50MCG	3	QL
QL 60 each per 30 day(s)		
<i>fluticasone spr 50mcg</i>	2	QL
QL 16 each per 30 day(s)		
FML FORTE SUSPENSION 0.25% OP	4	
<i>hc/acet acid solution otic</i>	2	
ILEVRO DRO 0.3% OP	4	QL
QL 15 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
KETOROLAC SOLUTION 0.4%	2	
<i>ketorolac solution 0.5%</i>	2	
<i>kourzeq pst 0.1%</i>	2	
LOTEMAX OIN 0.5%	4	QL
QL 15 each per 30 day(s)		
LOTEMAX SM GEL 0.38%	4	QL
QL 15 each per 30 day(s)		
LOTEPREDNOL GEL 0.5%	2	QL
QL 15 each per 30 day(s)		
LOTEPREDNOL SUSPENSION 0.5%	2	QL
QL 15 each per 30 day(s)		
MAXIDEX SUSPENSION 0.1% OP	4	
<i>mometasone spr 50mcg</i>	2	QL
QL 34 each per 30 day(s)		
NEVANAC SUSPENSION 0.1% OP	4	QL
QL 15 each per 30 day(s)		
OMNARIS SPR	4	QL; ST
QL 12.50 each per 30 day(s)		
<i>pred sod pho solution 1% op</i>	2	
PREDNISOLONE SUSPENSION 1% OP	2	QL
QL 30 each per 30 day(s)		
QNASL AER 80MCG	4	QL; ST
QL 10.60 each per 30 day(s)		
QNASL CHILD SPR 40MCG	4	QL; ST
QL 10.60 each per 30 day(s)		
<i>triamcinolon pst den 0.1%</i>	2	
TYRVAYA SOLUTION 0.03MG	3	QL
QL 8.40 each per 30 day(s)		
VERKAZIA EMU 0.1% OP	5	QL; PA
QL 120 each per 30 day(s)		
XHANCE MIS 93MCG	4	PA
XIIDRA DRO 5%	3	QL
QL 60 each per 30 day(s)		
ZETONNA AER 37MCG	4	QL; ST
QL 6.10 each per 30 day(s)		
EENT DRUGS, MISCELLANEOUS		
<i>acetic acid solution 2% otic</i>	2	

Drug	Tier	Requirements /Limits
APRACLONIDIN SOLUTION 0.5% OP	2	
CYSTADROPS SOLUTION 0.37%	5	QL; PA
QL 20 each per 30 day(s)		
CYSTARAN SOLUTION 0.44%	5	QL; PA
QL 60 each per 30 day(s)		
IOPIDINE SOLUTION 1% OP	4	
<i>ipratropium spr 0.03%</i>	2	
<i>ipratropium spr 0.06%</i>	2	
OXERVATE SOLUTION 20MCG/ML	5	QL; PA
QL 28 milliliter(s) 28 day(s)		
GASTROINTESTINAL DRUGS		
ANTIDIARRHEA AGENTS		
<i>loperamide capsule 2mg</i>	2	
XERMELO TABLET 250MG	5	QL; PA
QL 90 each per 30 day(s)		
ANTIEMETICS		
ANZEMET TABLET 50MG	4	QL; BvsD; ST
QL 7 each per 30 day(s)		
<i>aprepitant capsule 125mg</i>	2	QL; BvsD
QL 3 each per 30 day(s)		
<i>aprepitant capsule 40mg</i>	2	QL; BvsD
QL 1 each per 30 day(s)		
<i>aprepitant capsule 80mg</i>	2	QL; BvsD
QL 6 each per 30 day(s)		
<i>aprepitant packet 80 & 125</i>	2	QL; BvsD
QL 9 each per 30 day(s)		
<i>dronabinol capsule 10mg</i>	2	QL; PA
QL 60 each per 30 day(s)		
<i>dronabinol capsule 2.5mg</i>	2	QL; PA
QL 60 each per 30 day(s)		
<i>dronabinol capsule 5mg</i>	2	QL; PA
QL 60 each per 30 day(s)		
<i>granisetron tablet 1mg</i>	2	BvsD
<i>meclizine tablet 12.5mg</i>	2	

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Drug	Tier	Requirements /Limits
<i>meclizine tablet 25mg</i>	2	
<i>ondansetron solution 4mg/5ml</i>	2	BvsD
<i>ondansetron tablet 4mg</i> QL 240 each per 30 day(s)	2	QL; BvsD
<i>ondansetron tablet 4mg odt</i> QL 240 each per 30 day(s)	2	QL; BvsD
<i>ondansetron tablet 8mg</i> QL 240 each per 30 day(s)	2	QL; BvsD
<i>ondansetron tablet 8mg odt</i> QL 240 each per 30 day(s)	2	QL; BvsD
VARUBI TABLET 90MG QL 4 each per 28 day(s)	4	QL; BvsD
ANTI-INFLAMMATORY AGENTS		
<i>alosetron tablet 0.5mg</i> QL 60 each per 30 day(s)	2	QL; ST
<i>alosetron tablet 1mg</i> QL 60 each per 30 day(s)	2	QL; ST
<i>balsalazide capsule 750mg</i>	2	
BUDESONIDE TABLET ER 9MG QL 30 each per 30 day(s)	5	QL; ST
DIPENTUM CAPSULE 250MG	4	
<i>mesalamine capsule 0.375gm</i> QL 120 each per 30 day(s)	2	QL
<i>mesalamine capsule 400mg dr</i>	2	
<i>mesalamine capsule 500mg er</i> QL 240 each per 30 day(s)	2	QL
<i>mesalamine ene 4gm</i>	2	
<i>mesalamine tablet 1.2gm</i> QL 120 each per 30 day(s)	2	QL
<i>mesalamine tablet 800mg dr</i>	2	
PENTASA CAPSULE 250MG CR QL 480 each per 30 day(s)	4	QL
ROWASA KIT 4GM	4	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
<i>bismth/metr/ capsule tetracy</i>	2	NM
<i>cimetidine tablet 200mg</i>	2	
<i>cimetidine tablet 300mg</i>	2	

Drug	Tier	Requirements /Limits
<i>cimetidine tablet 400mg</i>	2	
<i>cimetidine tablet 800mg</i>	2	
<i>esomepra mag capsule 20mg</i> <i>dr</i>	2	
<i>esomepra mag capsule 40mg</i> <i>dr</i>	2	
<i>famotidine suspension</i> <i>40mg/5ml</i>	2	
<i>famotidine tablet 20mg</i>	2	
<i>famotidine tablet 40mg</i>	2	
<i>lansoprazole capsule 15mg dr</i>	2	
<i>lansoprazole capsule 30mg dr</i>	2	
<i>misoprostol tablet 100mcg</i>	2	
<i>misoprostol tablet 200mcg</i>	2	
<i>nizatidine capsule 150mg</i>	2	
<i>nizatidine capsule 300mg</i>	2	
<i>omeprazole capsule 10mg</i>	2	
<i>omeprazole capsule 20mg</i>	2	
<i>omeprazole capsule 40mg</i>	2	
<i>pantoprazole packet 40mg</i> QL 60 each per 30 day(s)	2	QL
<i>pantoprazole tablet 20mg</i>	2	
<i>pantoprazole tablet 40mg</i>	2	
<i>rabeprazole tablet 20mg</i> QL 60 each per 30 day(s)	2	QL
<i>sucalfate suspension</i> <i>1gm/10ml</i>	2	
<i>sucalfate tablet 1gm</i>	2	
CATHARTICS AND LAXATIVES		
CLENPIQ SOLUTION	3	
CLENPIQ SOLUTION	3	
<i>gavilyte-c solution</i>	2	
<i>gavilyte-g solution</i>	2	
PEG-3350 SOLUTION	2	
ELECTROL		
<i>peg-3350/kcl solution /sodium</i>	2	
PEG/NASUL/C/ SOLUTION	2	
NACL/POT		

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Drug	Tier	Requirements /Limits
PLENVU SOLUTION	4	ST
RELISTOR TABLET 150MG QL 90 each per 30 day(s)	5	QL; PA
SODIUM/POTAS SOLUTION MAGNESIU <i>sodium/potas solution magnesi</i>	2	
SUPREP BOWEL SOLUTION PREP KIT	3	
CHOLELITHOLYTIC AGENTS		
<i>chenodal tablet 250mg</i> QL 240 each per 30 day(s)	4	QL
<i>ursodiol capsule 300mg</i>	2	
<i>ursodiol tablet 250mg</i>	2	
<i>ursodiol tablet 500mg</i>	2	
DIGESTANTS		
CREON CAPSULE 12000UNT	3	
CREON CAPSULE 24000UNT	3	
CREON CAPSULE 3000UNIT	3	
CREON CAPSULE 36000UNT	3	
CREON CAPSULE 6000UNIT	3	
PANCREAZE CAPSULE 10500UNT	3	
PANCREAZE CAPSULE 16800UNT	3	
PANCREAZE CAPSULE 21000UNT	3	
PANCREAZE CAPSULE 2600UNIT	3	
PANCREAZE CAPSULE 37000	3	
PANCREAZE CAPSULE 4200UNIT	3	
PERTZYE CAPSULE 16000U	5	
PERTZYE CAPSULE 24000U	5	
PERTZYE CAPSULE 4000UNIT	4	
PERTZYE CAPSULE 8000UNIT	4	
VIOKACE TABLET 10440	4	
VIOKACE TABLET 20880	5	
ZENPEP CAPSULE 10000UNT	3	
ZENPEP CAPSULE 15000UNT	3	
ZENPEP CAPSULE 20000UNT	3	
ZENPEP CAPSULE 25000UNT	3	
ZENPEP CAPSULE 3000UNIT	3	

Drug	Tier	Requirements /Limits
ZENPEP CAPSULE 40000UNT	3	
ZENPEP CAPSULE 5000UNIT	3	
ZENPEP CAPSULE 60000UNT	3	
GI DRUGS, MISCELLANEOUS		
CHOLBAM CAPSULE 250MG QL 120 each per 30 day(s)	5	QL; PA
CHOLBAM CAPSULE 50MG QL 120 each per 30 day(s)	5	QL; PA
LINZESS CAPSULE 145MCG QL 30 each per 30 day(s)	3	QL
LINZESS CAPSULE 290MCG QL 30 each per 30 day(s)	3	QL
LINZESS CAPSULE 72MCG QL 30 each per 30 day(s)	3	QL
<i>lubiprostone capsule 24mcg</i> QL 60 each per 30 day(s)	2	QL
<i>lubiprostone capsule 8mcg</i> QL 60 each per 30 day(s)	2	QL
MOVANTIK TABLET 12.5MG QL 30 each per 30 day(s)	3	QL
MOVANTIK TABLET 25MG QL 30 each per 30 day(s)	3	QL
OICALIVA TABLET 10MG QL 30 each per 30 day(s)	5	QL; PA
OICALIVA TABLET 5MG QL 30 each per 30 day(s)	5	QL; PA
RELISTOR INJECTABLE 12/0.6ML QL 16.80 milliliter(s) 28 day(s)	5	QL; PA
RELISTOR INJECTABLE 8/0.4ML QL 22.40 milliliter(s) 28 day(s)	5	QL; PA
SYMPROIC TABLET 0.2MG	3	
TRULANCE TABLET 3MG QL 30 each per 30 day(s)	4	QL; ST
PROKINETIC AGENTS		
<i>metoclopram solution</i> <i>5mg/5ml</i>	2	

