

COMPREHENSIVE  
**formulary**  
list of covered drugs | 2022

**This formulary is for the following plans and service areas:  
Utah**

SelectHealth Community Advantage (HMO-DSNP) | Wasatch

**This formulary was updated on 07/01/2022.**

For more recent information or other questions, please contact SelectHealth 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](https://selecthealth.org/medicare).



# SelectHealth Advantage (HMO, HMO-SNP) 2022 Formulary List of Covered Drugs

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

SelectHealth is an HMO, HMO-SNP plan sponsor with a Medicare contract. Enrollment in SelectHealth Advantage depends on contract renewal.

SelectHealth 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 upon request.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

SelectHealth Advantage: 855-442-9900 (TTY: 711)

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HPMS Approved Formulary File Submission ID 22086 Version 23

**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 SelectHealth. When it refers to “plan” or “our plan,” it means SelectHealth Advantage.

This document includes a list of the drugs (formulary) for our plan **which is current as of July 01, 2022**. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

## **What is the SelectHealth Advantage Formulary?**

A formulary is a list of covered drugs selected by SelectHealth in consultation with a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. SelectHealth will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a SelectHealth Advantage 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 the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the SelectHealth Advantage 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 SelectHealth Advantage Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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 July 01, 2022.** To get updated information about the drugs covered by SelectHealth Advantage, 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, SelectHealth may make changes via errata sheets mailed to you. Additionally, you may visit [selecthealth.org/medicare](https://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 87**. 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?**

SelectHealth Advantage 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:** SelectHealth Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from SelectHealth Advantage before you fill your prescriptions. If you don't get approval, SelectHealth Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, SelectHealth Advantage limits the amount of the drug that SelectHealth Advantage will cover. For example, SelectHealth Advantage 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, SelectHealth Advantage 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, SelectHealth Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, SelectHealth Advantage 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 SelectHealth Advantage 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 SelectHealth Advantage 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 SelectHealth Advantage does not cover your drug, you have two options:

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

You can ask SelectHealth Advantage 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, SelectHealth Advantage 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, SelectHealth Advantage 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 SelectHealth Advantage prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about SelectHealth Advantage, 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>.



## SelectHealth Advantage Formulary

The formulary that begins on **page 1** provides coverage information about the drugs covered by SelectHealth Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on **page 87**.

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 SelectHealth Advantage 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** – Select insulins covered for a 30-day supply with a maximum of a \$35 copay. Deductible does not apply to the indicated insulins and coverage at the copay amount is provided through the coverage gap.

Please refer to your *Evidence of Coverage* for more information regarding how much you will pay for your prescription drugs.

Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
<b>ANTI-HISTAMINE DRUGS</b>			<i>amox/k clav tablet 500-125</i>	1	NM
<b>FIRST GENERATION ANTIHISTAMINES</b>			<i>amox/k clav tablet 875-125</i>	1	NM
<i>cyproheptad syrup 2mg/5ml</i>	1	QL	<i>amoxicillin capsule 250mg</i>	1	NM
QL 4500 milliliter(s) 30 day(s)			<i>amoxicillin capsule 500mg</i>	1	NM
<i>cyproheptad tablet 4mg</i>	1	QL	<i>amoxicillin chw 125mg</i>	1	NM
QL 450 each per 30 day(s)			<i>amoxicillin chw 250mg</i>	1	NM
<i>promethazine sup 12.5mg</i>	1		<i>amoxicillin suspension</i>	1	NM
<i>promethazine sup 25mg</i>	1		<i>125/5ml</i>		
<i>promethazine syrup 6.25/5ml</i>	1		<i>amoxicillin suspension</i>	1	NM
<i>promethazine tablet 12.5mg</i>	1		<i>200/5ml</i>		
<i>promethazine tablet 25mg</i>	1		<i>amoxicillin suspension</i>	1	NM
<i>promethazine tablet 50mg</i>	1		<i>250/5ml</i>		
<i>promethegan sup 25mg</i>	1		<i>amoxicillin suspension</i>	1	NM
<i>promethegan sup 50mg</i>	1		<i>400/5ml</i>		
<b>SECOND GENERATION ANTIHISTAMINES</b>			<i>amoxicillin tablet 500mg</i>	1	NM
<i>cetirizine solution 1mg/ml</i>	1	QL	<i>amoxicillin tablet 875mg</i>	1	NM
QL 300 milliliter(s) 30 day(s)			<i>amp-sulbacta injectable</i>	1	HI; NM
CLARINEX-D TABLET 2.5-120	1		<i>1-0.5gm</i>		
<i>desloratadin tablet 5mg</i>	1	QL	<i>amp-sulbacta injectable 15gm</i>	1	HI; NM
QL 30 each per 30 day(s)			<i>amp-sulbacta injectable 3gm</i>	1	HI; NM
<i>levocetirizi solution 2.5/5ml</i>	1		<i>ampicillin capsule 500mg</i>	1	NM
<i>levocetirizi tablet 5mg</i>	1	QL	<i>ampicillin injectable 10gm</i>	1	HI; NM
QL 30 each per 30 day(s)			<i>ampicillin injectable 125mg</i>	1	HI; NM
<b>ANTI-INFECTION AGENTS</b>			<i>ampicillin injectable 1gm</i>	1	HI; NM
<b>ANTHELMINTICS</b>			ARIKAYCE SUSPENSION	1	QL; PA
<i>albendazole tablet 200mg</i>	1	PA; NM	QL 252 each per 30 day(s)		
<i>ivermectin tablet 3mg</i>	1	NM	<i>azithromycin injectable 500mg</i>	1	HI; NM
<i>praziquantel tablet 600mg</i>	1	NM	AZITHROMYCIN POW 1GM	1	NM
<b>ANTIBACTERIALS</b>			PACKET		
<i>amikacin injectable 500/2ml</i>	1	HI; NM	AZITHROMYCIN SUSPENSION	1	NM
<i>amox/k clav chw 200mg</i>	1	NM	<i>100/5ML</i>		
<i>amox/k clav chw 400mg</i>	1	NM	AZITHROMYCIN SUSPENSION	1	NM
<i>amox/k clav suspension 200/5ml</i>	1	NM	<i>200/5ML</i>		
<i>amox/k clav suspension 250/5ml</i>	1	NM	<i>azithromycin tablet 250mg</i>	1	QL; NM
<i>amox/k clav suspension 400/5ml</i>	1	NM	QL 60 each per 30 day(s)		
<i>amox/k clav suspension 600/5ml</i>	1	NM	<i>azithromycin tablet 500mg</i>	1	NM
<i>amox/k clav tablet 250-125</i>	1	NM	<i>azithromycin tablet 600mg</i>	1	NM

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	Drug	Tier	Requirements /Limits
<i>aztreonam injectable 1gm</i>	1	HI; NM	<i>cefepodo prox suspension</i>	1	NM
<i>aztreonam injectable 2gm</i>	1	HI; NM	<i>50mg/5ml</i>		
BAXDELA INJECTABLE 300MG	1	QL; PA; HI; NM	<i>cefepodoxime tablet 100mg</i>	1	NM
QL 28 each per 14 day(s)			<i>cefepodoxime tablet 200mg</i>	1	NM
BAXDELA TABLET 450MG	1	QL; PA; NM	<i>cefprozil suspension 125/5ml</i>	1	NM
QL 28 each per 14 day(s)			<i>cefprozil suspension 250/5ml</i>	1	NM
BICILLIN C-R INJECTABLE 1200000	1	NM	<i>cefprozil tablet 250mg</i>	1	NM
BICILLIN C-R INJECTABLE 900/300	1	NM	<i>cefprozil tablet 500mg</i>	1	NM
BICILLIN L-A INJECTABLE 1200000	1	NM	<i>ceftazidime injectable 1gm</i>	1	HI; NM
BICILLIN L-A INJECTABLE 2400000	1	NM	<i>ceftazidime injectable 2gm</i>	1	HI; NM
BICILLIN L-A INJECTABLE 600000	1	NM	<i>ceftazidime injectable 6gm</i>	1	HI; NM
CAYSTON INH 75MG	1	QL; PA; NM	<i>ceftriaxone injectable 10gm</i>	1	HI; NM
QL 280 each per 30 day(s)			<i>ceftriaxone injectable 1gm</i>	1	HI; NM
<i>cefaclor capsule 250mg</i>	1	NM	<i>ceftriaxone injectable 250mg</i>	1	HI; NM
<i>cefaclor capsule 500mg</i>	1	NM	<i>ceftriaxone injectable 2gm</i>	1	HI; NM
<i>cefaclor er tablet 500mg</i>	1	NM	<i>ceftriaxone injectable 500mg</i>	1	HI; NM
<i>cefadroxil capsule 500mg</i>	1	NM	<i>cefuroxime injectable 1.5gm</i>	1	HI; NM
<i>cefadroxil suspension 250/5ml</i>	1	NM	<i>cefuroxime injectable 750mg</i>	1	HI; NM
<i>cefadroxil suspension 500/5ml</i>	1	NM	<i>cefuroxime tablet 250mg</i>	1	NM
<i>cefadroxil tablet 1gm</i>	1	NM	<i>cefuroxime tablet 500mg</i>	1	NM
<i>cefazolin injectable 10gm</i>	1	HI; NM	<i>cephalexin capsule 250mg</i>	1	NM
<i>cefazolin injectable 1gm</i>	1	HI; NM	<i>cephalexin capsule 500mg</i>	1	NM
<i>cefazolin injectable 500mg</i>	1	HI; NM	<i>cephalexin suspension</i>	1	NM
<i>cefdinir capsule 300mg</i>	1	NM	<i>125/5ml</i>		
<i>cefdinir suspension 125/5ml</i>	1	NM	<i>cephalexin suspension</i>	1	NM
<i>cefdinir suspension 250/5ml</i>	1	NM	<i>250/5ml</i>		
<i>cefepime injectable 1gm</i>	1	HI; NM	<i>cephalexin tablet 250mg</i>	1	NM
<i>cefepime injectable 2gm</i>	1	HI; NM	<i>cephalexin tablet 500mg</i>	1	NM
<i>cefixime capsule 400mg</i>	1	QL	<i>ciprofloxacin injectable 200mg</i>	1	HI; NM
QL 60 each per 30 day(s)			<i>ciprofloxacin tablet 100mg</i>	1	NM
<i>cefixime suspension 100/5ml</i>	1	NM	<i>ciprofloxacin tablet 250mg</i>	1	NM
<i>cefixime suspension 200/5ml</i>	1	NM	<i>ciprofloxacin tablet 500mg</i>	1	NM
<i>cefoxitin injectable 10gm</i>	1	HI; NM	<i>ciprofloxacin tablet 750mg</i>	1	NM
<i>cefoxitin injectable 1gm</i>	1	HI; NM	<i>clarithromycin suspension</i>	1	NM
<i>cefoxitin injectable 2gm</i>	1	HI; NM	<i>125/5ml</i>		
<i>cefepodo prox suspension</i>	1	NM	<i>clarithromycin suspension</i>	1	NM
<i>100/5ml</i>			<i>250/5ml</i>		