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Drug	Tier	Requirements /Limits
<i>metoclopram tablet 10mg</i>	2	
<i>metoclopram tablet 5mg</i>	2	
<i>metoclopram tablet 5mg odt</i>	2	
MOTEGRITY TABLET 1MG	4	QL; ST
QL 30 each per 30 day(s)		
MOTEGRITY TABLET 2MG	4	QL; ST
QL 30 each per 30 day(s)		
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
CHEMET CAPSULE 100MG	4	
<i>deferasirox gra 180mg</i>	5	QL; PA
QL 120 each per 30 day(s)		
<i>deferasirox gra 360mg</i>	5	QL; PA
QL 120 each per 30 day(s)		
<i>deferasirox gra 90mg</i>	5	QL; PA
QL 120 each per 30 day(s)		
<i>deferasirox tablet 125mg</i>	2	QL
QL 720 each per 30 day(s)		
<i>deferasirox tablet 180mg</i>	5	QL
QL 450 each per 30 day(s)		
<i>deferasirox tablet 250mg</i>	5	QL; PA
QL 360 each per 30 day(s)		
<i>deferasirox tablet 360mg</i>	5	QL
QL 120 each per 30 day(s)		
<i>deferasirox tablet 500mg</i>	5	QL; PA
QL 180 each per 30 day(s)		
<i>deferasirox tablet 90mg</i>	4	QL
QL 240 each per 30 day(s)		
<i>deferiprone tablet 1000mg</i>	5	
<i>deferiprone tablet 500mg</i>	5	
FERRIPROX SOLUTION	5	QL
100MG/ML		
QL 2970 milliliter(s) 30 day(s)		
<i>penicillamin tablet 250mg</i>	5	
<i>trientine capsule 250mg</i>	2	PA
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ASMANEX 120 AER 220MCG	3	QL
QL 1 each per 30 day(s)		

Drug	Tier	Requirements /Limits
ASMANEX 30 AER 110MCG	3	QL
QL 1 each per 30 day(s)		
ASMANEX 30 AER 220MCG	3	QL
QL 1 each per 30 day(s)		
ASMANEX 60 AER 220MCG	3	QL
QL 1 each per 30 day(s)		
ASMANEX HFA AER 100 MCG	3	QL
QL 13 each per 30 day(s)		
ASMANEX HFA AER 200 MCG	3	QL
QL 13 each per 30 day(s)		
<i>budesonide capsule 3mg dr</i>	2	
<i>budesonide suspension</i>	2	QL; BvsD
0.25mg/2		
QL 240 each per 30 day(s)		
<i>budesonide suspension</i>	2	QL; BvsD
0.5mg/2		
QL 240 each per 30 day(s)		
<i>budesonide suspension</i>	2	QL; BvsD
1mg/2ml		
QL 240 milliliter(s) 30 day(s)		
<i>dexamethason solution</i>	2	
0.5/5ml		
<i>dexamethason tablet 0.5mg</i>	2	
<i>dexamethason tablet 0.75mg</i>	2	
<i>dexamethason tablet 1.5mg</i>	2	
<i>dexamethason tablet 1mg</i>	2	
<i>dexamethason tablet 2mg</i>	2	
<i>dexamethason tablet 4mg</i>	2	
<i>dexamethason tablet 6mg</i>	2	
<i>fludrocort tablet 0.1mg</i>	2	
HEMADY TABLET 20MG	4	QL; PA
QL 60 each per 30 day(s)		
<i>hydrocort tablet 10mg</i>	2	
<i>hydrocort tablet 20mg</i>	2	
<i>hydrocort tablet 5mg</i>	2	

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Drug	Tier	Requirements /Limits
INTRAROSA SUP 6.5MG	4	QL
QL 30 each per 30 day(s)		
<i>methylpred tablet 16mg</i>	2	
<i>methylpred tablet 32mg</i>	2	
<i>methylpred tablet 4mg</i>	2	
<i>methylpred tablet 4mg</i>	2	
<i>methylpred tablet 8mg</i>	2	
PRED SOD PHO SOLUTION	2	
5MG/5ML		
<i>prednisolone solution 10mg/5ml</i>	2	
<i>prednisolone solution 15mg/5ml</i>	2	
<i>prednisolone solution 20mg/5ml</i>	2	
<i>prednisolone solution 25mg/5ml</i>	2	
PREDNISOLONE TABLET 10MG	2	
ODT		
PREDNISOLONE TABLET 15MG	2	
ODT		
PREDNISOLONE TABLET 30MG	2	
ODT		
<i>prednisone con 5mg/ml</i>	2	
<i>prednisone solution 5mg/5ml</i>	2	
<i>prednisone tablet 10mg</i>	2	
<i>prednisone tablet 1mg</i>	2	
<i>prednisone tablet 2.5mg</i>	2	
<i>prednisone tablet 20mg</i>	2	
<i>prednisone tablet 50mg</i>	2	
<i>prednisone tablet 5mg</i>	2	
TARPEYO CAPSULE 4MG	5	QL; PA
QL 120 each per 30 day(s)		
ANDROGENS		
<i>danazol capsule 100mg</i>	2	
<i>danazol capsule 200mg</i>	2	
<i>danazol capsule 50mg</i>	2	
<i>depo-testost injectable</i>	4	QL; BvsD
<i>100mg/ml</i>		
QL 10 milliliter(s) 30 day(s)		
<i>depo-testost injectable</i>	4	QL; BvsD
<i>200mg/ml</i>		
QL 10 milliliter(s) 30 day(s)		

Drug	Tier	Requirements /Limits
<i>testost cyp injectable</i>	2	QL
<i>100mg/ml</i>		
QL 10 milliliter(s) 30 day(s)		
<i>testost cyp injectable</i>	2	QL
<i>200mg/ml</i>		
QL 10 milliliter(s) 30 day(s)		
<i>testost enan injectable</i>	2	QL
<i>200mg/ml</i>		
QL 10 milliliter(s) 30 day(s)		
<i>testosterone gel 1%(25mg)</i>	2	QL
QL 300 each per 30 day(s)		
<i>testosterone gel 1%(50mg)</i>	2	QL
QL 300 each per 30 day(s)		
<i>testosterone gel 1.62%</i>	2	QL
QL 150 each per 30 day(s)		
<i>testosterone gel 1.62%</i>	2	QL
QL 150 each per 30 day(s)		
<i>testosterone gel 1.62%</i>	2	QL
QL 150 each per 30 day(s)		
<i>testosterone gel 10mg/act</i>	2	QL; PA
QL 120 each per 30 day(s)		
<i>testosterone gel pump 1%</i>	2	QL
QL 300 each per 30 day(s)		
<i>testosterone solution</i>	2	QL; PA
<i>30mg/act</i>		
QL 180 each per 30 day(s)		
ANTIDIABETIC AGENTS		
<i>acarbose tablet 100mg</i>	1	QL; GC
QL 90 each per 30 day(s)		
<i>acarbose tablet 25mg</i>	1	QL; GC
QL 90 each per 30 day(s)		
<i>acarbose tablet 50mg</i>	1	QL; GC
QL 90 each per 30 day(s)		
ALOG/PIOGLIT TABLET 12.5-30	1	QL; GC
QL 30 each per 30 day(s)		
ALOG/PIOGLIT TABLET	1	QL; GC
25-15MG		
QL 30 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
ALOG/PIOGLIT TABLET 25-30MG	1	QL; GC
QL 30 each per 30 day(s)		
ALOG/PIOGLIT TABLET 25-45MG	1	QL; GC
QL 30 each per 30 day(s)		
ALOGLIPTIN TABLET 12.5MG	1	QL; GC
QL 30 each per 30 day(s)		
ALOGLIPTIN TABLET 25MG	1	QL; GC
QL 30 each per 30 day(s)		
ALOGLIPTIN TABLET 6.25MG	1	QL; GC
QL 30 each per 30 day(s)		
ALOGLIPTIN/ TABLET METFORM	1	QL; GC
QL 60 each per 30 day(s)		
ALOGLIPTIN/ TABLET METFORM	1	QL; GC
QL 60 each per 30 day(s)		
FARXIGA TABLET 10MG	3	QL
QL 30 each per 30 day(s)		
FARXIGA TABLET 5MG	3	QL
QL 30 each per 30 day(s)		
<i>glimepiride tablet 1mg</i>	1	GC
<i>glimepiride tablet 2mg</i>	1	GC
<i>glimepiride tablet 4mg</i>	1	GC
<i>glip/metform tablet 2.5-250m</i>	1	GC
<i>glip/metform tablet 2.5-500m</i>	1	GC
<i>glip/metform tablet 5-500mg</i>	1	GC
<i>glipizide tablet 10mg</i>	1	GC
<i>glipizide tablet 2.5mg</i>	1	GC
<i>glipizide tablet 5mg</i>	1	GC
<i>glipizide er tablet 10mg</i>	1	GC
<i>glipizide er tablet 2.5mg</i>	1	GC
<i>glipizide er tablet 5mg</i>	1	GC
<i>glyb/metform tablet 1.25-250</i>	1	QL; GC
QL 120 each per 30 day(s)		
<i>glyb/metform tablet 2.5-500</i>	1	QL; GC
QL 120 each per 30 day(s)		
<i>glyb/metform tablet 5-500mg</i>	1	QL; GC
QL 120 each per 30 day(s)		
GLYXAMBI TABLET 10-5MG	3	QL
QL 30 each per 30 day(s)		

Drug	Tier	Requirements /Limits
GLYXAMBI TABLET 25-5MG	3	QL
QL 30 each per 30 day(s)		
HUMULIN R INJECTABLE	3	
U-500		
HUMULIN R INJECTABLE	3	
U-500		
INS ASP PROT INJECTABLE	3	IC
FLEXPEN		
INS DEGL FLX INJECTABLE	4	QL; PA; IC
100UNIT		
QL 120 each per 30 day(s)		
INS DEGL FLX INJECTABLE	4	QL; PA; IC
200UNIT		
QL 120 each per 30 day(s)		
INSULIN ASPA INJECTABLE	3	IC
100/ML		
INSULIN ASPA INJECTABLE	3	IC
70/30		
INSULIN ASPA INJECTABLE	3	IC
FLEXPEN		
INSULIN ASPA INJECTABLE	3	IC
PENFILL		
INSULIN DEGL INJECTABLE	4	QL; PA; IC
100UNIT		
QL 120 each per 30 day(s)		
INSULIN GLAR INJECTABLE	3	QL; IC
100U/ML		
QL 120 milliliter(s) 30 day(s)		
INSULIN GLAR SOLUTION	3	QL; IC
100U/ML		
QL 120 milliliter(s) 30 day(s)		
INSULIN LISP INJECTABLE	3	IC
100/ML		
INSULIN LISP INJECTABLE	3	IC
100/ML		
INSULIN LISP INJECTABLE	3	IC
JUNIOR		

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Drug	Tier	Requirements /Limits
INSULIN LISP INJECTABLE PROTAMIN	3	IC
JANUMET TABLET 50-1000 QL 60 each per 30 day(s)	3	QL
JANUMET TABLET 50-500MG QL 60 each per 30 day(s)	3	QL
JANUMET XR TABLET 100-1000 QL 30 each per 30 day(s)	3	QL
JANUMET XR TABLET 50-1000 QL 60 each per 30 day(s)	3	QL
JANUMET XR TABLET 50-500MG QL 60 each per 30 day(s)	3	QL
JANUVIA TABLET 100MG QL 30 each per 30 day(s)	3	QL
JANUVIA TABLET 25MG QL 30 each per 30 day(s)	3	QL
JANUVIA TABLET 50MG QL 30 each per 30 day(s)	3	QL
JARDIANCE TABLET 10MG QL 30 each per 30 day(s)	3	QL
JARDIANCE TABLET 25MG QL 30 each per 30 day(s)	3	QL
JENTADUETO TABLET 2.5-1000 QL 60 each per 30 day(s)	3	QL
JENTADUETO TABLET 2.5-500 QL 120 each per 30 day(s)	3	QL
JENTADUETO TABLET XR QL 30 each per 30 day(s)	3	QL
JENTADUETO TABLET XR QL 60 each per 30 day(s)	3	QL
KORLYM TABLET 300MG QL 120 each per 30 day(s)	5	QL; PA
LANTUS INJECTABLE 100/ML QL 120 milliliter(s) 30 day(s)	3	QL; IC
LANTUS SOLOS INJECTABLE 100/ML QL 120 milliliter(s) 30 day(s)	3	QL; IC