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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>clarithromyc tablet 250mg</i>	1	NM
<i>clarithromyc tablet 500mg</i>	1	NM
<i>clarithromyc tablet 500mg er</i>	1	NM
<i>clindamy/d5w injectable 300/50ml</i>	1	HI; NM
<i>clindamy/d5w injectable 600/50ml</i>	1	HI; NM
<i>clindamy/d5w injectable 900/50ml</i>	1	HI; NM
<i>clindamycin capsule 150mg</i>	1	NM
<i>clindamycin capsule 300mg</i>	1	NM
<i>clindamycin capsule 75mg</i>	1	NM
<i>clindamycin injectable 300/2ml</i>	1	HI; NM
<i>clindamycin injectable 600/4ml</i>	1	HI; NM
<i>clindamycin injectable 900/6ml</i>	1	HI; NM
<i>clindamycin solution 75mg/5ml</i>	1	NM
<i>colistimeth injectable 150mg</i>	1	HI; NM
DALVANCE SOLUTION 500MG	1	PA; HI; NM
<i>daptomycin injectable 500mg</i>	1	QL; HI; NM
QL 150 each per 30 day(s)		
<i>daptomycin solution 350mg</i>	1	HI; NM
<i>dicloxacill capsule 250mg</i>	1	NM
<i>dicloxacill capsule 500mg</i>	1	NM
DIFICID SUSPENSION	1	QL; PA; NM
QL 100 each per 10 day(s)		
DIFICID TABLET 200MG	1	QL; PA; NM
QL 20 each per 10 day(s)		
<i>doxy 100 injectable 100mg</i>	1	HI; NM
<i>doxycyc mono capsule 100mg</i>	1	NM
<i>doxycyc mono capsule 50mg</i>	1	NM
<i>doxycyc mono tablet 100mg</i>	1	NM
<i>doxycyc mono tablet 50mg</i>	1	NM
<i>doxycyc mono tablet 75mg</i>	1	NM
<i>doxycycl hyc capsule 100mg</i>	1	NM
<i>doxycycl hyc capsule 50mg</i>	1	NM
<i>doxycycl hyc tablet 100mg</i>	1	NM
<i>doxycycline suspension 25mg/5ml</i>	1	NM

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

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
<i>levoflox/d5w injectable 500/100m</i>	1	HI; NM	<i>penicillin vk tablet 500mg</i>	1	NM
<i>levoflox/d5w injectable 750/150</i>	1	HI; NM	<i>piper/tazoba injectable 2-0.25gm</i>	1	HI; NM
<i>levofloxacin injectable 25mg/ml</i>	1	HI; NM	<i>piper/tazoba injectable 3-0.375g</i>	1	HI; NM
<i>levofloxacin tablet 250mg</i>	1	NM	<i>piper/tazoba injectable 36-4.5gm</i>	1	HI; NM
<i>levofloxacin tablet 500mg</i>	1	NM	<i>piper/tazoba injectable 4-0.5gm</i>	1	HI; NM
<i>levofloxacin tablet 750mg</i>	1	NM	<i>SIVEXTRO INJECTABLE 200MG</i>	1	QL; PA; HI; NM
<i>linezolid injectable 2mg/ml</i>	1	HI; NM	<i>QL 6 each per 30 day(s)</i>		
<i>LINEZOLID SUSPENSION 100/5ML</i>	1	NM	<i>SIVEXTRO TABLET 200MG</i>	1	QL; PA; NM
<i>linezolid tablet 600mg</i>	1	QL; NM	<i>QL 6 each per 30 day(s)</i>		
<i>meropenem injectable 1gm</i>	1	HI; NM	<i>smz-tmp suspension 200-40/5</i>	1	NM
<i>meropenem injectable 500mg</i>	1	HI; NM	<i>smz-tmp tablet 400-80mg</i>	1	NM
<i>minocycline capsule 100mg</i>	1	NM	<i>smz/tmp ds tablet 800-160</i>	1	NM
<i>minocycline capsule 50mg</i>	1	NM	<i>streptomycin injectable 1gm</i>	1	BvsD; NM
<i>minocycline capsule 75mg</i>	1	NM	<i>sulfadiazine tablet 500mg</i>	1	NM
<i>moxifloxacin tablet 400mg</i>	1	NM	<i>SULFASALAZIN TABLET 500MG</i>	1	NM
<i>nafcillin injectable 10gm</i>	1	PA; HI; NM	<i>SULFASALAZIN TABLET 500MG</i>	1	NM
<i>nafcillin injectable 1gm</i>	1	PA; HI; NM	<i>DR</i>		
<i>nafcillin injectable 2gm</i>	1	PA; HI; NM	<i>suprax chw 100mg</i>	1	QL; NM
<i>neomycin tablet 500mg</i>	1	NM	<i>QL 60 each per 30 day(s)</i>		
<i>NUZYRA INJECTABLE 100MG</i>	1	QL; PA; HI; NM	<i>suprax chw 200mg</i>	1	QL; NM
<i>QL 15 each per 14 day(s)</i>			<i>QL 60 each per 30 day(s)</i>		
<i>NUZYRA TABLET 150MG</i>	1	QL; PA; NM	<i>suprax suspension 200/5ml</i>	1	NM
<i>QL 30 each per 14 day(s)</i>			<i>SUPRAX SUSPENSION</i>	1	NM
<i>ofloxacin tablet 300mg</i>	1	NM	<i>500/5ML</i>		
<i>ofloxacin tablet 400mg</i>	1	NM	<i>TEFLARO INJECTABLE 400MG</i>	1	PA; HI; NM
<i>pen g proc injectable 600000</i>	1	BvsD; NM	<i>TEFLARO INJECTABLE 600MG</i>	1	PA; HI; NM
<i>pen g sodium injectable 5000000</i>	1	HI; NM	<i>TIGECYCLINE INJECTABLE</i>	1	QL; PA; HI; NM
<i>PEN GK/DEXTR INJECTABLE 40000/ML</i>	1	HI; NM	<i>50MG</i>		
<i>PEN GK/DEXTR INJECTABLE 60000/ML</i>	1	HI; NM	<i>QL 28 each per 14 day(s)</i>		
<i>penicillin gk injectable 20mu</i>	1	HI; NM	<i>tobramycin injectable 10mg/ml</i>	1	HI; NM
<i>penicillin vk solution 125/5ml</i>	1	NM	<i>tobramycin injectable 40mg/ml</i>	1	HI; NM
<i>penicillin vk solution 250/5ml</i>	1	NM			
<i>penicillin vk tablet 250mg</i>	1	NM			

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Drug	Tier	Requirements /Limits
<i>tobramycin neb 300/5ml</i>	1	PA; NM
<i>vancomycin capsule 125mg</i> QL 120 each per 30 day(s)	1	QL; NM
<i>vancomycin capsule 250mg</i> QL 120 each per 30 day(s)	1	QL; NM
<i>vancomycin injectable 1 gm</i>	1	HI; NM
<i>vancomycin injectable 10gm</i>	1	HI; NM
<i>vancomycin injectable 500mg</i>	1	HI; NM
<i>vancomycin injectable 750mg</i>	1	HI; NM
<i>vancomycin solution 250/5ml</i> QL 450 milliliter(s) 30 day(s)	1	QL
XENLETA TABLET 600MG QL 60 each per 30 day(s)	1	QL; PA
XIFAXAN TABLET 200MG QL 180 each per 30 day(s)	1	QL; PA; NM
XIFAXAN TABLET 550MG QL 90 each per 30 day(s)	1	QL; PA; NM
ZOSYN SOLUTION 2-0.25GM	1	HI; NM
<b>ANTIFUNGALS</b>		
<i>AMBISOME INJECTABLE 50MG</i>	1	PA; HI; NM
<i>amphotericin injectable 50mg</i>	1	PA; HI; NM
<i>casprofungin injectable 50mg</i>	1	PA; HI; NM
<i>casprofungin injectable 70mg</i>	1	PA; HI; NM
<i>fluconazole suspension 10mg/ml</i>	1	NM
<i>fluconazole suspension 40mg/ml</i>	1	NM
<i>fluconazole tablet 100mg</i>	1	NM
<i>fluconazole tablet 150mg</i>	1	NM
<i>fluconazole tablet 200mg</i>	1	NM
<i>fluconazole tablet 50mg</i>	1	NM
<i>fluconazole/ injectable nacl 200</i>	1	HI; NM
<i>fluconazole/ injectable nacl 400</i>	1	HI; NM
<i>flucytosine capsule 250mg</i>	1	NM
FLUCYTOSINE CAPSULE 500MG	1	NM
<i>griseofulvin suspension 125/5ml</i>	1	NM
<i>griseofulvin tablet micr 500</i>	1	NM
<i>griseofulvin tablet ultr 125</i>	1	NM
<i>griseofulvin tablet ultr 250</i>	1	NM