Drug	Tier	Requirements /Limits
LEVEMIR INJECTABLE QL 120 each per 30 day(s)	4	QL; PA; IC
LEVEMIR INJECTABLE FLEXPEN QL 120 each per 30 day(s)	4	QL; PA; IC
<i>metformin solution 500/5ml</i>	1	GC
<i>metformin tablet 1000mg</i>	1	GC
<i>metformin tablet 500mg</i>	1	GC
<i>metformin tablet 500mg er</i>	1	GC
<i>metformin tablet 750mg er</i>	1	GC
<i>metformin tablet 850mg</i>	1	GC
<i>miglitol tablet 100mg</i>	2	GC
<i>miglitol tablet 25mg</i>	2	GC
<i>miglitol tablet 50mg</i>	2	GC
MOUNJARO INJECTABLE 10MG/0.5 QL 2 each per 28 day(s)	3	QL; PA
MOUNJARO INJECTABLE 12.5/0.5 QL 2 each per 28 day(s)	3	QL; PA
MOUNJARO INJECTABLE 15MG/0.5 QL 2 each per 28 day(s)	3	QL; PA
MOUNJARO INJECTABLE 2.5/0.5 QL 2 each per 28 day(s)	3	QL; PA
MOUNJARO INJECTABLE 5MG/0.5 QL 2 each per 28 day(s)	3	QL; PA
MOUNJARO INJECTABLE 7.5/0.5 QL 2 each per 28 day(s)	3	QL; PA
<i>nateglinide tablet 120mg</i>	1	GC
<i>nateglinide tablet 60mg</i>	1	GC
NOVOLIN INJECTABLE 70/30	3	IC
NOVOLIN INJECTABLE 70/30 FP	3	IC
NOVOLIN N INJECTABLE 100 UNIT	3	IC

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Drug	Tier	Requirements /Limits
NOVOLIN N INJECTABLE U-100	3	IC
NOVOLIN R INJECTABLE 100 UNIT	3	IC
NOVOLIN R INJECTABLE U-100	3	IC
NOVOLOG INJECTABLE 100/ML	3	IC
NOVOLOG INJECTABLE FLEXPEN	3	IC
NOVOLOG INJECTABLE PENFILL	3	IC
NOVOLOG MIX INJECTABLE 70/30	3	IC
NOVOLOG MIX INJECTABLE FLEXPEN	3	IC
PIOGLIT/GLIM TABLET 30-2MG	1	QL; GC QL 30 each per 30 day(s)
PIOGLIT/GLIM TABLET 30-4MG	1	QL; GC QL 30 each per 30 day(s)
<i>pioglit/met tablet 15-500mg</i>	1	QL; GC QL 90 each per 30 day(s)
<i>pioglit/met tablet 15-850mg</i>	1	QL; GC QL 90 each per 30 day(s)
<i>pioglitazone tablet 15mg</i>	1	QL; GC QL 30 each per 30 day(s)
<i>pioglitazone tablet 30mg</i>	1	QL; GC QL 30 each per 30 day(s)
<i>pioglitazone tablet 45mg</i>	1	QL; GC QL 30 each per 30 day(s)
<i>repaglinide tablet 0.5mg</i>	1	GC
<i>repaglinide tablet 1mg</i>	1	GC
<i>repaglinide tablet 2mg</i>	1	GC
<i>saxa/metfor tablet 2.5-1000</i>	1	QL; GC QL 60 each per 30 day(s)
<i>saxa/metfor tablet 5-1000mg</i>	1	QL; GC QL 30 each per 30 day(s)
<i>saxa/metfor tablet 5-500mg</i>	1	QL; GC QL 30 each per 30 day(s)
<i>saxagliptin tablet 2.5mg</i>	1	QL; GC QL 30 each per 30 day(s)
<i>saxagliptin tablet 5mg</i>	1	QL; GC QL 30 each per 30 day(s)
SEGLUROMET TABLET 2.5-1000	4	QL; ST QL 60 each per 30 day(s)

Drug	Tier	Requirements /Limits
SEGLUROMET TABLET 2.5-500	4	QL; ST QL 60 each per 30 day(s)
SEGLUROMET TABLET 7.5-1000	4	QL; ST QL 60 each per 30 day(s)
SEGLUROMET TABLET 7.5-500	4	QL; ST QL 60 each per 30 day(s)
SOLIQUA INJECTABLE 100/33	3	QL; ST; IC QL 18 each per 30 day(s)
STEGLATRO TABLET 15MG	4	QL; ST QL 30 each per 30 day(s)
STEGLATRO TABLET 5MG	4	QL; ST QL 30 each per 30 day(s)
SYMLINPEN 60 INJECTABLE 1000MCG	5	QL; ST QL 10.80 each per 30 day(s)
SYMLINPEN 120 INJECTABLE 1000MCG	5	QL; ST QL 10.80 each per 30 day(s)
SYNJARDY TABLET	3	QL QL 60 each per 30 day(s)
SYNJARDY TABLET 12.5-500	3	QL QL 60 each per 30 day(s)
SYNJARDY TABLET 5-1000MG	3	QL QL 60 each per 30 day(s)
SYNJARDY TABLET 5-500MG	3	QL QL 60 each per 30 day(s)
SYNJARDY XR TABLET	3	QL QL 60 each per 30 day(s)
SYNJARDY XR TABLET 10-1000	3	QL QL 60 each per 30 day(s)
SYNJARDY XR TABLET 25-1000	3	QL QL 30 each per 30 day(s)
SYNJARDY XR TABLET 5-1000MG	3	QL QL 60 each per 30 day(s)
TOUJEO MAX INJECTABLE 300/ML	3	QL; IC QL 30 milliliter(s) 30 day(s)

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Drug	Tier	Requirements /Limits
TOUJEO SOLO INJECTABLE 300/ML QL 45 milliliter(s) 30 day(s)	3	QL; IC
TRADJENTA TABLET 5MG QL 30 each per 30 day(s)	3	QL
TRIJARDY XR TABLET	3	
TRIJARDY XR TABLET	3	
TRIJARDY XR TABLET	3	
TRIJARDY XR TABLET	3	
TRULICITY INJECTABLE 0.75/0.5 QL 4 each per 28 day(s)	3	QL; PA
TRULICITY INJECTABLE 1.5/0.5 QL 4 each per 28 day(s)	3	QL; PA
TRULICITY INJECTABLE 3/0.5 QL 4 each per 28 day(s)	3	QL; PA
TRULICITY INJECTABLE 4.5/0.5 QL 4 each per 28 day(s)	3	QL; PA
XIGDUO XR TABLET 10-1000 QL 30 each per 30 day(s)	3	QL
XIGDUO XR TABLET 10-500MG QL 30 each per 30 day(s)	3	QL
XIGDUO XR TABLET 2.5-1000 QL 60 each per 30 day(s)	3	QL
XIGDUO XR TABLET 5-1000MG QL 60 each per 30 day(s)	3	QL
XIGDUO XR TABLET 5-500MG QL 30 each per 30 day(s)	3	QL
ANTIHYPOGLYCEMIC AGENTS		
BAQSIMI ONE POW 3MG/DOSE	3	
diazoxide suspension 50mg/ml	2	
glucagon kit 1mg	3	
GVOKE HYPO 2 INJECTABLE .5/.1ML	3	
GVOKE HYPO 2 INJECTABLE 1MG/.2ML	3	
GVOKE KIT SOLUTION 1MG/0.2M	3	
GVOKE PFS INJECTABLE	3	

Drug	Tier	Requirements /Limits
CONTRACEPTIVES		
amabelz tablet 0.5-0.1	2	
amethia tablet QL 91 each per 91 day(s)	2	QL
apri tablet	2	
aranelle tablet	2	
aviane tablet	2	
balziva tablet	2	
blisovi fe tablet 1.5/30	2	
briellyn tablet	2	
camila tablet 0.35mg	2	
cryselle-28 tablet 28 tablets	2	
deso/ethinyl tablet estradio	2	
deso/ethinyl tablet estradio	2	
dolishale tablet 90-20mcg	2	
drosipir/ethi tablet 3-0.03mg	2	
DROSPIRE/ETH TABLET ESTR/LEV	2	
drospirenone tablet ethy est	2	
eluryng mis QL 1 each per 28 day(s)	2	QL
enilloring mis QL 1 each per 28 day(s)	3	QL
errin tablet 0.35mg	2	
estarylla tablet 0.25-35	2	
estra/noreth tablet 0.5-0.1	2	
estra/noreth tablet 1-0.5mg	2	
ethy eth est tablet 1-35	2	
ethynodiol tablet 1-50	2	
ETONOGESTREL MIS ETHY EST QL 1 each per 28 day(s)	2	QL
fyavolv tablet 0.5-2.5	2	
fyavolv tablet 1-5	2	
hailey 24 tablet fe	2	
haloette mis QL 1 each per 28 day(s)	3	QL
iclevia tablet QL 91 each per 91 day(s)	2	QL

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Drug	Tier	Requirements /Limits
<i>introvale tablet</i>	2	QL
QL 91 each per 91 day(s)		
<i>jasmiel tablet 3-0.02mg</i>	2	
<i>jinteli tablet 1mg-5mcg</i>	2	
<i>junel 1.5/30 tablet</i>	2	
<i>junel 1/20 tablet</i>	2	
<i>junel fe tablet 1.5/30</i>	2	
<i>junel fe tablet 1/20</i>	2	
<i>junel fe 24 tablet 1/20</i>	2	
<i>kariva tablet 28 day</i>	2	
<i>kelnor tablet 1/35</i>	2	
<i>kelnor 1/50 tablet</i>	2	
<i>lessina tablet</i>	2	
<i>levo-eth est tablet 90-20mcg</i>	2	
<i>levonest tablet</i>	2	
<i>levonor/ethi tablet</i>	2	
<i>levonor/ethi tablet estradio</i>	2	QL
QL 91 each per 91 day(s)		
<i>levonor/ethi tablet estradio</i>	2	
<i>levora-28 tablet 0.15/30</i>	2	
LO LOESTRIN TABLET 1-10-10	4	
<i>loestrin tablet 1/20-21</i>	4	
<i>loestrin 21 tablet 1.5/30</i>	4	
<i>loestrin fe tablet 1.5/30</i>	4	
<i>loestrin fe tablet 1/20</i>	4	
<i>loryna tablet 3-0.02mg</i>	2	
<i>lutera tablet</i>	2	
<i>lyleq tablet 0.35mg</i>	2	
<i>marlissa tablet 0.15/30</i>	2	
<i>merzee capsule 1/20</i>	2	
<i>micrgstin 24 tablet fe 1/20</i>	2	
<i>microgestin tablet 1.5/30</i>	2	
<i>microgestin tablet 1/20</i>	2	
<i>microgestin tablet fe 1/20</i>	2	
<i>microgestin tablet fe1.5/30</i>	2	
<i>mili tablet 0.25/35</i>	2	
<i>mimvey tablet 1-0.5mg</i>	2	