Drug	Tier	Requirements /Limits
<i>itraconazole capsule 100mg</i> QL 126 each per 30 day(s)	1	QL; NM
ITRACONAZOLE SOLUTION 10MG/ML	1	NM
<i>ketoconazole tablet 200mg</i>	1	NM
<i>micafungin injectable 100mg</i>	1	BvsD
<i>micafungin injectable 50mg</i>	1	BvsD
NOXAFIL SUSPENSION 40MG/ML	1	PA; NM
<i>nystatin suspension 100000</i>	1	NM
<i>nystatin tablet 500000</i>	1	NM
<i>posaconazole tablet 100mg dr</i> QL 240 each per 30 day(s)	1	QL; PA
<i>terbinafine tablet 250mg</i> QL 90 each per 30 day(s)	1	QL; NM
<i>voriconazole injectable 200mg</i>	1	HI; NM
VORICONAZOLE SUSPENSION 40MG/ML QL 450 milliliter(s) 30 day(s)	1	QL; NM
<i>voriconazole tablet 200mg</i> QL 90 each per 30 day(s)	1	QL; NM
<i>voriconazole tablet 50mg</i> QL 360 each per 30 day(s)	1	QL; NM
<b>ANTIMYCOBACTERIALS</b>		
<i>dapsone tablet 100mg</i>	1	NM
<i>dapsone tablet 25mg</i>	1	NM
<i>ethambutoltablet 100mg</i>	1	NM
<i>ethambutoltablet 400mg</i>	1	NM
<i>isoniazid tablet 100mg</i>	1	NM
<i>isoniazid tablet 300mg</i>	1	NM
<i>paser gra 4gm</i>	1	NM
PRETOMANID TABLET 200MG QL 30 each per 30 day(s)	1	QL; PA
PRIFTIN TABLET 150MG QL 32 each per 28 day(s)	1	QL; NM
<i>pyrazinamide tablet 500mg</i>	1	NM
<i>rifabutin capsule 150mg</i>	1	NM

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Drug	Tier	Requirements /Limits
<i>rifampin capsule 150mg</i>	1	NM
<i>rifampin capsule 300mg</i>	1	NM
<i>rifampin injectable 600mg</i>	1	HI; NM
SIRTURO TABLET 100MG QL 188 each per 30 day(s)	1	QL; PA; NM
SIRTURO TABLET 20MG QL 1050 each per 30 day(s)	1	QL; PA; NM
TRECTOR TABLET 250MG	1	NM
<b>ANTIPROTOZOALS</b>		
<i>atovaq/progu tablet 250-100</i>	1	NM
<i>atovaq/progu tablet 62.5-25</i>	1	NM
<i>atovaquone suspension 750/5ml</i>	1	NM
BENZNIDAZOLE TABLET 100MG QL 240 each per 365 day(s)	1	QL; NM
BENZNIDAZOLE TABLET 12.5MG QL 720 each per 365 day(s)	1	QL; NM
<i>chloroquine tablet 250mg</i>	1	NM
<i>chloroquine tablet 500mg</i>	1	NM
COARTEM TABLET 20-120MG QL 24 each per 30 day(s)	1	QL; NM
<i>hydroxychlor tablet 100mg</i>	1	NM
<i>hydroxychlor tablet 200mg</i>	1	NM
<i>hydroxychlor tablet 300mg</i>	1	NM
<i>hydroxychlor tablet 400mg</i>	1	NM
IMPAVIDO CAPSULE 50MG QL 84 each per 28 day(s)	1	QL; PA; NM
KRINTAFEL TABLET 150MG QL 4 each per 30 day(s)	1	QL; NM
LAMPIT TABLET 120MG	1	PA; NM
LAMPIT TABLET 30MG	1	PA; NM
<i>mefloquine tablet 250mg</i> QL 5 each per 30 day(s)	1	QL; NM
<i>metronidazol capsule 375mg</i>	1	NM
METRONIDAZOL INJECTABLE 500MG	1	HI; NM
<i>metronidazol tablet 250mg</i>	1	NM
<i>metronidazol tablet 500mg</i>	1	NM

Drug	Tier	Requirements /Limits
<i>nitazoxanide tablet 500mg</i> QL 20 each per 10 day(s)	1	QL; NM
<i>paromomycin capsule 250mg</i>	1	NM
<i>pentamidine inh 300mg</i>	1	BvsD; NM
<i>pentamidine injectable 300mg</i>	1	HI; NM
PRIMAQUINE TABLET 26.3MG	1	NM
<i>quinine sulf capsule 324mg</i>	1	NM
<i>tinidazole tablet 250mg</i>	1	NM
<i>tinidazole tablet 500mg</i>	1	NM
<b>ANTIVIRALS</b>		
<i>abaca/lamivu tablet 600-300</i> QL 30 each per 30 day(s)	1	QL; NM
<i>abacav/lamiv tablet /zidovud</i> QL 60 each per 30 day(s)	1	QL; NM
<i>abacavir solution 20mg/ml</i>	1	NM
<i>abacavir tablet 300mg</i> QL 180 each per 30 day(s)	1	QL; NM
<i>acyclovir capsule 200mg</i>	1	NM
<i>acyclovir suspension 200/5ml</i>	1	NM
<i>acyclovir tablet 400mg</i>	1	NM
<i>acyclovir tablet 800mg</i>	1	NM
<i>acyclovir na injectable</i> 50mg/ml	1	HI; NM
<i>adefov dipiv tablet 10mg</i> QL 30 each per 30 day(s)	1	QL; NM
<i>amantadine capsule 100mg</i> QL 120 each per 30 day(s)	1	QL; NM
<i>amantadine solution</i> 50mg/5ml QL 1200 milliliter(s) 30 day(s)	1	QL; NM
<i>amantadine tablet 100mg</i> QL 120 each per 30 day(s)	1	QL; NM
APTIVUS CAPSULE 250MG QL 120 each per 30 day(s)	1	QL; NM
<i>atazanavir capsule 150mg</i> QL 60 each per 30 day(s)	1	QL; NM
<i>atazanavir capsule 200mg</i> QL 60 each per 30 day(s)	1	QL; NM

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Drug	Tier	Requirements /Limits
<i>atazanavir capsule 300mg</i> QL 60 each per 30 day(s)	1	QL; NM
BARACLUDE SOLUTION	1	NM
BIKTARVY TABLET QL 30 each per 30 day(s)	1	QL; NM
BIKTARVY TABLET QL 30 each per 30 day(s)	1	QL; NM
CIMDUO TABLET 300-300 QL 30 each per 30 day(s)	1	QL
COMPLERA TABLET	1	NM
DELSTRIGO TABLET QL 30 each per 30 day(s)	1	QL; NM
DESCOVY TABLET 200/25MG QL 30 each per 30 day(s)	1	QL; NM
DOVATO TABLET 50-300MG QL 30 each per 30 day(s)	1	QL; NM
EDURANT TABLET 25MG QL 60 each per 30 day(s)	1	QL; NM
<i>efavir/emtri tablet tenofovi</i> QL 30 each per 30 day(s)	1	QL; NM
<i>efavir/lamiv tablet tenofovi</i> QL 30 each per 30 day(s)	1	QL; NM
<i>efavir/lamiv tablet tenofovi</i> QL 30 each per 30 day(s)	1	QL; NM
<i>efavirenz capsule 200mg</i> QL 90 each per 30 day(s)	1	QL; NM
<i>efavirenz capsule 50mg</i> QL 90 each per 30 day(s)	1	QL; NM
<i>efavirenz tablet 600mg</i> QL 60 each per 30 day(s)	1	QL; NM
<i>emtr/ten df tablet 100-150</i> QL 30 each per 30 day(s)	1	QL; NM
<i>emtr/ten df tablet 133-200</i> QL 30 each per 30 day(s)	1	QL; NM
<i>emtr/ten df tablet 167-250</i> QL 30 each per 30 day(s)	1	QL; NM
<i>emtr/tenofov tablet 200-300</i> QL 30 each per 30 day(s)	1	QL; NM

Drug	Tier	Requirements /Limits
<i>emtricitabin capsule 200mg</i> QL 30 each per 30 day(s)	1	QL; NM
EMTRIVA SOLUTION 10MG/ML QL 720 milliliter(s) 30 day(s)	1	QL; NM
<i>entecavir tablet 0.5mg</i> QL 30 each per 30 day(s)	1	QL; NM
<i>entecavir tablet 1mg</i> QL 30 each per 30 day(s)	1	QL; NM
EPIVIR HBV SOLUTION 5MG/ML QL 1800 milliliter(s) 30 day(s)	1	QL; NM
<b>ANTIVIRALS</b>		
<i>etravirine tablet 100mg</i>	1	NM
<b>ANTIVIRALS</b>		
<i>etravirine tablet 200mg</i>	1	NM
EVOTAZ TABLET 300-150 QL 30 each per 30 day(s)	1	QL; NM
<i>famciclovir tablet 125mg</i>	1	NM
<i>famciclovir tablet 250mg</i>	1	NM
<i>famciclovir tablet 500mg</i>	1	NM
<i>fosamprenavitablet 700mg</i>	1	NM
FUZEON INJECTABLE 90MG QL 60 each per 30 day(s)	1	QL; NM
GENVOYA TABLET QL 30 each per 30 day(s)	1	QL; NM
INTELENCE TABLET 25MG	1	NM
INTRON A INJECTABLE 10MU QL 60 each per 21 day(s)	1	QL; NM
INTRON A INJECTABLE 18MU QL 20 each per 14 day(s)	1	QL
INTRON A INJECTABLE 50MU QL 24 each per 21 day(s)	1	QL
ISENTRESS CHW 100MG QL 180 each per 30 day(s)	1	QL; NM
ISENTRESS CHW 25MG QL 180 each per 30 day(s)	1	QL; NM