Drug	Tier	Requirements /Limits
<i>necon tablet 0.5/35</i>	2	
<i>norelge/ethi dis 150/35</i>	2	QL
QL 4 each per 28 day(s)		
<i>noreth/ethin tablet 0.5-2.5</i>	2	
<i>noreth/ethin tablet 1/20</i>	2	
<i>noreth/ethin tablet 1mg-5mcg</i>	2	
<i>noreth/ethin tablet fe</i>	2	
<i>noreth/ethin tablet fe 1/20</i>	2	
<i>norethin ace tablet 5mg</i>	2	
<i>norethindron tablet 0.35mg</i>	2	
<i>norgest/ethi tablet 0.25/35</i>	2	
<i>norgest/ethi tablet estradio</i>	2	
<i>norgest/ethi tablet estradio</i>	2	
<i>nortrel tablet 0.5/35</i>	2	
<i>nortrel tablet 1/35</i>	2	
<i>nortrel tablet 7/7/7</i>	2	
<i>nylia tablet 1/35</i>	2	
<i>nylia tablet 7/7/7</i>	2	
<i>nymyo tablet 0.25-35</i>	2	
<i>portia-28 tablet</i>	2	
<i>prefest tablet</i>	4	QL; PA
QL 30 each per 30 day(s)		
<i>reclipsen tablet</i>	2	
SAFYRAL TABLET	4	
SLYND TABLET 4MG	4	ST
<i>sprintec 28 tablet 28 day</i>	2	
<i>sronyx tablet</i>	2	
<i>tarina 24 fe tablet</i>	2	
<i>taysofy capsule 1/20</i>	2	
<i>tilia fe tablet</i>	2	
<i>tri-estaryll tablet</i>	2	
<i>tri-legest tablet fe</i>	2	
<i>tri-lo tablet estaryll</i>	2	
<i>tri-lo- tablet sprintec</i>	2	
<i>tri-nymyo tablet</i>	2	
<i>tri-sprintec tablet</i>	2	
<i>tri-vylibra tablet lo</i>	2	

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Drug	Tier	Requirements /Limits
<i>trivora-28 tablet</i>	2	
<i>turqoz tablet</i>	2	
<i>velivet packet</i>	2	
<i>vestura tablet 3-0.02mg</i>	2	
<i>vienva tablet 0.1-20</i>	2	
<i>vylibra tablet 0.25-35</i>	2	
<i>xulane dis 150-35</i>	2	QL
QL 4 each per 28 day(s)		
<i>zovia 1/35 tablet</i>	2	
ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS		
<i>anastrozole tablet 1mg</i>	2	QL
QL 30 each per 30 day(s)		
<i>depo-estradi injectable 5mg/ml</i>	4	
<i>dotti dis 0.025mg</i>	3	
<i>dotti dis 0.0375mg</i>	3	
<i>dotti dis 0.05mg</i>	3	
<i>dotti dis 0.075mg</i>	3	
<i>dotti dis 0.1mg</i>	3	
<i>estradiol cre 0.01%</i>	2	QL
QL 127.50 each per 30 day(s)		
ESTRADIOL DIS 0.025MG	2	
<i>estradiol dis 0.025mg</i>	2	
<i>estradiol dis 0.0375mg</i>	2	
ESTRADIOL DIS 0.0375MG	2	
ESTRADIOL DIS 0.05MG	2	
<i>estradiol dis 0.05mg</i>	2	
ESTRADIOL DIS 0.06MG	2	
ESTRADIOL DIS 0.075MG	2	
<i>estradiol dis 0.075mg</i>	2	
<i>estradiol dis 0.1mg</i>	2	
ESTRADIOL DIS 0.1MG	2	
<i>estradiol tablet 0.5mg</i>	2	QL
QL 450 each per 30 day(s)		
<i>estradiol tablet 10mcg</i>	2	QL
QL 30 each per 30 day(s)		
<i>estradiol tablet 1mg</i>	2	QL
QL 450 each per 30 day(s)		

Drug	Tier	Requirements /Limits
<i>estradiol tablet 2mg</i>	2	QL
QL 450 each per 30 day(s)		
<i>exemestane tablet 25mg</i>	2	QL
QL 60 each per 30 day(s)		
FEMRING MIS 0.05/24H	4	QL; ST
QL 1 each per 90 day(s)		
FEMRING MIS 0.1MG/24	4	QL; ST
QL 1 each per 90 day(s)		
IMVEXXY MAIN SUP 10MCG	4	QL; ST
QL 30 each per 30 day(s)		
IMVEXXY MAIN SUP 4MCG	4	QL; ST
QL 30 each per 30 day(s)		
IMVEXXY STRT SUP 10MCG	4	QL; ST
QL 30 each per 30 day(s)		
IMVEXXY STRT SUP 4MCG	4	QL; ST
QL 30 each per 30 day(s)		
<i>letrozole tablet 2.5mg</i>	2	QL
QL 30 each per 30 day(s)		
<i>lyllana dis 0.025mg</i>	3	
<i>lyllana dis 0.0375mg</i>	3	
<i>lyllana dis 0.05mg</i>	3	
<i>lyllana dis 0.075mg</i>	3	
<i>lyllana dis 0.1mg</i>	3	
ORIAHNN CAPSULE	5	QL; PA
QL 60 each per 30 day(s)		
OSPHEA TABLET 60MG	4	QL
QL 30 each per 30 day(s)		
PREMARIN TABLET 0.3MG	3	QL
QL 30 each per 30 day(s)		
PREMARIN TABLET 0.45MG	3	QL
QL 30 each per 30 day(s)		
PREMARIN TABLET 0.625MG	3	QL
QL 30 each per 30 day(s)		
PREMARIN TABLET 0.9MG	3	QL
QL 30 each per 30 day(s)		
PREMARIN TABLET 1.25MG	3	QL
QL 30 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
PREMARIN VAG CRE 0.625MG QL 60 each per 30 day(s)	3	QL; ST
<i>raloxifene tablet 60mg</i> QL 30 each per 30 day(s)	2	QL
SOLTAMOX SOLUTION 10MG/5ML	4	
<i>tamoxifen tablet 10mg</i> QL 30 each per 30 day(s)	2	QL
<i>tamoxifen tablet 20mg</i> QL 60 each per 30 day(s)	2	QL
<i>toremifene tablet 60mg</i> QL 30 each per 30 day(s)	5	QL; PA
<i>yuvafem tablet 10mcg</i> QL 30 each per 30 day(s)	2	QL
GONADOTROPINS AND ANTIGONADOTROPINS		
ELIGARD INJECTABLE 22.5MG	4	BvsD
ELIGARD INJECTABLE 30MG	4	BvsD
ELIGARD INJECTABLE 7.5MG	4	BvsD
FIRMAGON INJECTABLE 120MG	5	BvsD
FIRMAGON INJECTABLE 80MG	4	BvsD
<i>leuprolide injectable 1mg/0.2</i>	5	
LEUPROLIDE INJECTABLE 22.5MG	5	BvsD
LUPR DEP-PED INJECTABLE 11.25MG	5	BvsD
LUPR DEP-PED INJECTABLE 7.5MG	5	BvsD
LUPRON DEPOT INJECTABLE 11.25MG	5	BvsD
LUPRON DEPOT INJECTABLE 22.5MG	5	BvsD
LUPRON DEPOT INJECTABLE 3.75MG	5	BvsD
LUPRON DEPOT INJECTABLE 30MG	5	BvsD
LUPRON DEPOT INJECTABLE 45MG	5	BvsD
LUPRON DEPOT INJECTABLE 7.5MG	5	BvsD

Drug	Tier	Requirements /Limits
MYFEMBREE TABLET QL 30 each per 30 day(s)	5	QL; PA
ORGOVYX TABLET 120MG QL 32 each per 30 day(s)	5	QL; PA
ORLISSA TABLET 150MG QL 30 each per 30 day(s)	5	QL; PA
ORLISSA TABLET 200MG QL 60 each per 30 day(s)	5	QL; PA
SYNAREL SOLUTION 2MG/ML	4	PA
TRELSTAR MIX INJECTABLE 11.25MG	4	BvsD
TRELSTAR MIX INJECTABLE 22.5MG	4	BvsD
TRELSTAR MIX INJECTABLE 3.75MG	4	BvsD
PARATHYROID AND ANTIPARATHYROID AGENTS		
<i>calcitonin spr 200/act</i>	2	
<i>cinacalcet tablet 30mg</i> QL 120 each per 30 day(s)	2	QL
<i>cinacalcet tablet 60mg</i> QL 120 each per 30 day(s)	2	QL
<i>cinacalcet tablet 90mg</i> QL 120 each per 30 day(s)	2	QL
NATPARA INJECTABLE 100MCG	5	QL
QL 2 each per 28 day(s)		
NATPARA INJECTABLE 25MCG QL 2 each per 28 day(s)	5	QL
NATPARA INJECTABLE 50MCG QL 2 each per 28 day(s)	5	QL
NATPARA INJECTABLE 75MCG QL 2 each per 28 day(s)	5	QL
TERIPARATIDE INJECTABLE 620/2.48	5	PA
TYMLOS INJECTABLE QL 1.56 each per 30 day(s)	5	QL; PA
PITUITARY		
<i>desmopressin spr 0.01%</i> QL 15 each per 30 day(s)	2	QL

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Drug	Tier	Requirements /Limits
<i>desmopressin tablet 0.1mg</i>	2	QL
QL 180 each per 30 day(s)		
<i>desmopressin tablet 0.2mg</i>	2	QL
QL 180 each per 30 day(s)		
GENOTROPIN INJECTABLE 0.2MG	5	PA
GENOTROPIN INJECTABLE 0.4MG	5	PA
GENOTROPIN INJECTABLE 0.6MG	5	PA
GENOTROPIN INJECTABLE 0.8MG	5	PA
GENOTROPIN INJECTABLE 1.2MG	5	PA
GENOTROPIN INJECTABLE 1.4MG	5	PA
GENOTROPIN INJECTABLE 1.6MG	5	PA
GENOTROPIN INJECTABLE 1.8MG	5	PA
GENOTROPIN INJECTABLE 1MG	5	PA
GENOTROPIN INJECTABLE 2MG	5	PA
OMNITROPE INJECTABLE 5.8MG	5	PA
ZOMACTON INJECTABLE 10MG	5	PA
ZOMACTON INJECTABLE 5MG	4	PA
PROGESTINS		
CRINONE GEL 4% VAG	4	PA
DEPO-SQ PROV INJECTABLE 104	4	QL
QL 1 each per 90 day(s)		
<i>medroxypr ac injectable 150mg/ml</i>	2	QL
QL 1 milliliter(s) 90 day(s)		
MEDROXYPR AC INJECTABLE	2	QL
150MG/ML		
QL 1 milliliter(s) 90 day(s)		
<i>medroxypr ac tablet 10mg</i>	2	
<i>medroxypr ac tablet 2.5mg</i>	2	
<i>medroxypr ac tablet 5mg</i>	2	
<i>megestrol suspension 625mg/5m</i>	2	
<i>megestrol ac suspension 40mg/ml</i>	2	
<i>megestrol ac tablet 20mg</i>	2	
<i>megestrol ac tablet 40mg</i>	2	
<i>progesterone capsule 100mg</i>	2	
<i>progesterone capsule 200mg</i>	2	

Drug	Tier	Requirements /Limits
SOMATOSTATIN AGONISTS AND ANTAGONISTS		
<i>octreotide injectable 1000mcg</i>	5	PA
<i>octreotide injectable 100mcg</i>	2	PA
<i>octreotide injectable 200mcg</i>	2	PA
<i>octreotide injectable 500mcg</i>	5	PA
<i>octreotide injectable 50mcg/ml</i>	2	PA
SIGNIFOR INJECTABLE	5	QL; PA
0.3MG/ML		
QL 60 milliliter(s) 30 day(s)		
SIGNIFOR INJECTABLE	5	QL; PA
0.6MG/ML		
QL 60 milliliter(s) 30 day(s)		
SIGNIFOR INJECTABLE	5	QL; PA
0.9MG/ML		
QL 60 milliliter(s) 30 day(s)		
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
GENOTROPIN INJECTABLE	5	PA
12MG		
GENOTROPIN INJECTABLE	5	PA
5MG		
HUMATROPE INJECTABLE	5	PA
12MG		
HUMATROPE INJECTABLE	5	PA
24MG		
HUMATROPE INJECTABLE	5	PA
6MG		
INCRELEX INJECTABLE	5	PA
40MG/4ML		
NORDITROPIN INJECTABLE	5	PA
10/1.5ML		
NORDITROPIN INJECTABLE	5	PA
15/1.5ML		
NORDITROPIN INJECTABLE	5	PA
30/3ML		
NORDITROPIN INJECTABLE	5	PA
5/1.5ML		

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Drug	Tier Requirements /Limits	
NUTROPIN AQ INJECTABLE 10MG/2ML	5	PA
NUTROPIN AQ INJECTABLE 20MG/2ML	5	PA
NUTROPIN AQ INJECTABLE NUSPIN 5	5	PA
OMNITROPE INJECTABLE 10/1.5ML	5	PA
OMNITROPE INJECTABLE 5/1.5ML	5	PA
SOMAVERT INJECTABLE 10MG QL 90 each per 30 day(s)	5	QL; PA
SOMAVERT INJECTABLE 15MG QL 60 each per 30 day(s)	5	QL; PA
SOMAVERT INJECTABLE 20MG QL 60 each per 30 day(s)	5	QL; PA
SOMAVERT INJECTABLE 25MG QL 30 each per 30 day(s)	5	QL; PA
SOMAVERT INJECTABLE 30MG QL 30 each per 30 day(s)	5	QL; PA
THYROID AND ANTITHYROID AGENTS		
EUTHYROX TABLET 100MCG QL 90 each per 30 day(s)	3	QL
EUTHYROX TABLET 112MCG QL 90 each per 30 day(s)	3	QL
EUTHYROX TABLET 125MCG QL 90 each per 30 day(s)	3	QL
EUTHYROX TABLET 137MCG QL 90 each per 30 day(s)	3	QL
EUTHYROX TABLET 150MCG QL 90 each per 30 day(s)	3	QL
EUTHYROX TABLET 175MCG QL 90 each per 30 day(s)	3	QL
EUTHYROX TABLET 200MCG QL 90 each per 30 day(s)	3	QL
EUTHYROX TABLET 25MCG QL 90 each per 30 day(s)	3	QL

Drug	Tier Requirements /Limits	
EUTHYROX TABLET 50MCG QL 90 each per 30 day(s)	3	QL
EUTHYROX TABLET 75MCG QL 90 each per 30 day(s)	3	QL
EUTHYROX TABLET 88MCG QL 90 each per 30 day(s)	3	QL
<i>levothyroxin tablet 100mcg</i> QL 90 each per 30 day(s)	2	QL
<i>levothyroxin tablet 112mcg</i> QL 90 each per 30 day(s)	2	QL
<i>levothyroxin tablet 125mcg</i> QL 90 each per 30 day(s)	2	QL
<i>levothyroxin tablet 137mcg</i> QL 90 each per 30 day(s)	2	QL
<i>levothyroxin tablet 150mcg</i> QL 90 each per 30 day(s)	2	QL
<i>levothyroxin tablet 175mcg</i> QL 90 each per 30 day(s)	2	QL
<i>levothyroxin tablet 200mcg</i> QL 90 each per 30 day(s)	2	QL
<i>levothyroxin tablet 25mcg</i> QL 90 each per 30 day(s)	2	QL
<i>levothyroxin tablet 300mcg</i> QL 90 each per 30 day(s)	2	QL
<i>levothyroxin tablet 50mcg</i> QL 90 each per 30 day(s)	2	QL
<i>levothyroxin tablet 75mcg</i> QL 90 each per 30 day(s)	2	QL
<i>levothyroxin tablet 88mcg</i> QL 90 each per 30 day(s)	2	QL
LEVOXYL TABLET 100MCG QL 90 each per 30 day(s)	3	QL
LEVOXYL TABLET 112MCG QL 90 each per 30 day(s)	3	QL
LEVOXYL TABLET 125MCG QL 90 each per 30 day(s)	3	QL
LEVOXYL TABLET 137MCG QL 90 each per 30 day(s)	3	QL

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Drug	Tier	Requirements /Limits
LEVOXYL TABLET 150MCG	3	QL
QL 90 each per 30 day(s)		
LEVOXYL TABLET 175MCG	3	QL
QL 90 each per 30 day(s)		
LEVOXYL TABLET 200MCG	3	QL
QL 90 each per 30 day(s)		
LEVOXYL TABLET 25MCG	3	QL
QL 90 each per 30 day(s)		
LEVOXYL TABLET 50MCG	3	QL
QL 90 each per 30 day(s)		
LEVOXYL TABLET 75MCG	3	QL
QL 90 each per 30 day(s)		
LEVOXYL TABLET 88MCG	3	QL
QL 90 each per 30 day(s)		
<i>liothyronine tablet 25mcg</i>	2	
<i>liothyronine tablet 50mcg</i>	2	
<i>liothyronine tablet 5mcg</i>	2	
<i>methimazole tablet 10mg</i>	2	
<i>methimazole tablet 5mg</i>	2	
<i>propylthiour tablet 50mg</i>	2	
SYNTHROID TABLET 100MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 112MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 125MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 137MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 150MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 175MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 200MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 25MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 300MCG	3	QL
QL 90 each per 30 day(s)		

Drug	Tier	Requirements /Limits
SYNTHROID TABLET 50MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 75MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 88MCG	3	QL
QL 90 each per 30 day(s)		
TIROSINT-SOL SOLUTION 100MCG	3	
TIROSINT-SOL SOLUTION 112MCG	3	
TIROSINT-SOL SOLUTION 125MCG	3	
TIROSINT-SOL SOLUTION 137MCG	3	
TIROSINT-SOL SOLUTION 13MCG/ML	3	
TIROSINT-SOL SOLUTION 150MCG	3	
TIROSINT-SOL SOLUTION 175MCG	3	
TIROSINT-SOL SOLUTION 200MCG	3	
TIROSINT-SOL SOLUTION 25MCG/ML	3	
TIROSINT-SOL SOLUTION 37.5/ML	3	
TIROSINT-SOL SOLUTION 44MCG/ML	3	
TIROSINT-SOL SOLUTION 50MCG/ML	3	
TIROSINT-SOL SOLUTION 62.5/ML	3	
TIROSINT-SOL SOLUTION 75MCG/ML	3	
TIROSINT-SOL SOLUTION 88MCG/ML	3	
UNITHROID TABLET 100MCG	4	QL
QL 90 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
UNITHROID TABLET 112MCG	4	QL
QL 90 each per 30 day(s)		
UNITHROID TABLET 125MCG	4	QL
QL 90 each per 30 day(s)		
UNITHROID TABLET 137MCG	4	QL
QL 90 each per 30 day(s)		
UNITHROID TABLET 150MCG	4	QL
QL 90 each per 30 day(s)		
UNITHROID TABLET 175MCG	4	QL
QL 90 each per 30 day(s)		
UNITHROID TABLET 200MCG	4	QL
QL 90 each per 30 day(s)		
UNITHROID TABLET 25MCG	4	QL
QL 90 each per 30 day(s)		
UNITHROID TABLET 300MCG	4	QL
QL 90 each per 30 day(s)		
UNITHROID TABLET 50MCG	4	QL
QL 90 each per 30 day(s)		
UNITHROID TABLET 75MCG	4	QL
QL 90 each per 30 day(s)		
UNITHROID TABLET 88MCG	4	QL
QL 90 each per 30 day(s)		
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
<i>dutasteride capsule 0.5mg</i>	2	QL
QL 30 each per 30 day(s)		
<i>finasteride tablet 5mg</i>	2	QL
QL 30 each per 30 day(s)		
ALCOHOL DETERRENTS		
<i>acampro cal tablet 333mg</i>	2	QL
QL 180 each per 30 day(s)		
<i>disulfiram tablet 250mg</i>	2	
<i>disulfiram tablet 500mg</i>	2	
ANTIDOTES		
<i>acetylcyst solution 10%</i>	2	BvsD
<i>acetylcyst solution 20%</i>	2	BvsD
<i>leucovor ca tablet 10mg</i>	2	

Drug	Tier	Requirements /Limits
<i>leucovor ca tablet 15mg</i>	2	
<i>leucovor ca tablet 25mg</i>	2	
<i>leucovor ca tablet 5mg</i>	2	
XURIDEN POW 2GM	5	QL; PA
QL 120 each per 30 day(s)		
ANTIGOUT AGENTS		
<i>allopurinol tablet 100mg</i>	2	
<i>allopurinol tablet 300mg</i>	2	
<i>colchicine capsule 0.6mg</i>	2	QL
QL 120 each per 30 day(s)		
<i>colchicine tablet 0.6mg</i>	2	QL
QL 120 each per 30 day(s)		
<i>febuxostat tablet 40mg</i>	2	QL
QL 30 each per 30 day(s)		
<i>febuxostat tablet 80mg</i>	2	QL
QL 30 each per 30 day(s)		
BONE ANABOLIC AGENTS		
EVENITY INJECTABLE 105MG	5	QL; PA
QL 2.40 each per 30 day(s)		
BONE RESORPTION INHIBITORS		
<i>alendronate tablet 10mg</i>	2	QL
QL 30 each per 30 day(s)		
<i>alendronate tablet 35mg</i>	2	QL
QL 4 each per 28 day(s)		
<i>alendronate tablet 70mg</i>	2	QL
QL 4 each per 28 day(s)		
<i>ibandronate tablet 150mg</i>	2	QL
QL 1 each per 28 day(s)		
PROLIA INJECTABLE 60MG/ML	4	QL; BvsD
QL 1 milliliter(s) 180 day(s)		
RISEDRON SOD TABLET 35MG	2	QL
DR		
QL 4 each per 28 day(s)		
<i>risedronate tablet 150mg</i>	2	QL
QL 1 each per 28 day(s)		
<i>risedronate tablet 30mg</i>	2	QL
QL 30 each per 30 day(s)		

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
<i>risedronate tablet 35mg</i>	2	QL	AMJEVITA INJECTABLE	5	QL; PA
QL 12 each per 84 day(s)			20/0.4ML		
<i>risedronate tablet 35mg</i>	2	QL	QL 1.60 milliliter(s) 28 day(s)		
QL 4 each per 28 day(s)			AMJEVITA INJECTABLE	5	QL; PA
<i>risedronate tablet 5mg</i>	2	QL	40/0.4ML		
QL 30 each per 30 day(s)			QL 3.20 milliliter(s) 28 day(s)		
XGEVA INJECTABLE	5	PA	AMJEVITA INJECTABLE	5	QL; PA
CARBONIC ANHYDRASE INHIBITORS			40/0.4ML		
<i>acetazolamid capsule 500mg er</i>	2		QL 3.20 milliliter(s) 28 day(s)		
<i>acetazolamid tablet 125mg</i>	2		AMJEVITA INJECTABLE	5	QL; PA
<i>acetazolamid tablet 250mg</i>	2		40/0.8ML		
KEVEYIS TABLET 50MG	5	QL; PA	QL 6.40 milliliter(s) 28 day(s)		
QL 120 each per 30 day(s)			AMJEVITA INJECTABLE	5	QL; PA
COMPLEMENT INHIBITORS			40/0.8ML		
HAEGARDA INJECTABLE	5	QL; PA	QL 6.40 milliliter(s) 28 day(s)		
2000UNIT			AMJEVITA INJECTABLE	5	QL; PA
QL 16 each per 28 day(s)			80/0.8ML		
HAEGARDA INJECTABLE	5	QL; PA	QL 2.40 milliliter(s) 28 day(s)		
3000UNIT			HADLIMA INJECTABLE	5	QL; PA
QL 16 each per 28 day(s)			40/0.4ML		
<i>icatibant injectable 30mg/3ml</i>	5	QL; PA	QL 8 milliliter(s) 28 day(s)		
QL 18 milliliter(s) 30 day(s)			HADLIMA INJECTABLE	5	QL; PA
ORLADEYO CAPSULE 110MG	5	QL; PA	40/0.8ML		
QL 30 each per 30 day(s)			QL 8 milliliter(s) 28 day(s)		
ORLADEYO CAPSULE 150MG	5	QL; PA	HADLIMA PUSH INJECTABLE	5	QL; PA
QL 30 each per 30 day(s)			40/0.4ML		
TAKHZYRO INJECTABLE	5	QL; PA	QL 8 milliliter(s) 28 day(s)		
150MG/ML			HADLIMA PUSH INJECTABLE	5	QL; PA
QL 4 milliliter(s) 28 day(s)			40/0.8ML		
TAKHZYRO INJECTABLE 300/2ML	5	QL; PA	QL 8 milliliter(s) 28 day(s)		
QL 4 milliliter(s) 28 day(s)			<i>leflunomide tablet 10mg</i>	2	
TAVNEOS CAPSULE 10MG	5	QL; PA	<i>leflunomide tablet 20mg</i>	2	
QL 180 each per 30 day(s)			RIDAURA CAPSULE 3MG	5	
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS			STELARA INJECTABLE	5	QL; PA
AMJEVITA INJECTABLE 10/0.2ML	5	QL; PA	45MG/0.5		
QL 0.80 milliliter(s) 28 day(s)			QL 2 each per 28 day(s)		
AMJEVITA INJECTABLE 20/0.2ML	5	QL; PA	STELARA INJECTABLE	5	QL; PA
QL 0.80 milliliter(s) 28 day(s)			45MG/0.5		
			QL 2 each per 84 day(s)		