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Drug	Tier	Requirements /Limits
ISENTRESS TABLET 400MG	1	QL; NM
<u>QL 60 each per 30 day(s)</u>		
ISENTRESS HD TABLET 600MG	1	QL; NM
<u>QL 60 each per 30 day(s)</u>		
JULUCA TABLET 50-25MG	1	QL; NM
<u>QL 30 each per 30 day(s)</u>		
<i>lamivud/zido tablet 150-300</i>	1	NM
<i>lamivudine solution 10mg/ml</i>	1	NM
<i>lamivudine tablet 100mg</i>	1	QL; NM
<u>QL 60 each per 30 day(s)</u>		
<i>lamivudine tablet 150mg</i>	1	QL; NM
<u>QL 60 each per 30 day(s)</u>		
<i>lamivudine tablet 300mg</i>	1	QL; NM
<u>QL 60 each per 30 day(s)</u>		
LEDIP-SOFOSB TABLET 90-400MG	1	QL; PA
<u>QL 168 each per 365 day(s)</u>		
LEXIVA SUSPENSION 50MG/ML	1	NM
LIVTENCITY TABLET 200MG	1	QL; PA
<u>QL 112 each per 28 day(s)</u>		
<i>lopin/riton solution 80-20/ml</i>	1	QL; NM
<u>QL 390 milliliter(s) 30 day(s)</u>		
<i>lopin/riton tablet 100-25mg</i>	1	QL; NM
<u>QL 300 each per 30 day(s)</u>		
<b>ANTIVIRALS</b>		
<i>lopin/riton tablet 200-50mg</i>	1	QL; NM
<u>QL 120 each per 30 day(s)</u>		
<b>ANTIVIRALS</b>		
<i>maraviroc tablet 150mg</i>	1	QL; NM
<u>QL 120 each per 30 day(s)</u>		
<i>maraviroc tablet 300mg</i>	1	QL; NM
<u>QL 120 each per 30 day(s)</u>		
MAVYRET PACKET 50-20MG	1	QL; PA
<u>QL 140 each per 28 day(s)</u>		
MAVYRET TABLET 100-40MG	1	QL; PA
<u>QL 84 each per 28 day(s)</u>		
<i>nevirapine suspension 50mg/5ml</i>	1	QL
<u>QL 1200 milliliter(s) 30 day(s)</u>		

Drug	Tier	Requirements /Limits
<i>nevirapine tablet 100mg</i>	1	NM
<i>nevirapine tablet 200mg</i>	1	QL; NM
<u>QL 60 each per 30 day(s)</u>		
<i>nevirapine tablet 400mg er</i>	1	QL; NM
<u>QL 30 each per 30 day(s)</u>		
NORVIR POW 100MG	1	QL; NM
<u>QL 360 each per 30 day(s)</u>		
NORVIR SOLUTION 80MG/ML	1	QL; NM
<u>QL 450 milliliter(s) 30 day(s)</u>		
ODEFSEY TABLET	1	QL; NM
<u>QL 30 each per 30 day(s)</u>		
<i>oseltamivir capsule 30mg</i>	1	QL; NM
<u>QL 84 each per 180 day(s)</u>		
<i>oseltamivir capsule 45mg</i>	1	QL; NM
<u>QL 42 each per 180 day(s)</u>		
<i>oseltamivir capsule 75mg</i>	1	QL; NM
<u>QL 42 each per 180 day(s)</u>		
<i>oseltamivir suspension 6mg/ml</i>	1	QL; NM
<u>QL 525 milliliter(s) 180 day(s)</u>		
PEGASYS INJECTABLE	1	QL; PA; NM
<u>QL 4 each per 30 day(s)</u>		
PEGASYS INJECTABLE 180MCG/M	1	QL; PA; NM
<u>QL 4 each per 28 day(s)</u>		
PIFELTRO TABLET 100MG	1	QL; NM
<u>QL 30 each per 30 day(s)</u>		
PREVYMIS TABLET 240MG	1	QL; PA
<u>QL 100 each per 365 day(s)</u>		
PREVYMIS TABLET 480MG	1	QL; PA
<u>QL 100 each per 365 day(s)</u>		
PREZCOBIX TABLET 800-150	1	QL; NM
<u>QL 30 each per 30 day(s)</u>		
PREZISTA SUSPENSION 100MG/ML	1	QL; NM
<u>QL 360 milliliter(s) 30 day(s)</u>		
PREZISTA TABLET 150MG	1	QL; NM
<u>QL 180 each per 30 day(s)</u>		

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Drug	Tier	Requirements /Limits
PREZISTA TABLET 600MG QL 60 each per 30 day(s)	1	QL; NM
PREZISTA TABLET 75MG QL 60 each per 30 day(s)	1	QL; NM
PREZISTA TABLET 800MG QL 30 each per 30 day(s)	1	QL; NM
RELENZA MIS DISKHALE QL 60 each per 30 day(s)	1	QL; NM
REYATAZ POW 50MG QL 240 each per 30 day(s)	1	QL; NM
<i>ribavirin capsule 200mg</i> QL 210 each per 30 day(s)	1	QL; NM
<i>ribavirin tablet 200mg</i> QL 210 each per 30 day(s)	1	QL; NM
<i>ritonavir tablet 100mg</i> QL 450 each per 30 day(s)	1	QL; NM
RUKOBIA TABLET 600MG ER QL 60 each per 30 day(s)	1	QL
SELZENTRY TABLET 25MG QL 120 each per 30 day(s)	1	QL; NM
SELZENTRY TABLET 75MG QL 120 each per 30 day(s)	1	QL; NM
SITAVIG TABLET 50MG QL 30 each per 30 day(s)	1	QL; PA
SOFOS/VELPAT TABLET 400-100 QL 30 each per 30 day(s)	1	QL; PA
STRIBILD TABLET QL 30 each per 30 day(s)	1	QL; NM
SYM TUZA TABLET QL 30 each per 30 day(s)	1	QL; NM
<i>tenofovir tablet 300mg</i> QL 30 each per 30 day(s)	1	QL; NM
TIVICAY TABLET 10MG QL 60 each per 30 day(s)	1	QL; NM
TIVICAY TABLET 25MG QL 60 each per 30 day(s)	1	QL; NM
TIVICAY TABLET 50MG QL 60 each per 30 day(s)	1	QL; NM

Drug	Tier	Requirements /Limits
TIVICAY PD TABLET 5MG QL 180 each per 30 day(s)	1	QL
TRIUMEQ TABLET QL 30 each per 30 day(s)	1	QL; NM
TRIUMEQ PD TABLET QL 180 each per 30 day(s)	1	QL
<i>valacyclovir tablet 1gm</i> QL 120 each per 30 day(s)	1	QL; NM
<i>valacyclovir tablet 500mg</i> QL 120 each per 30 day(s)	1	QL; NM
<i>valganciclov solution 50mg/ml</i>	1	NM
<i>valganciclov tablet 450mg</i> QL 90 each per 30 day(s)	1	QL; NM
VEMLIDY TABLET 25MG QL 30 each per 30 day(s)	1	QL; PA
VIRACEPT TABLET 250MG	1	NM
VIRACEPT TABLET 625MG	1	NM
VIREAD POW 40MG/GM	1	NM
VIREAD TABLET 150MG QL 30 each per 30 day(s)	1	QL; NM
VIREAD TABLET 200MG QL 30 each per 30 day(s)	1	QL; NM
VIREAD TABLET 250MG QL 30 each per 30 day(s)	1	QL; NM
VOSEVI TABLET QL 28 each per 28 day(s)	1	QL; PA
XOFLUZA TABLET 40MG QL 4 each per 365 day(s)	1	QL; NM
XOFLUZA TABLET 80MG QL 4 each per 365 day(s)	1	QL; NM
<i>zidovudine capsule 100mg</i>	1	NM
<i>zidovudine syrup 50mg/5ml</i>	1	NM
<i>zidovudine tablet 300mg</i>	1	NM
<b>ANTIVIRALS (SYSTEMIC)</b>		
ISENTRESS POW 100MG QL 60 each per 30 day(s)	1	QL; NM
PURIXAN SUSPENSION 20MG/ML QL 300 milliliter(s) 30 day(s)	1	QL; PA; NM

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

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
SELZENTRY SOLUTION 20MG/ML QL 1800 milliliter(s) 30 day(s)	1	QL; NM	AYVAKIT TABLET 50MG QL 30 each per 30 day(s)	1	QL; PA
<b>URINARY ANTI-INFECTIVES</b>			BALVERSA TABLET 3MG QL 84 each per 28 day(s)	1	QL; PA
<i>fosfomycin pow 3gm</i>	1	NM	BALVERSA TABLET 4MG QL 84 each per 28 day(s)	1	QL; PA
<i>methenam hip tablet 1gm</i>	1	NM	BALVERSA TABLET 5MG QL 84 each per 28 day(s)	1	QL; PA
NITROFUR MAC CAPSULE 100MG	1	NM	BEXAROTENE CAPSULE 75MG	1	PA
NITROFUR MAC CAPSULE 25MG	1	NM	<i>bicalutamide tablet 50mg</i> QL 30 each per 30 day(s)	1	QL
NITROFUR MAC CAPSULE 50MG	1	NM	BOSULIF TABLET 100MG QL 30 each per 30 day(s)	1	QL; PA
NITROFURANTN CAPSULE 100MG	1	NM	BOSULIF TABLET 400MG QL 30 each per 30 day(s)	1	QL; PA
<i>nitrofurantn suspension 25mg/5ml</i>	1	PA; NM	BOSULIF TABLET 500MG QL 30 each per 30 day(s)	1	QL; PA
<i>polymyxin b/ solution trimethp</i>	1		BRAFTOVI CAPSULE 75MG QL 180 each per 30 day(s)	1	QL; PA
TRIMETHOPRIM TABLET 100MG	1	NM	BRUKINSA CAPSULE 80MG QL 120 each per 30 day(s)	1	QL; PA
<b>ANTINEOPLASTIC AGENTS</b>			CABOMETYX TABLET 20MG QL 30 each per 30 day(s)	1	QL; PA
<b>ANTINEOPLASTIC AGENTS</b>			CABOMETYX TABLET 40MG QL 30 each per 30 day(s)	1	QL; PA
<i>abiraterone tablet 250mg</i> QL 120 each per 30 day(s)	1	QL	CABOMETYX TABLET 60MG QL 30 each per 30 day(s)	1	QL; PA
<i>abiraterone tablet 500mg</i> QL 120 each per 30 day(s)	1	QL; PA	CALQUENCE CAPSULE 100MG QL 60 each per 30 day(s)	1	QL; PA
ALECENSA CAPSULE 150MG QL 240 each per 30 day(s)	1	QL; PA	CAPRELSA TABLET 100MG QL 30 each per 30 day(s)	1	QL; PA
ALUNBRIG PACKET QL 30 each per 180 day(s)	1	QL; PA	CAPRELSA TABLET 300MG QL 30 each per 30 day(s)	1	QL; PA
ALUNBRIG TABLET 180MG QL 30 each per 30 day(s)	1	QL; PA	COMETRIQ KIT 100MG	1	PA
ALUNBRIG TABLET 30MG QL 180 each per 30 day(s)	1	QL; PA	COMETRIQ KIT 140MG	1	PA
ALUNBRIG TABLET 90MG QL 30 each per 30 day(s)	1	QL; PA	COMETRIQ KIT 60MG	1	PA
AYVAKIT TABLET 100MG QL 30 each per 30 day(s)	1	QL; PA	COPIKTRA CAPSULE 15MG QL 60 each per 30 day(s)	1	QL; PA
AYVAKIT TABLET 200MG QL 30 each per 30 day(s)	1	QL; PA			
AYVAKIT TABLET 25MG QL 30 each per 30 day(s)	1	QL; PA			
AYVAKIT TABLET 300MG QL 30 each per 30 day(s)	1	QL; PA			

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Drug	Tier	Requirements /Limits
COPIKTRA CAPSULE 25MG QL 60 each per 30 day(s)	1	QL; PA
COTELLIC TABLET 20MG QL 63 each per 28 day(s)	1	QL; PA; LA
CYCLOPHOSPH CAPSULE 25MG	1	BvsD
CYCLOPHOSPH CAPSULE 50MG	1	BvsD
CYCLOPHOSPH TABLET 25MG	1	BvsD
CYCLOPHOSPH TABLET 50MG	1	BvsD
DAURISMO TABLET 100MG QL 30 each per 30 day(s)	1	QL; PA
DAURISMO TABLET 25MG QL 90 each per 30 day(s)	1	QL; PA
DROXIA CAPSULE 200MG	1	
DROXIA CAPSULE 300MG	1	
DROXIA CAPSULE 400MG	1	
EMCYT CAPSULE 140MG QL 420 each per 30 day(s)	1	QL
ERIVEDGE CAPSULE 150MG QL 30 each per 30 day(s)	1	QL; PA
ERLEADA TABLET 60MG QL 120 each per 30 day(s)	1	QL; PA
<i>erlotinib tablet 100mg</i> QL 30 each per 30 day(s)	1	QL; PA
<i>erlotinib tablet 150mg</i> QL 30 each per 30 day(s)	1	QL; PA
<i>erlotinib tablet 25mg</i> QL 60 each per 30 day(s)	1	QL; PA
<i>everolimus tablet 0.25mg</i> QL 120 each per 30 day(s)	1	QL; BvsD
<i>everolimus tablet 0.5mg</i> QL 120 each per 30 day(s)	1	QL; BvsD
<i>everolimus tablet 0.75mg</i> QL 120 each per 30 day(s)	1	QL; BvsD
<i>everolimus tablet 10mg</i> QL 30 each per 30 day(s)	1	QL; PA
<i>everolimus tablet 1mg</i> QL 120 each per 30 day(s)	1	QL; BvsD

Drug	Tier	Requirements /Limits
<i>everolimus tablet 2.5mg</i> QL 30 each per 30 day(s)	1	QL; PA
<i>everolimus tablet 2mg</i> QL 60 each per 30 day(s)	1	QL; PA
<i>everolimus tablet 3mg</i> QL 60 each per 30 day(s)	1	QL; PA
<i>everolimus tablet 5mg</i> QL 60 each per 30 day(s)	1	QL; PA
<i>everolimus tablet 5mg</i> QL 30 each per 30 day(s)	1	QL; PA
<i>everolimus tablet 7.5mg</i> QL 30 each per 30 day(s)	1	QL; PA
EXKIVITY CAPSULE 40MG QL 120 each per 30 day(s)	1	QL; PA
<i>flutamide capsule 125mg</i>	1	
FOTIVDA CAPSULE 0.89MG QL 21 each per 28 day(s)	1	QL; PA
FOTIVDA CAPSULE 1.34MG QL 21 each per 28 day(s)	1	QL; PA
GAVRETO CAPSULE 100MG QL 120 each per 30 day(s)	1	QL; PA
GILOTRIF TABLET 20MG QL 30 each per 30 day(s)	1	QL; PA
GILOTRIF TABLET 30MG QL 30 each per 30 day(s)	1	QL; PA
GILOTRIF TABLET 40MG QL 30 each per 30 day(s)	1	QL; PA
<i>hydroxyurea capsule 500mg</i>	1	
IBRANCE CAPSULE 100MG QL 21 each per 28 day(s)	1	QL; PA
IBRANCE CAPSULE 125MG QL 21 each per 28 day(s)	1	QL; PA
IBRANCE CAPSULE 75MG QL 21 each per 28 day(s)	1	QL; PA
IBRANCE TABLET 100MG QL 21 each per 28 day(s)	1	QL; PA
IBRANCE TABLET 125MG QL 21 each per 28 day(s)	1	QL; PA

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Drug	Tier	Requirements /Limits
IBRANCE TABLET 75MG QL 21 each per 28 day(s)	1	QL; PA
ICLUSIG TABLET 10MG QL 30 each per 30 day(s)	1	QL; PA
ICLUSIG TABLET 15MG QL 30 each per 30 day(s)	1	QL; PA
ICLUSIG TABLET 30MG QL 30 each per 30 day(s)	1	QL; PA
ICLUSIG TABLET 45MG QL 30 each per 30 day(s)	1	QL; PA
IDHIFA TABLET 100MG QL 30 each per 30 day(s)	1	QL; PA
IDHIFA TABLET 50MG QL 30 each per 30 day(s)	1	QL; PA
<i>imatinib mes tablet 100mg</i> QL 90 each per 30 day(s)	1	QL
<i>imatinib mes tablet 400mg</i> QL 60 each per 30 day(s)	1	QL
IMBRUVICA CAPSULE 140MG QL 120 each per 30 day(s)	1	QL; PA
IMBRUVICA CAPSULE 70MG QL 30 each per 30 day(s)	1	QL; PA
IMBRUVICA TABLET 140MG QL 30 each per 30 day(s)	1	QL; PA
IMBRUVICA TABLET 280MG QL 30 each per 30 day(s)	1	QL; PA
IMBRUVICA TABLET 420MG QL 30 each per 30 day(s)	1	QL; PA
IMBRUVICA TABLET 560MG QL 30 each per 30 day(s)	1	QL; PA
INLYTA TABLET 1MG QL 600 each per 30 day(s)	1	QL; PA
INLYTA TABLET 5MG QL 120 each per 30 day(s)	1	QL; PA
INQOVI TABLET 35-100MG QL 5 each per 28 day(s)	1	QL; PA
INREBIC CAPSULE 100MG QL 120 each per 30 day(s)	1	QL; PA

Drug	Tier	Requirements /Limits
IRESSA TABLET 250MG QL 30 each per 30 day(s)	1	QL; PA
JAKAFI TABLET 10MG QL 60 each per 30 day(s)	1	QL; PA
JAKAFI TABLET 15MG QL 60 each per 30 day(s)	1	QL; PA
JAKAFI TABLET 20MG QL 60 each per 30 day(s)	1	QL; PA
JAKAFI TABLET 25MG QL 60 each per 30 day(s)	1	QL; PA
JAKAFI TABLET 5MG QL 60 each per 30 day(s)	1	QL; PA
KISQALI TABLET 200DOSE QL 63 each per 28 day(s)	1	QL; PA
KISQALI TABLET 400DOSE QL 63 each per 28 day(s)	1	QL; PA
KISQALI TABLET 600DOSE QL 63 each per 28 day(s)	1	QL; PA
KISQALI 200 PACKET FEMARA QL 49 each per 28 day(s)	1	QL; PA
KISQALI 400 PACKET FEMARA QL 70 each per 28 day(s)	1	QL; PA
KISQALI 600 PACKET FEMARA QL 91 each per 28 day(s)	1	QL; PA
KOSELUGO CAPSULE 10MG QL 120 each per 30 day(s)	1	QL; PA
KOSELUGO CAPSULE 25MG QL 120 each per 30 day(s)	1	QL; PA
<i>lapatinib tablet 250mg</i> QL 180 each per 30 day(s)	1	QL; PA
<i>lenalidomide capsule 10mg</i> QL 28 each per 28 day(s)	1	QL; PA; LA
<i>lenalidomide capsule 15mg</i> QL 28 each per 28 day(s)	1	QL; PA; LA
<i>lenalidomide capsule 25mg</i> QL 28 each per 28 day(s)	1	QL; PA; LA
<i>lenalidomide capsule 5mg</i> QL 28 each per 28 day(s)	1	QL; PA; LA

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Drug	Tier	Requirements /Limits
LENVIMA CAPSULE 10MG QL 90 each per 30 day(s)	1	QL; PA
LENVIMA CAPSULE 12MG QL 90 each per 30 day(s)	1	QL; PA
LENVIMA CAPSULE 14MG QL 90 each per 30 day(s)	1	QL; PA
LENVIMA CAPSULE 18MG QL 90 each per 30 day(s)	1	QL; PA
LENVIMA CAPSULE 20MG QL 90 each per 30 day(s)	1	QL; PA
LENVIMA CAPSULE 24MG QL 90 each per 30 day(s)	1	QL; PA
LENVIMA CAPSULE 4MG QL 90 each per 30 day(s)	1	QL; PA
LENVIMA CAPSULE 8MG QL 90 each per 30 day(s)	1	QL; PA
LEUKERAN TABLET 2MG	1	
LONSURF TABLET 15-6.14 QL 80 each per 28 day(s)	1	QL; PA
LONSURF TABLET 20-8.19 QL 80 each per 28 day(s)	1	QL; PA
LORBRENA TABLET 100MG QL 30 each per 30 day(s)	1	QL; PA
LORBRENA TABLET 25MG QL 30 each per 30 day(s)	1	QL; PA
LUMAKRAS TABLET 120MG QL 240 each per 30 day(s)	1	QL; PA
LYNPARZA TABLET 100MG QL 120 each per 30 day(s)	1	QL; PA
LYNPARZA TABLET 150MG QL 120 each per 30 day(s)	1	QL; PA
LYSODREN TABLET 500MG	1	
MATULANE CAPSULE 50MG	1	
MEKINIST TABLET 0.5MG QL 90 each per 30 day(s)	1	QL; PA
MEKINIST TABLET 2MG QL 30 each per 30 day(s)	1	QL; PA