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Drug	Tier	Requirements /Limits
STELARA INJECTABLE 90MG/ML QL 3 milliliter(s) 84 day(s)	5	QL; PA
TALTZ INJECTABLE 80MG/ML QL 3 milliliter(s) 28 day(s)	5	QL; PA
TALTZ INJECTABLE 80MG/ML QL 3 milliliter(s) 28 day(s)	5	QL; PA
XELJANZ SOLUTION 1MG/ML QL 300 milliliter(s) 30 day(s)	5	QL; PA
XELJANZ TABLET 10MG QL 60 each per 30 day(s)	5	QL; PA
XELJANZ TABLET 5MG QL 60 each per 30 day(s)	5	QL; PA
XELJANZ XR TABLET 11MG QL 30 each per 30 day(s)	5	QL; PA
XELJANZ XR TABLET 22MG QL 30 each per 30 day(s)	5	QL; PA
IMMUNOMODULATORY AGENTS		
ACTIMMUNE INJECTABLE 2MU/0.5	5	PA
BESREMI SOLUTION 500MCG QL 2 each per 28 day(s)	5	QL; PA
COPAXONE INJECTABLE 20MG/ML QL 30 milliliter(s) 30 day(s)	5	QL; PA
COPAXONE INJECTABLE 40MG/ML QL 12 milliliter(s) 28 day(s)	5	QL; PA
<i>fingolimod capsule 0.5mg</i> QL 30 each per 30 day(s)	2	QL
TECFIDERA CAPSULE 120MG QL 60 each per 30 day(s)	5	QL; PA
TECFIDERA CAPSULE 240MG QL 60 each per 30 day(s)	5	QL; PA
TECFIDERA CAPSULE STARTER QL 60 each per 30 day(s)	5	QL; PA
<i>teriflunomid tablet 14mg</i> QL 30 each per 30 day(s)	3	QL

Drug	Tier	Requirements /Limits
<i>teriflunomid tablet 7mg</i> QL 30 each per 30 day(s)	3	QL
THALOMID CAPSULE 100MG QL 30 each per 30 day(s)	5	QL
THALOMID CAPSULE 150MG QL 60 each per 30 day(s)	5	QL
THALOMID CAPSULE 200MG QL 30 each per 30 day(s)	5	QL
THALOMID CAPSULE 50MG QL 30 each per 30 day(s)	5	QL
VUMERITY CAPSULE 231MG QL 120 each per 30 day(s)	5	QL; PA
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CAPSULE 0.5MG	4	BvsD; ST
ASTAGRAF XL CAPSULE 1MG	4	BvsD; ST
ASTAGRAF XL CAPSULE 5MG	4	BvsD; ST
<i>azathioprine tablet 100mg</i>	2	BvsD
<i>azathioprine tablet 50mg</i>	2	BvsD
<i>azathioprine tablet 75mg</i>	2	BvsD
BENLYSTA INJECTABLE 200MG/ML	5	PA
BENLYSTA INJECTABLE 200MG/ML	5	PA
<i>cyclosporine capsule 100mg</i>	2	BvsD
<i>cyclosporine capsule 100mg</i> <i>md</i>	2	BvsD
<i>cyclosporine capsule 25mg</i>	2	BvsD
<i>cyclosporine capsule 25mg</i> <i>mod</i>	2	BvsD
<i>cyclosporine capsule 50mg</i> <i>mod</i>	2	BvsD
<i>cyclosporine solution modified</i>	2	BvsD
ENSPRYNG INJECTABLE QL 7 each per 168 day(s)	5	QL; PA
ENVARUSUS XR TABLET 0.75MG	4	BvsD; ST
ENVARUSUS XR TABLET 1MG	4	BvsD; ST
ENVARUSUS XR TABLET 4MG	4	BvsD; ST

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Drug	Tier	Requirements /Limits
<i>gengraf capsule 100mg</i>	2	BvsD
<i>gengraf capsule 25mg</i>	2	BvsD
<i>gengraf solution 100mg/ml</i>	2	BvsD
LUPKYNIS CAPSULE 7.9MG QL 180 each per 30 day(s)	5	QL; PA
<i>mycophenolat capsule 250mg</i>	2	BvsD
<i>mycophenolat suspension 200mg/ml</i>	2	BvsD
<i>mycophenolat tablet 500mg</i>	2	BvsD
<i>mycophenolic tablet 180mg dr</i> QL 240 each per 30 day(s)	2	QL; BvsD
<i>mycophenolic tablet 360mg dr</i> QL 120 each per 30 day(s)	2	QL; BvsD
REZUROCK TABLET 200MG QL 30 each per 30 day(s)	5	QL; PA
SANDIMMUNE SOLUTION 100MG/ML	3	BvsD
<i>sirolimus solution 1mg/ml</i>	5	BvsD
<i>sirolimus tablet 0.5mg</i>	4	BvsD
<i>sirolimus tablet 1mg</i>	4	BvsD
<i>sirolimus tablet 2mg</i>	2	BvsD
<i>tacrolimus capsule 0.5mg</i>	2	BvsD
<i>tacrolimus capsule 1mg</i>	2	BvsD
<i>tacrolimus capsule 5mg</i>	2	BvsD
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
ARCALYST INJECTABLE 220MG	5	PA
<i>betaine anhy pow</i>	5	
CYSTAGON CAPSULE 150MG	4	PA
CYSTAGON CAPSULE 50MG	4	PA
<i>dalfampridin tablet 10mg er</i> QL 60 each per 30 day(s)	2	QL
ENDARI POW 5GM QL 180 each per 30 day(s)	5	QL; PA
EVRYSDI SOLUTION QL 201 each per 30 day(s)	5	QL; PA
FILSPARI TABLET 200MG QL 30 each per 30 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
FILSPARI TABLET 400MG QL 30 each per 30 day(s)	5	QL; PA
FIRDAPSE TABLET 10MG QL 240 each per 30 day(s)	5	QL; PA
GALAFOLD CAPSULE 123MG QL 14 each per 28 day(s)	5	QL; PA
ISTURISA TABLET 1MG QL 240 each per 30 day(s)	5	QL; PA
ISTURISA TABLET 5MG QL 60 each per 30 day(s)	5	QL; PA
METYROSINE CAPSULE 250MG	5	PA
MYALEPT INJECTABLE 11.3MG QL 67.80 each per 30 day(s)	5	QL; PA
<i>nitisinone capsule 10mg</i> QL 600 each per 30 day(s)	2	QL; PA
<i>nitisinone capsule 20mg</i> QL 600 each per 30 day(s)	5	QL; PA
<i>nitisinone capsule 2mg</i> QL 600 each per 30 day(s)	2	QL; PA
<i>nitisinone capsule 5mg</i> QL 600 each per 30 day(s)	2	QL; PA
NITYR TABLET 10MG QL 600 each per 30 day(s)	5	QL; PA
NITYR TABLET 2MG QL 600 each per 30 day(s)	5	QL; PA
NITYR TABLET 5MG QL 600 each per 30 day(s)	5	QL; PA
ORFADIN SUSPENSION 4MG/ML QL 1500 milliliter(s) 30 day(s)	5	QL; PA
PYRUKYND TABLET 20MG QL 56 each per 28 day(s)	5	QL; PA
PYRUKYND TABLET 20MGX5MG QL 56 each per 28 day(s)	5	QL; PA
PYRUKYND TABLET 50MG QL 56 each per 28 day(s)	5	QL; PA

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Drug	Tier	Requirements /Limits
PYRUKYND TABLET 50MGX20M	5	QL; PA QL 56 each per 28 day(s)
PYRUKYND TABLET 5MG	5	QL; PA QL 56 each per 28 day(s)
PYRUKYND TABLET 5MG TP	5	QL; PA QL 56 each per 28 day(s)
<i>sapropterin pow 100mg</i>	5	PA
<i>sapropterin pow 500mg</i>	5	PA
<i>sapropterin tablet 100mg</i>	5	PA
TEGSEDI INJECTABLE 284/1.5	5	QL; PA QL 6 each per 28 day(s)
TYBOST TABLET 150MG	3	QL; NM QL 30 each per 30 day(s)
VOXZOGO INJECTABLE 0.4MG	5	QL; PA QL 30 each per 30 day(s)
VOXZOGO INJECTABLE 0.56MG	5	QL; PA QL 30 each per 30 day(s)
VOXZOGO INJECTABLE 1.2MG	5	QL; PA QL 30 each per 30 day(s)
PROTECTIVE AGENTS		
ELMIRON CAPSULE 100MG	4	
MESNEX TABLET 400MG	5	
NONHORMONAL CONTRACEPTIVES		
NONHORMONAL CONTRACEPTIVES		
PHEXXI GEL	4	
RESPIRATORY TRACT AGENTS		
ANTIFIBROTIC AGENTS		
OFEV CAPSULE 100MG	5	QL; PA QL 60 each per 30 day(s)
OFEV CAPSULE 150MG	5	QL; PA QL 60 each per 30 day(s)
<i>pirfenidone capsule 267mg</i>	2	QL; PA QL 270 each per 30 day(s)
<i>pirfenidone tablet 267mg</i>	2	QL; PA QL 270 each per 30 day(s)
<i>pirfenidone tablet 534mg</i>	2	QL; PA QL 90 each per 30 day(s)

Drug	Tier	Requirements /Limits
<i>pirfenidone tablet 801mg</i>	2	QL; PA QL 90 each per 30 day(s)
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sod con 100/5ml</i>	2	PA
<i>cromolyn sod solution 4% op</i>	2	
FASENRA INJECTABLE 30MG/ML	5	QL; PA QL 1 milliliter(s) 28 day(s)
FASENRA PEN INJECTABLE 30MG/ML	5	QL; PA QL 1 milliliter(s) 28 day(s)
<i>montelukast chw 4mg</i>	2	QL QL 60 each per 30 day(s)
<i>montelukast chw 5mg</i>	2	QL QL 60 each per 30 day(s)
<i>montelukast gra 4mg</i>	2	QL QL 30 each per 30 day(s)
<i>montelukast tablet 10mg</i>	2	QL QL 60 each per 30 day(s)
XOLAIR INJECTABLE 150MG/ML	5	PA
XOLAIR INJECTABLE 75/0.5	5	PA
XOLAIR SOLUTION 150MG	5	PA
<i>zafirlukast tablet 10mg</i>	2	QL QL 60 each per 30 day(s)
<i>zafirlukast tablet 20mg</i>	2	QL QL 60 each per 30 day(s)
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
<i>azel/flutic spr 137-50</i>	2	QL QL 23 each per 30 day(s)
<i>cromolyn sod neb 20mg/2ml</i>	2	BvsD
CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR MODULATORS		
KALYDECO GRA 13.4MG	5	QL; PA QL 60 each per 30 day(s)
KALYDECO GRA 5.8MG	5	QL; PA QL 60 each per 30 day(s)