Drug	Tier	Requirements /Limits
MEKTOVI TABLET 15MG QL 180 each per 30 day(s)	1	QL; PA
<i>mercaptapur tablet 50mg</i>	1	
METHOTREXATE INJECTABLE 25MG/ML	1	BvsD
<i>methotrexate injectable 50mg/2ml</i>	1	BvsD
<i>methotrexate tablet 2.5mg</i>	1	
NERLYNX TABLET 40MG QL 180 each per 30 day(s)	1	QL; PA
NEXAVAR TABLET 200MG QL 120 each per 30 day(s)	1	QL; PA
<i>nilutamide tablet 150mg</i>	1	
NINLARO CAPSULE 2.3MG QL 3 each per 28 day(s)	1	QL; PA
NINLARO CAPSULE 3MG QL 3 each per 28 day(s)	1	QL; PA
NINLARO CAPSULE 4MG QL 3 each per 28 day(s)	1	QL; PA
NUBEQA TABLET 300MG QL 120 each per 30 day(s)	1	QL; PA
ODOMZO CAPSULE 200MG QL 30 each per 30 day(s)	1	QL; PA; LA
ONUREG TABLET 200MG QL 14 each per 28 day(s)	1	QL; PA
ONUREG TABLET 300MG QL 14 each per 28 day(s)	1	QL; PA
PEMAZYRE TABLET 13.5MG	1	PA
PEMAZYRE TABLET 4.5MG	1	PA
PEMAZYRE TABLET 9MG	1	PA
PIQRAY 200MG TABLET DOSE QL 30 each per 30 day(s)	1	QL; PA
PIQRAY 250MG TABLET DOSE QL 60 each per 30 day(s)	1	QL; PA
PIQRAY 300MG TABLET DOSE QL 60 each per 30 day(s)	1	QL; PA
POMALYST CAPSULE 1MG QL 21 each per 28 day(s)	1	QL; PA

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Drug	Tier	Requirements /Limits
POMALYST CAPSULE 2MG QL 21 each per 28 day(s)	1	QL; PA
POMALYST CAPSULE 3MG QL 21 each per 28 day(s)	1	QL; PA
POMALYST CAPSULE 4MG QL 21 each per 28 day(s)	1	QL; PA
QINLOCK TABLET 50MG QL 90 each per 30 day(s)	1	QL; PA
RASUVO INJECTABLE 10MG QL 0.80 each per 28 day(s)	1	QL; ST
RASUVO INJECTABLE 12.5MG QL 1 each per 28 day(s)	1	QL; ST
RASUVO INJECTABLE 15MG QL 1.20 each per 28 day(s)	1	QL; ST
RASUVO INJECTABLE 17.5MG QL 1.40 each per 28 day(s)	1	QL; ST
RASUVO INJECTABLE 20MG QL 1.60 each per 28 day(s)	1	QL; ST
RASUVO INJECTABLE 22.5MG QL 1.80 each per 28 day(s)	1	QL; ST
RASUVO INJECTABLE 25MG QL 2 each per 28 day(s)	1	QL; ST
RASUVO INJECTABLE 30MG QL 2.40 each per 28 day(s)	1	QL; ST
RASUVO INJECTABLE 7.5MG QL 0.60 each per 28 day(s)	1	QL; ST
REDITREX INJECTABLE 10/.4ML QL 4 milliliter(s) 28 day(s)	1	QL; ST
REDITREX INJECTABLE 12.5/0.5 QL 4 each per 28 day(s)	1	QL; ST
REDITREX INJECTABLE 15/.6ML QL 4 milliliter(s) 28 day(s)	1	QL; ST
REDITREX INJECTABLE 17.5/0.7 QL 4 each per 28 day(s)	1	QL; ST
REDITREX INJECTABLE 20/.8ML QL 4 milliliter(s) 28 day(s)	1	QL; ST
REDITREX INJECTABLE 22.5/0.9 QL 4 each per 28 day(s)	1	QL; ST

Drug	Tier	Requirements /Limits
REDITREX INJECTABLE 25MG/ML QL 4 milliliter(s) 28 day(s)	1	QL; ST
REDITREX INJECTABLE 7.5/.3ML QL 4 milliliter(s) 28 day(s)	1	QL; ST
RETEVMO CAPSULE 40MG QL 180 each per 30 day(s)	1	QL; PA
RETEVMO CAPSULE 80MG QL 120 each per 30 day(s)	1	QL; PA
REVLIMID CAPSULE 10MG QL 28 each per 28 day(s)	1	QL; PA; LA
REVLIMID CAPSULE 15MG QL 28 each per 28 day(s)	1	QL; PA; LA
REVLIMID CAPSULE 2.5MG QL 28 each per 28 day(s)	1	QL; PA; LA
REVLIMID CAPSULE 20MG QL 28 each per 28 day(s)	1	QL; PA; LA
REVLIMID CAPSULE 25MG QL 28 each per 28 day(s)	1	QL; PA; LA
REVLIMID CAPSULE 5MG QL 28 each per 28 day(s)	1	QL; PA; LA
ROZLYTREK CAPSULE 100MG QL 90 each per 30 day(s)	1	QL; PA
ROZLYTREK CAPSULE 200MG QL 90 each per 30 day(s)	1	QL; PA
RUBRACA TABLET 200MG QL 120 each per 30 day(s)	1	QL; PA
RUBRACA TABLET 250MG QL 120 each per 30 day(s)	1	QL; PA
RUBRACA TABLET 300MG QL 120 each per 30 day(s)	1	QL; PA
RYDAPT CAPSULE 25MG QL 240 each per 30 day(s)	1	QL; PA
SCEMBLIX TABLET 20MG QL 60 each per 30 day(s)	1	QL; PA
SCEMBLIX TABLET 40MG QL 300 each per 30 day(s)	1	QL; PA

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
SPRYCEL TABLET 100MG QL 30 each per 30 day(s)	1	QL; PA	TALZENNA CAPSULE 0.5MG QL 30 each per 30 day(s)	1	QL; PA
SPRYCEL TABLET 140MG QL 60 each per 30 day(s)	1	QL; PA	TALZENNA CAPSULE 0.75MG QL 30 each per 30 day(s)	1	QL; PA
SPRYCEL TABLET 20MG QL 60 each per 30 day(s)	1	QL; PA	TALZENNA CAPSULE 1MG QL 30 each per 30 day(s)	1	QL; PA
SPRYCEL TABLET 50MG QL 60 each per 30 day(s)	1	QL; PA	TASIGNA CAPSULE 150MG QL 120 each per 30 day(s)	1	QL; PA
SPRYCEL TABLET 70MG QL 60 each per 30 day(s)	1	QL; PA	TASIGNA CAPSULE 200MG QL 120 each per 30 day(s)	1	QL; PA
SPRYCEL TABLET 80MG QL 60 each per 30 day(s)	1	QL; PA	TASIGNA CAPSULE 50MG QL 120 each per 30 day(s)	1	QL; PA
STIVARGA TABLET 40MG QL 84 each per 21 day(s)	1	QL; PA	TAZVERIK TABLET 200MG QL 240 each per 30 day(s)	1	QL; PA
<i>sunitinib capsule 12.5mg</i> QL 90 each per 30 day(s)	1	QL; PA	TEPMETKO TABLET 225MG QL 60 each per 30 day(s)	1	QL; PA
<i>sunitinib capsule 25mg</i> QL 30 each per 30 day(s)	1	QL; PA	TIBSOVO TABLET 250MG QL 60 each per 30 day(s)	1	QL; PA
<i>sunitinib capsule 37.5mg</i> QL 30 each per 30 day(s)	1	QL; PA	<i>tretinoin capsule 10mg</i> QL 360 each per 30 day(s)	1	QL
<i>sunitinib capsule 50mg</i> QL 30 each per 30 day(s)	1	QL; PA	<i>trexall tablet 10mg</i>	1	
SYNRIBO INJECTABLE 3.5MG	1	PA	<i>trexall tablet 15mg</i>	1	
TABLOID TABLET 40MG	1		<i>trexall tablet 5mg</i>	1	
TABRECTA TABLET 150MG QL 120 each per 30 day(s)	1	QL; PA	<i>trexall tablet 7.5mg</i>	1	
TABRECTA TABLET 200MG QL 120 each per 30 day(s)	1	QL; PA	TRUSELTIQ CAPSULE 100MG QL 21 each per 28 day(s)	1	QL; PA
TAFINLAR CAPSULE 50MG QL 120 each per 30 day(s)	1	QL; PA	TRUSELTIQ CAPSULE 125MG QL 21 each per 28 day(s)	1	QL; PA
TAFINLAR CAPSULE 75MG QL 120 each per 30 day(s)	1	QL; PA	TRUSELTIQ CAPSULE 50MG QL 21 each per 28 day(s)	1	QL; PA
TAGRISSEO TABLET 40MG QL 30 each per 30 day(s)	1	QL; PA; LA	TRUSELTIQ CAPSULE 75MG QL 21 each per 28 day(s)	1	QL; PA
TAGRISSEO TABLET 80MG QL 30 each per 30 day(s)	1	QL; PA; LA	TUKYSA TABLET 150MG	1	PA
TALZENNA CAPSULE 0.25MG QL 90 each per 30 day(s)	1	QL; PA	TUKYSA TABLET 50MG	1	PA
			TURALIO CAPSULE 200MG QL 120 each per 30 day(s)	1	QL; PA
			UKONIQ TABLET 200MG QL 120 each per 30 day(s)	1	QL; PA