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Drug	Tier	Requirements /Limits
KALYDECO PACKET 25MG QL 60 each per 30 day(s)	5	QL; PA
KALYDECO PACKET 50MG QL 60 each per 30 day(s)	5	QL; PA
KALYDECO PACKET 75MG QL 60 each per 30 day(s)	5	QL; PA
KALYDECO TABLET 150MG QL 60 each per 30 day(s)	5	QL; PA
ORKAMBI GRA 100-125 QL 60 each per 30 day(s)	5	QL; PA
ORKAMBI GRA 150-188 QL 60 each per 30 day(s)	5	QL; PA
ORKAMBI GRA 75-94MG QL 60 each per 30 day(s)	5	QL; PA
ORKAMBI TABLET 100-125 QL 120 each per 30 day(s)	5	QL; PA
ORKAMBI TABLET 200-125 QL 120 each per 30 day(s)	5	QL; PA
MUCOLYTIC AGENTS		
BRONCHITOL CAPSULE 40MG QL 600 each per 30 day(s)	5	QL; PA
PULMOZYME SOLUTION 1MG/ML QL 150 milliliter(s) 30 day(s)	5	QL; BvsD
VASODILATING AGENTS		
<i>ambrisentan tablet 10mg</i> QL 30 each per 30 day(s)	5	QL; PA; LA
<i>ambrisentan tablet 5mg</i> QL 30 each per 30 day(s)	5	QL; PA; LA
<i>bosentan tablet 125mg</i> QL 60 each per 30 day(s)	5	QL; PA
<i>bosentan tablet 62.5mg</i> QL 60 each per 30 day(s)	5	QL; PA
ORENITRAM TABLET 0.125MG QL 300 each per 30 day(s)	4	QL; PA
ORENITRAM TABLET 0.25MG QL 300 each per 30 day(s)	5	QL; PA
ORENITRAM TABLET 1MG QL 300 each per 30 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
ORENITRAM TABLET 2.5MG QL 300 each per 30 day(s)	5	QL; PA
ORENITRAM TABLET 5MG QL 300 each per 30 day(s)	5	QL; PA
ORENITRAM TABLET MONTH 1 QL 168 each per 180 day(s)	5	QL; PA
ORENITRAM TABLET MONTH 2 QL 336 each per 180 day(s)	5	QL; PA
ORENITRAM TABLET MONTH 3 QL 252 each per 180 day(s)	5	QL; PA
TYVASO DPI POW 16-32-48 QL 252 each per 180 day(s)	5	QL; PA
TYVASO DPI POW 16MCG QL 120 each per 30 day(s)	5	QL; PA
TYVASO DPI POW 32-48MCG QL 224 each per 30 day(s)	5	QL; PA
TYVASO DPI POW 32MCG QL 120 each per 30 day(s)	5	QL; PA
TYVASO DPI POW 48MCG QL 120 each per 30 day(s)	5	QL; PA
TYVASO DPI POW 64MCG QL 120 each per 30 day(s)	5	QL; PA
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
<i>acyclovir oin 5%</i>	2	
<i>ciclopirox cre 0.77%</i>	2	
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox sha 1%</i>	2	
<i>ciclopirox solution 8%</i>	2	NM
<i>ciclopirox suspension 0.77%</i>	2	
CLEOCIN SUP 100MG	4	
<i>clindam/benz gel 1.2-2.5%</i>	2	ST
<i>clindamy/ben gel 1-5%</i>	2	ST
<i>clindamy/ben gel 1.2-5%</i>	2	

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Drug	Tier	Requirements /Limits
CLINDAMYCIN CRE 2% VAG	2	
<i>clindamycin gel 1%</i>	2	
CLINDAMYCIN LOT 10MG/ML	2	
<i>clindamycin mis 1%</i>	2	
<i>clindamycin solution 1%</i>	2	
<i>clotrim/beta cre 1-0.05%</i>	2	
<i>clotrim/beta lot diprop</i>	2	
<i>clotrimazole cre 1%</i>	2	
<i>clotrimazole solution 1%</i>	2	
<i>clotrimazole tro 10mg</i>	2	
<i>econazole cre 1%</i>	2	
<i>ery pad 2%</i>	2	
<i>ery/benzoyl gel 3-5%</i>	2	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin solution 2%</i>	2	
<i>gentamicin cre 0.1%</i>	2	
<i>gentamicin oin 0.1%</i>	2	
<i>ivermectin cre 1%</i>	2	QL; ST
QL 45 each per 30 day(s)		
<i>ketoconazole cre 2%</i>	2	
<i>ketoconazole sha 2%</i>	2	
<i>metronidazol cre 0.75%</i>	2	
<i>metronidazol gel 0.75%</i>	2	
<i>metronidazol gel 0.75%vag</i>	2	
<i>metronidazol gel 1%</i>	2	QL
QL 60 each per 30 day(s)		
METRONIDAZOL LOT 0.75%	2	
<i>miconazole 3 sup 200mg</i>	4	
<i>mupirocin cre 2%</i>	2	
<i>mupirocin oin 2%</i>	2	
<i>naftifine cre hcl 2%</i>	2	
<i>nyamyc pow 100000</i>	2	
<i>nystat/triam cre</i>	2	
<i>nystat/triam oin</i>	2	
<i>nystatin cre 100000</i>	2	
<i>nystatin oin 100000</i>	2	
<i>nystatin pow 100000</i>	2	

Drug	Tier	Requirements /Limits
<i>nystop pow 100000</i>	2	
<i>oxiconazole cre nitrate</i>	2	
PENCICLOVIR CRE 1%	2	
<i>permethrin cre 5%</i>	2	
SILVER SULFA CRE 1%	2	
SPINOSAD SUSPENSION 0.9%	4	
SSD CRE 1%	2	
<i>sulfacetamid lot 10%</i>	2	
<i>terconazole cre 0.4%</i>	2	
<i>terconazole cre 0.8%</i>	2	
<i>terconazole sup 80mg</i>	2	
VANDAZOLE GEL 0.75%	2	
ANTI-INFLAMMATORY AGENTS		
<i>ala-cort cre 2.5%</i>	2	
<i>alclometason cre 0.05%</i>	2	
<i>alclometason oin 0.05%</i>	2	
<i>amcinonide oin 0.1%</i>	2	
<i>beta diprop cre 0.05%</i>	2	
<i>beta diprop gel 0.05%</i>	2	
<i>beta diprop lot 0.05%</i>	2	
BETA DIPROP OIN 0.05%	2	
<i>betameth dip cre 0.05%</i>	2	
<i>betameth dip lot 0.05%</i>	2	
<i>betameth dip oin 0.05%</i>	2	
<i>betameth val aer 0.12%</i>	2	
BETAMETH VAL CRE 0.1%	2	
BETAMETH VAL LOT 0.1%	2	
BETAMETH VAL OIN 0.1%	2	
<i>calcip/betam suspension</i>	3	
<i>calcipotrien oin betameth</i>	2	
CAPEX SHA 0.01%	4	ST
<i>clobetasol aer 0.05%</i>	2	
<i>clobetasol cre 0.05%</i>	2	
<i>clobetasol gel 0.05%</i>	2	
<i>clobetasol lot 0.05%</i>	2	
<i>clobetasol oin 0.05%</i>	2	
<i>clobetasol sha 0.05%</i>	2	

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Drug	Tier	Requirements /Limits
<i>clobetasol solution 0.05%</i>	2	
<i>clobetasol spr 0.05%</i>	2	QL
QL 125 each per 14 day(s)		
<i>clobetasol e cre 0.05%</i>	2	
<i>desonide cre 0.05%</i>	2	
<i>desonide gel 0.05%</i>	2	
<i>desonide lot 0.05%</i>	2	
<i>desonide oin 0.05%</i>	2	
<i>desoximetas cre 0.05%</i>	2	
<i>desoximetas cre 0.25%</i>	2	
<i>desoximetas gel 0.05%</i>	2	
DESOXIMETAS OIN 0.05%	2	
<i>desoximetas oin 0.25%</i>	2	
<i>desoximetaso spr 0.25%</i>	2	
<i>diclofenac gel 1%</i>	2	
<i>diclofenac gel 3%</i>	2	
<i>diclofenac solution 1.5%</i>	2	QL
QL 450 each per 30 day(s)		
<i>diflorasone cre 0.05%</i>	2	
<i>diflorasone oin 0.05%</i>	2	
ENSTILAR AER	5	
EUCRISA OIN 2%	3	QL
QL 60 each per 30 day(s)		
<i>fluocin acet cre 0.01%</i>	2	
<i>fluocin acet cre 0.025%</i>	2	
<i>fluocin acet oil 0.01% sc</i>	2	
<i>fluocin acet oin 0.025%</i>	2	
<i>fluocin acet solution 0.01%</i>	2	
<i>fluocinonide cre 0.05%</i>	2	
<i>fluocinonide cre 0.1%</i>	2	
<i>fluocinonide cre e 0.05%</i>	2	
<i>fluocinonide gel 0.05%</i>	2	
<i>fluocinonide oin 0.05%</i>	2	
<i>fluocinonide solution 0.05%</i>	2	
<i>fluticasone cre 0.05%</i>	2	
<i>fluticasone lot 0.05%</i>	2	
<i>fluticasone oin 0.005%</i>	2	

Drug	Tier	Requirements /Limits
<i>halobetasol cre 0.05%</i>	2	
<i>halobetasol oin 0.05%</i>	2	
<i>hc butyrate cre 0.1%</i>	2	
HC BUTYRATE OIN 0.1%	2	
<i>hc butyrate solution 0.1%</i>	2	
<i>hc valerate oin 0.2%</i>	2	
<i>hydrocort cre 1%</i>	2	
HYDROCORT ENE 100MG	2	
<i>hydrocort lot 2.5%</i>	2	
<i>hydrocort oin 1%</i>	2	
<i>hydrocort oin 2.5%</i>	2	
<i>hydrocortiso cre 2.5%</i>	2	
<i>hydrocortiso lot 0.1%</i>	2	
<i>mometasone cre 0.1%</i>	2	
<i>mometasone oin 0.1%</i>	2	
<i>mometasone solution 0.1%</i>	2	
<i>procto-med cre hc 2.5%</i>	2	
<i>proctosol hc cre 2.5%</i>	2	
<i>proctozone cre -hc 2.5%</i>	2	
<i>triamcinolon cre 0.025%</i>	2	
<i>triamcinolon cre 0.1%</i>	2	
<i>triamcinolon cre 0.5%</i>	2	
<i>triamcinolon lot 0.025%</i>	2	
<i>triamcinolon lot 0.1%</i>	2	
<i>triamcinolon oin 0.025%</i>	2	
<i>triamcinolon oin 0.1%</i>	2	
<i>triamcinolon oin 0.5%</i>	2	
<i>triderm cre 0.5%</i>	2	
KERATOLYTIC AGENTS		
<i>adapal/ben p gel 0.1-2.5%</i>	2	ST
<i>ammonium lac cre 12%</i>	2	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>accutane capsule 10mg</i>	2	
<i>accutane capsule 20mg</i>	2	
<i>accutane capsule 40mg</i>	2	
<i>acitretin capsule 10mg</i>	2	QL
QL 60 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
<i>acitretin capsule 17.5mg</i>	2	QL
QL 60 each per 30 day(s)		
<i>acitretin capsule 25mg</i>	2	QL
QL 60 each per 30 day(s)		
<i>adapalene cre 0.1%</i>	2	ST
<i>adapalene gel 0.3%</i>	2	ST
ADBRY INJECTABLE 150MG/ML	5	QL; PA
QL 6 milliliter(s) 28 day(s)		
ALTRENO LOT 0.05%	4	QL
QL 45 each per 30 day(s)		
<i>amnesteem capsule 10mg</i>	3	
<i>amnesteem capsule 20mg</i>	3	
<i>amnesteem capsule 40mg</i>	3	
<i>azelaic acid gel 15%</i>	2	QL
QL 50 each per 30 day(s)		
AZELEX CRE 20%	4	ST
<i>bexarotene gel 1%</i>	5	PA
CALCIPOTRIEN CRE 0.005%	2	
<i>calcipotrien oin 0.005%</i>	2	
<i>calcipotrien solution 0.005%</i>	2	
CIBINQO TABLET 100MG	5	QL; PA
QL 30 each per 30 day(s)		
CIBINQO TABLET 200MG	5	QL; PA
QL 30 each per 30 day(s)		
CIBINQO TABLET 50MG	5	QL; PA
QL 30 each per 30 day(s)		
<i>claravis capsule 10mg</i>	3	
<i>claravis capsule 20mg</i>	3	
<i>claravis capsule 30mg</i>	3	
<i>claravis capsule 40mg</i>	3	
<i>dapsone gel 5%</i>	2	ST
DUPIXENT INJECTABLE 300/2ML	5	QL; PA
QL 8 milliliter(s) 28 day(s)		
DUPIXENT INJECTABLE 300/2ML	5	QL; PA
QL 8 milliliter(s) 28 day(s)		
FINACEA AER 15%	4	
<i>fluorouracil cre 5%</i>	2	