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
VENCLEXTA TABLET 100MG QL 120 each per 30 day(s)	1	QL; PA	XPOVIO PACKET 40MG QL 8 each per 28 day(s)	1	QL; PA
VENCLEXTA TABLET 10MG QL 120 each per 30 day(s)	1	QL; PA	XPOVIO PACKET 40MG QL 8 each per 28 day(s)	1	QL; PA
VENCLEXTA TABLET 50MG QL 120 each per 30 day(s)	1	QL; PA	XPOVIO PACKET 40MG QL 4 each per 28 day(s)	1	QL; PA
VENCLEXTA TABLET START PK QL 120 each per 30 day(s)	1	QL; PA	XPOVIO PACKET 50MG QL 8 each per 28 day(s)	1	QL; PA
VERZENIO TABLET 100MG QL 60 each per 30 day(s)	1	QL; PA	XPOVIO PACKET 60MG QL 24 each per 28 day(s)	1	QL; PA
VERZENIO TABLET 150MG QL 60 each per 30 day(s)	1	QL; PA	XPOVIO PACKET 60MG QL 4 each per 28 day(s)	1	QL; PA
VERZENIO TABLET 200MG QL 60 each per 30 day(s)	1	QL; PA	XPOVIO PACKET 80MG QL 32 each per 28 day(s)	1	QL; PA
VERZENIO TABLET 50MG QL 60 each per 30 day(s)	1	QL; PA	XTANDI CAPSULE 40MG QL 120 each per 30 day(s)	1	QL; PA
VITRAKVI CAPSULE 100MG QL 60 each per 30 day(s)	1	QL; PA	XTANDI TABLET 40MG QL 120 each per 30 day(s)	1	QL; PA
VITRAKVI CAPSULE 25MG QL 180 each per 30 day(s)	1	QL; PA	XTANDI TABLET 80MG QL 120 each per 30 day(s)	1	QL; PA
VITRAKVI SOLUTION 20MG/ML QL 300 milliliter(s) 30 day(s)	1	QL; PA	YONSA TABLET 125MG QL 120 each per 30 day(s)	1	QL; PA
VIZIMPRO TABLET 15MG QL 30 each per 30 day(s)	1	QL; PA	ZEJULA CAPSULE 100MG QL 90 each per 30 day(s)	1	QL; PA
VIZIMPRO TABLET 30MG QL 30 each per 30 day(s)	1	QL; PA	ZELBORAF TABLET 240MG QL 240 each per 30 day(s)	1	QL; PA
VIZIMPRO TABLET 45MG QL 30 each per 30 day(s)	1	QL; PA	ZOLINZA CAPSULE 100MG QL 120 each per 30 day(s)	1	QL; PA
VONJO CAP 100MG QL 120 each per 30 day(s)	1	QL; PA			
VOTRIENT TABLET 200MG	1	PA	ZYDELIG TABLET 100MG QL 60 each per 30 day(s)	1	QL; PA
WELIREG TABLET 40MG QL 90 each per 30 day(s)	1	QL; PA	ZYDELIG TABLET 150MG QL 60 each per 30 day(s)	1	QL; PA
XALKORI CAPSULE 200MG QL 60 each per 30 day(s)	1	QL; PA	ZYKADIA TABLET 150MG QL 150 each per 30 day(s)	1	QL; PA
XALKORI CAPSULE 250MG QL 60 each per 30 day(s)	1	QL; PA			
XOSPATA TABLET 40MG QL 90 each per 30 day(s)	1	QL; PA			
			<b>ANTITOXINS, IMMUNE GLOBULINS, TOXOIDS, AND</b>		
			<b>ANTITOXINS AND IMMUNE GLOBULINS</b>		
			BIVIGAM INJECTABLE 10%	1	PA

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Drug	Tier	Requirements /Limits
FLEBOGAMMA INJECTABLE 5GM/50ML	1	PA
GAMMAGARD INJECTABLE 2.5GM/25	1	PA
GAMMAGARD SD INJECTABLE 10GM HU	1	PA
GAMMAGARD SD INJECTABLE 5GM HU	1	PA
GAMMAKED INJECTABLE 1GM/10ML	1	PA
GAMMAPLEX INJECTABLE 10%	1	PA
GAMMAPLEX INJECTABLE 10%	1	PA
GAMMAPLEX INJECTABLE 10%	1	PA
GAMMAPLEX INJECTABLE 5%	1	PA
GAMUNEX-C INJECTABLE 1GM/10ML	1	PA
OCTAGAM INJECTABLE 1GM	1	PA
OCTAGAM INJECTABLE 2GM/20ML	1	PA
PRIVIGEN INJECTABLE 20GRAMS	1	PA
<b>TOXOIDS</b>		
ADACEL INJECTABLE	1	
BOOSTRIX INJECTABLE	1	
BOOSTRIX INJECTABLE	1	
DAPTACEL INJECTABLE	1	
DIP/TET PED INJECTABLE 25-5LFU	1	
INFANRIX INJECTABLE	1	
KINRIX INJECTABLE	1	
PEDIARIX INJECTABLE 0.5ML	1	
PENTACEL INJECTABLE	1	
QUADRACEL INJECTABLE	1	
QUADRACEL INJECTABLE 0.5ML	1	
TDVAX INJECTABLE 2-2 LF	1	
TENIVAC INJECTABLE 5-2LF	1	
<b>VACCINES</b>		
ACTHIB INJECTABLE	1	
BCG VACCINE INJECTABLE 50MG	1	

Drug	Tier	Requirements /Limits
BEXSERO INJECTABLE	1	
ENGERIX-B INJECTABLE 10/0.5ML	1	BvsD
ENGERIX-B INJECTABLE 20MCG/ML	1	BvsD
GARDASIL 9 INJECTABLE	1	
GARDASIL 9 INJECTABLE	1	
HAVRIX INJECTABLE 1440UNIT	1	
HAVRIX INJECTABLE 720UNIT	1	
HIBERIX SOLUTION 10MCG	1	
IMOVAX RABIE INJECTABLE 2.5/ML	1	
IPOLE INJECTABLE INACTIVE	1	
IXIARO INJECTABLE	1	
M-M-R II INJECTABLE	1	
MENACTRA INJECTABLE	1	
MENVEO INJECTABLE	1	
PEDVAX HIB INJECTABLE	1	
PREHEVBRIO SUSPENSION 10MCG/ML	1	BvsD
PROQUAD INJECTABLE	1	
RABAVERT INJECTABLE	1	
RECOMBIVA HB INJECTABLE 10MCG/ML	1	BvsD
RECOMBIVA HB INJECTABLE 5MCG/0.5	1	BvsD
RECOMBIVA-HB INJECTABLE 40MCG/ML	1	BvsD
ROTARIX SUSPENSION	1	
ROTATEQ SOLUTION	1	
SHINGRIX INJECTABLE 50/0.5ML	1	
TICOVAC INJECTABLE	1	
TRUMENBA INJECTABLE	1	
TWINRIX INJECTABLE	1	BvsD
TYPHIM VI INJECTABLE	1	
TYPHIM VI INJECTABLE	1	

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Drug	Tier	Requirements /Limits
VAQTA INJECTABLE 25/0.5ML	1	
VAQTA INJECTABLE 50UNT/ML	1	
VARIVAX INJECTABLE	1	
<b>AUTONOMIC DRUGS</b>		
<b>ANTICHOLINERGIC AGENTS</b>		
ATROVENT HFA AER 17MCG	1	
BEVESPI AER 9-4.8MCG	1	QL
QL 10.70 each per 30 day(s)		
BREZTRI AERO AER SPHERE	1	QL
QL 10.70 each per 30 day(s)		
COMBIVENT AER 20-100	1	QL
QL 8 each per 30 day(s)		
<i>dicyclomine capsule 10mg</i>	1	QL
QL 240 each per 30 day(s)		
<i>dicyclomine solution 10mg/5ml</i>	1	QL
QL 2400 milliliter(s) 30 day(s)		
<i>dicyclomine tablet 20mg</i>	1	QL
QL 240 each per 30 day(s)		
<i>diphen/atrop liq 2.5/5</i>	1	
<i>diphen/atrop tablet 2.5mg</i>	1	
<i>glycopyrrol tablet 1mg</i>	1	
<i>glycopyrrol tablet 2mg</i>	1	
<i>glycopyrrola solution 1mg/5ml</i>	1	
<i>ipratropium solution 0.02%inh</i>	1	BvsD
<i>ipratropium/ solution albuter</i>	1	BvsD
<i>methscopolam tablet 2.5mg</i>	1	
<i>methscopolam tablet 5mg</i>	1	
<i>scopolamine dis 1mg/3day</i>	1	QL
QL 10 each per 28 day(s)		
SPIRIVA AER 1.25MCG	1	QL
QL 4 each per 30 day(s)		
SPIRIVA CAPSULE HANDIHLR	1	QL
QL 30 each per 30 day(s)		
SPIRIVA SPR 2.5MCG	1	QL
QL 4 each per 30 day(s)		
STIOLTO AER 2.5-2.5	1	QL
QL 4 each per 30 day(s)		