Drug	Tier	Requirements /Limits
<i>fluorouracil solution 2%</i>	2	
<i>fluorouracil solution 5%</i>	2	
HYFTOR GEL 0.2%	5	PA
<i>imiquimod cre 5%</i>	2	
<i>isotretinoin capsule 10mg</i>	2	
<i>isotretinoin capsule 20mg</i>	2	
<i>isotretinoin capsule 30mg</i>	2	
<i>isotretinoin capsule 40mg</i>	2	
<i>methoxsalen capsule 10mg</i>	5	
PANRETIN GEL 0.1%	5	QL; PA
QL 60 each per 30 day(s)		
PIMECROLIMUS CRE 1%	2	ST
<i>podofilox solution 0.5%</i>	2	
QBREXZA PAD 2.4%	4	QL; PA
QL 30 each per 30 day(s)		
<i>roflumilast tablet 250mcg</i>	2	QL
QL 30 each per 30 day(s)		
<i>roflumilast tablet 500mcg</i>	2	QL
QL 30 each per 30 day(s)		
SANTYL OIN 250/GM	4	
<i>tacrolimus oin 0.03%</i>	2	QL
QL 100 each per 30 day(s)		
<i>tacrolimus oin 0.1%</i>	2	QL
QL 100 each per 30 day(s)		
<i>tazarotene cre 0.1%</i>	2	ST
<i>tazarotene gel 0.05%</i>	2	
<i>tazarotene gel 0.1%</i>	2	
TAZORAC CRE 0.05%	4	ST
<i>tretinoin cre 0.025%</i>	2	
<i>tretinoin cre 0.05%</i>	2	
<i>tretinoin cre 0.1%</i>	2	
<i>tretinoin gel 0.01%</i>	2	
<i>tretinoin gel 0.025%</i>	2	
TRETINOIN GEL 0.04%	2	ST
TRETINOIN GEL 0.05%	2	ST
TRETINOIN GEL 0.1%	2	ST
VALCHLOR GEL 0.016%	5	QL; PA
QL 120 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
VTAMA CRE 1%	4	QL; ST
QL 60 each per 30 day(s)		
<i>zenatane capsule 10mg</i>	2	
<i>zenatane capsule 20mg</i>	2	
<i>zenatane capsule 30mg</i>	2	
<i>zenatane capsule 40mg</i>	2	
ZORYVE CRE 0.3%	4	QL; ST
QL 60 each per 30 day(s)		
ZORYVE MIS 0.3%	4	QL; ST
QL 60 each per 30 day(s)		
SKIN AND MUCOUS MEMBRANE PREPARATIONS		
ANTIPRURITICS AND LOCAL ANESTHETICS		
<i>hc pramoxine cre 1-1%</i>	2	
<i>lido/prilocn cre 2.5-2.5%</i>	2	
<i>lidocaine pad 5%</i>	2	
<i>lidocan pad 5%</i>	2	
SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
<i>darifenacin tablet 15mg</i>	2	QL
QL 30 each per 30 day(s)		
<i>darifenacin tablet 7.5mg</i>	2	QL
QL 30 each per 30 day(s)		
<i>fesoterodine tablet 4mg er</i>	2	QL
QL 30 each per 30 day(s)		
<i>fesoterodine tablet 8mg er</i>	2	QL
QL 30 each per 30 day(s)		
<i>flavoxate tablet 100mg</i>	2	
GEMTESA TABLET 75MG	4	QL; ST
QL 30 each per 30 day(s)		
MYRBETRIQ SUSPENSION	3	QL
8MG/ML		
QL 300 milliliter(s) 30 day(s)		
MYRBETRIQ TABLET 25MG	3	QL
QL 30 each per 30 day(s)		
MYRBETRIQ TABLET 50MG	3	QL
QL 30 each per 30 day(s)		
<i>oxybutynin solution 5mg/5ml</i>	2	QL
QL 473 milliliter(s) 23 day(s)		

Drug	Tier	Requirements /Limits
<i>oxybutynin tablet 10mg er</i>	2	QL
QL 60 each per 30 day(s)		
<i>oxybutynin tablet 15mg er</i>	2	QL
QL 60 each per 30 day(s)		
<i>oxybutynin tablet 5mg</i>	2	QL
QL 120 each per 30 day(s)		
<i>oxybutynin tablet 5mg er</i>	2	QL
QL 60 each per 30 day(s)		
<i>solifenacin tablet 10mg</i>	2	QL
QL 30 each per 30 day(s)		
<i>solifenacin tablet 5mg</i>	2	QL
QL 30 each per 30 day(s)		
<i>tolterodine capsule 2mg er</i>	2	QL
QL 30 each per 30 day(s)		
<i>tolterodine capsule 4mg er</i>	2	QL
QL 30 each per 30 day(s)		
<i>tolterodine tablet 1mg</i>	2	QL
QL 60 each per 30 day(s)		
<i>tolterodine tablet 2mg</i>	2	QL
QL 60 each per 30 day(s)		
<i>tropium chl capsule 60mg er</i>	2	QL
QL 30 each per 30 day(s)		
<i>tropium cl tablet 20mg</i>	2	QL
QL 60 each per 30 day(s)		
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
<i>theophylline tablet 300mg er</i>	2	
<i>theophylline tablet 400mg er</i>	2	
<i>theophylline tablet 600mg er</i>	2	
SUPPLIES		
SUPPLIES		
GAUZE PADS & DRESSINGS -	2	QL
PADS 2 X 2		
QL 100 each per 30 day(s)		
INSULIN PEN NEEDLE	2	QL
QL 200 each per 30 day(s)		
INSULIN SYRINGE (DISP) U-100	2	QL
0.3ML		
QL 200 milliliter(s) 30 day(s)		

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INSULIN SYRINGE (DISP) U-100 1ML	2	QL			
QL 200 milliliter(s) 30 day(s)					
INSULIN SYRINGE (DISP) U-100 1/2ML	2	QL			
QL 200 milliliter(s) 30 day(s)					
ISOPROPYL ALCOHOL 0.7ML/ML MEDICATED PAD	2				
NEEDLES, INSULIN DISP., SAFETY	2	QL			
QL 200 each per 30 day(s)					
VITAMINS					
VITAMIN D					
<i>calcitriol capsule 0.25mcg</i>	2				
<i>calcitriol capsule 0.5mcg</i>	2				
CALCITRIOL OIN 3MCG/GM	2				
<i>calcitriol solution 1mcg/ml</i>	2				
<i>doxercalcif capsule 0.5mcg</i>	2				
<i>doxercalcif capsule 1mcg</i>	2				
<i>doxercalcif capsule 2.5mcg</i>	2				
<i>paricalcitol capsule 1 mcg</i>	2				
<i>paricalcitol capsule 2 mcg</i>	2				
<i>paricalcitol capsule 4 mcg</i>	2				
VITAMINS					
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8MG ORAL TABLET	3				
SODIUM FLUORIDE 2.2MG (FLUORIDE ION 1MG) ORAL TABLET	2				

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abacavir solution	6	ALOGLIPTIN	64	ampicillin capsule	1
abacavir tablet	6	ALOGLIPTIN/	64	ampicillin injectable	1
ABILIFY	46,47	ALOMIDE	57	amp-sulbacta injectable	1
abiraterone tablet	10	alose tron tablet	60	anagrelide capsule	22
ABRYSVO	18	ALPHAGAN	57	anastrozole tablet	69
acampro cal tablet	74	alprazolam con	44	ANORO	19
acarbose tablet	63	alprazolam tablet	44	ANZEMET	59
accutane capsule	81	ALREX	58	apap/codeine tablet	32,33
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acetylcyst solution	74	amantadine capsule	6	aprepitant packet	59
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ACTIMMUNE	76	ambrisentan tablet	79	APTIVUS	6
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acyclovir suspension	6	amilor/hctz tablet	54	AREXVY	18
acyclovir tablet	6	AMILORIDE	54	arformoterol neb	21
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adefov dipiv tablet	6	amlod/olmesa tablet	28	ARNUITY	58
AJOVY	41	amlod/valsar tablet	28	asa/dipyrida capsule	32
AKEEGA	10	amlodipine tablet	28	ascomp/cod capsule	33
ala-cort cre	80	ammonium lac cre	81	ASENAPINE	47
albendazole tablet	1	amnesteem capsule	82	asenapine sub	47
ALBUTEROL	21	amox/k clav chw	1	ASMANEX	62
albuterol aer hfa	21	amox/k clav suspension	1	ASTAGRAF	76
albuterol neb	21	amox/k clav tablet	1	atazanavir capsule	6
albuterol syrup	21	amoxapine tablet	47	atenol/chlor tablet	27
albuterol tablet	21	amoxicillin capsule	1	atenolol tablet	27
alclometason cre	80	amoxicillin chw	1	atomoxetine capsule	45,46
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ALECENSA	10	amoxicillin tablet	1	atovaq/progu tablet	6
alendronate tablet	74	amox-pot cla tablet er	1	atovaquone suspension	6
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AUSTEDO	54	betameth dip oin	80	buprenorphin sub	33
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AUVI-Q	21	BETAXOLOL	57	bupropn hcl tablet	47
aviane tablet	67	betaxolol tablet	27	bupirone tablet	44
AYVAKIT	10	bethanechol tablet	19	but/apap/caf capsule	33
AZASITE	57	BETOPTIC-S	57	but/apap/caf capsule	
azathioprine tablet	76	BEVESPI	19	codeine	33
azel/flutic spr	78	BEXAROTENE	10	but/apap/caf tablet	33
azelaic acid gel	82	bexarotene gel	82	but/asa/caf/ capsule	
azelastine dro	57	BEXSERO	18	codeine	33
azelastine spr	57	bicalutamide tablet	10	but/asa/caff capsule	33
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azithromycin suspension	1	bismth/metr/ capsule		calc acetate capsule	55
azithromycin tablet	1,2	tetracy	60	calcip/betam suspension	80
aztreonam injectable	2	bisoprl/hctz tablet	27	CALCIPOTRIEN	82
bacit/polymy oin op	57	bisoprol fum tablet	27	calcipotrien oin	82
bacitracin oin op	57	BIVIGAM	17	calcipotrien oin betameth	80
baclofen tablet	20	blisovi fe tablet	67	calcipotrien solution	82
balsalazide capsule	60	BOOSTRIX	18	calcitonin spr	70
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betameth dip cre	80	bupren/nalox sub	33	carbamazepin tablet	37
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carisoprodol tablet	20	ciclopirox gel	79	clobetasol solution	81
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cefdinir capsule	2	ciprofloxacn solution	57	clotrimazole tro	80
cefdinir suspension	2	ciprofloxacn tablet	2	clozapine tablet	48
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CYSTARAN	59	dexmethylphe capsule	35	divalproex tablet	38
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dantrolene capsule	20	diazepam gel	45	DOVATO	7
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darunavir tablet	7	diclofenac pow	33	doxycyc mono capsule	3
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This formulary is for the following plans:

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Idaho

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