Drug	Tier	Requirements /Limits
TRELEGY AER ELLIPTA	1	QL
QL 60 each per 30 day(s)		
TRELEGY AER ELLIPTA	1	QL
QL 60 each per 30 day(s)		
<b>AUTONOMIC DRUGS, MISCELLANEOUS</b>		
CHANTIX PACKET 1MG	1	QL
QL 336 each per 365 day(s)		
NICOTROL INH	1	QL
QL 1344 each per 30 day(s)		
NICOTROL NS SPR 10MG/ML	1	QL
QL 360 milliliter(s) 30 day(s)		
<i>varenicline packet 0.5x1mg</i>	1	QL
QL 106 each per 365 day(s)		
<i>varenicline tablet 0.5mg</i>	1	QL
QL 336 each per 365 day(s)		
<i>varenicline tablet 1mg</i>	1	QL
QL 336 each per 365 day(s)		
<b>PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS</b>		
<i>bethanechol tablet 10mg</i>	1	
<i>bethanechol tablet 25mg</i>	1	
<i>bethanechol tablet 50mg</i>	1	
<i>bethanechol tablet 5mg</i>	1	
CEVIMELINE CAPSULE 30MG	1	
<i>donepezil tablet 10mg</i>	1	
<i>donepezil tablet 10mg odt</i>	1	
<i>donepezil tablet 23mg</i>	1	
<i>donepezil tablet 5mg</i>	1	
<i>donepezil tablet 5mg odt</i>	1	
<i>galantamine capsule 16mg er</i>	1	
<i>galantamine capsule 24mg er</i>	1	
<i>galantamine capsule 8mg er</i>	1	
<i>galantamine solution 4mg/ml</i>	1	
<i>galantamine tablet 12mg</i>	1	
<i>galantamine tablet 4mg</i>	1	
<i>galantamine tablet 8mg</i>	1	
<i>pilocarpine tablet 5mg</i>	1	
<i>pilocarpine tablet 7.5mg</i>	1	

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Drug	Tier	Requirements /Limits
<i>pyridostigm tablet 60mg</i>	1	
<i>pyridostigmi solution 60mg/5ml</i>	1	
<i>pyridostigmi tablet 30mg</i>	1	
<i>pyridostigmi tablet er 180mg</i>	1	
<i>rivastigmine capsule 1.5mg</i>	1	
<i>rivastigmine capsule 3mg</i>	1	
<i>rivastigmine capsule 4.5mg</i>	1	
<i>rivastigmine capsule 6mg</i>	1	
RIVASTIGMINE DIS 13.3/24	1	
<i>rivastigmine dis 4.6mg/24</i>	1	
<i>rivastigmine dis 9.5mg/24</i>	1	
<b>SKELETAL MUSCLE RELAXANTS</b>		
<i>baclofen tablet 10mg</i>	1	
<i>baclofen tablet 20mg</i>	1	
<i>baclofen tablet 5mg</i>	1	
<i>carisoprodol tablet 350mg</i>	1	QL
QL 120 each per 30 day(s)		
<i>cyclobenzapr tablet 10mg</i>	1	
<i>cyclobenzapr tablet 5mg</i>	1	
<i>cyclobenzapr tablet 7.5mg</i>	1	
<i>dantrolene capsule 100mg</i>	1	
<i>dantrolene capsule 25mg</i>	1	
<i>dantrolene capsule 50mg</i>	1	
<i>metaxalone tablet 400mg</i>	1	
<i>metaxalone tablet 800mg</i>	1	
<i>methocarbam tablet 500mg</i>	1	
<i>methocarbam tablet 750mg</i>	1	
<i>tizanidine capsule 2mg</i>	1	QL; ST
QL 540 each per 30 day(s)		
<i>tizanidine capsule 4mg</i>	1	QL; ST
QL 270 each per 30 day(s)		
<i>tizanidine capsule 6mg</i>	1	QL; ST
QL 180 each per 30 day(s)		
<i>tizanidine tablet 2mg</i>	1	QL
QL 540 each per 30 day(s)		
<i>tizanidine tablet 4mg</i>	1	QL
QL 270 each per 30 day(s)		

Drug	Tier	Requirements /Limits
<b>SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS</b>		
<i>alfuzosin tablet 10mg er</i>	1	QL
QL 30 each per 30 day(s)		
DIHYDROERGOT SPR 4MG/ML	1	PA
<i>ergoloid mes tablet 1mg oral</i>	1	QL
QL 90 each per 30 day(s)		
<i>phenoxybenza capsule 10mg</i>	1	QL; PA
QL 3600 each per 30 day(s)		
<i>silodosin capsule 4mg</i>	1	QL
QL 30 each per 30 day(s)		
<i>silodosin capsule 8mg</i>	1	QL
QL 30 each per 30 day(s)		
<i>tamsulosin capsule 0.4mg</i>	1	QL
QL 60 each per 30 day(s)		
<b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS</b>		
ALBUTEROL AER HFA	1	QL
QL 36 each per 30 day(s)		
<i>albuterol aer hfa</i>	1	QL
QL 13.40 each per 30 day(s)		
ALBUTEROL AER HFA	1	QL
QL 17 each per 30 day(s)		
<i>albuterol neb 0.083%</i>	1	BvsD
<i>albuterol neb 0.5%</i>	1	BvsD
<i>albuterol neb 0.63mg/3</i>	1	BvsD
<i>albuterol neb 1.25mg/3</i>	1	BvsD
<i>albuterol syrup 2mg/5ml</i>	1	
<i>albuterol tablet 2mg</i>	1	
<i>albuterol tablet 4mg</i>	1	
<i>arformoterol neb 15/2ml</i>	1	QL; BvsD
QL 120 milliliter(s) 30 day(s)		
<i>droxidopa capsule 100mg</i>	1	QL; PA
QL 180 each per 30 day(s)		
<i>droxidopa capsule 200mg</i>	1	QL; PA
QL 180 each per 30 day(s)		
<i>droxidopa capsule 300mg</i>	1	QL; PA
QL 180 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
EPINEPHRINE INJECTABLE 0.15MG	1	
EPINEPHRINE INJECTABLE 0.15MG	1	
EPINEPHRINE INJECTABLE 0.3MG	1	
<i>flutic/salme aer 100/50</i> QL 60 each per 30 day(s)	1	QL
<i>flutic/salme aer 250/50</i> QL 60 each per 30 day(s)	1	QL
<i>flutic/salme aer 500/50</i> QL 60 each per 30 day(s)	1	QL
FLUTIC/SALME INH 113/14 QL 1 each per 30 day(s)	1	QL
FLUTIC/SALME INH 232/14 QL 1 each per 30 day(s)	1	QL
FLUTIC/SALME INH 55/14 QL 1 each per 30 day(s)	1	QL
<i>formoterol neb 20/2ml</i>	1	BvsD
LEVALBUTEROL AER 45/ACT	1	
LEVALBUTEROL NEB 0.31MG	1	BvsD
LEVALBUTEROL NEB 0.63MG	1	BvsD
<i>levalbuterol neb 1.25/0.5</i>	1	BvsD
<i>levalbuterol neb 1.25mg</i>	1	BvsD
LUCEMYRA TABLET 0.18MG QL 150 each per 30 day(s)	1	QL; PA
<i>midodrine tablet 10mg</i>	1	
<i>midodrine tablet 2.5mg</i>	1	
<i>midodrine tablet 5mg</i>	1	
SEREVENT DIS AER 50MCG QL 60 each per 30 day(s)	1	QL
STRIVERDI AER 2.5MCG QL 4 each per 30 day(s)	1	QL
SYMJEPI INJECTABLE 0.15MG	1	
SYMJEPI INJECTABLE 0.3MG	1	
TERBUTALINE TABLET 2.5MG	1	
TERBUTALINE TABLET 5MG	1	
VENTOLIN HFA AER QL 36 each per 30 day(s)	1	QL

Drug	Tier	Requirements /Limits
<i>wixela inhub aer 100/50</i> QL 60 each per 30 day(s)	1	QL
<i>wixela inhub aer 250/50</i> QL 60 each per 30 day(s)	1	QL
<i>wixela inhub aer 500/50</i> QL 60 each per 30 day(s)	1	QL
<b>BLOOD FORMATION, COAGULATION, AND</b>		
<b>ANTIANEMIA DRUGS</b>		
<i>blisovi fe tablet 1.5/30</i>	1	
<i>hailey 24 tablet fe</i>	1	
<i>junel fe tablet 1.5/30</i>	1	
<i>junel fe tablet 1/20</i>	1	
<i>junel fe 24 tablet 1/20</i>	1	
LO LOESTRIN TABLET 1-10-10	1	
<i>loestrin fe tablet 1.5/30</i>	1	
<i>loestrin fe tablet 1/20</i>	1	
<i>microgestin tablet fe 1/20</i>	1	
<i>microgestin tablet fe 1.5/30</i>	1	
<i>tarina 24 fe tablet</i>	1	
<i>tilia fe tablet</i>	1	
<i>tri-legest tablet fe</i>	1	
<b>ANTIHEMORRHAGIC AGENTS</b>		
TRANEX ACID TABLET 650MG QL 30 each per 30 day(s)	1	QL
<b>ANTITHROMBOTIC AGENTS</b>		
<i>anagrelide capsule 0.5mg</i>	1	
<i>anagrelide capsule 1mg</i>	1	
BRILINTA TABLET 60MG QL 60 each per 30 day(s)	1	QL
BRILINTA TABLET 90MG QL 60 each per 30 day(s)	1	QL
CABLIVI KIT 11MG QL 31 each per 30 day(s)	1	QL; PA
<i>cilostazol tablet 100mg</i>	1	
<i>cilostazol tablet 50mg</i>	1	
<i>clopidogrel tablet 75mg</i> QL 30 each per 30 day(s)	1	QL

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
ELIQUIS TABLET 2.5MG QL 60 each per 30 day(s)	1	QL	<i>prasugrel tablet 10mg</i> QL 30 each per 30 day(s)	1	QL
ELIQUIS TABLET 5MG QL 74 each per 30 day(s)	1	QL	<i>prasugrel tablet 5mg</i> QL 30 each per 30 day(s)	1	QL
ELIQUIS ST P TABLET 5MG QL 74 each per 180 day(s)	1	QL	SAVAYSA TABLET 15MG QL 30 each per 30 day(s)	1	QL
FONDAPARINUX INJECTABLE 10/0.8ML QL 30 milliliter(s) 30 day(s)	1	QL	SAVAYSA TABLET 30MG QL 30 each per 30 day(s)	1	QL
FONDAPARINUX INJECTABLE 2.5/0.5 QL 30 each per 30 day(s)	1	QL	SAVAYSA TABLET 60MG QL 30 each per 30 day(s)	1	QL
FONDAPARINUX INJECTABLE 5/0.4ML QL 30 milliliter(s) 30 day(s)	1	QL	<i>warfarin tablet 10mg</i> 1	1	
FONDAPARINUX INJECTABLE 7.5/0.6 QL 30 each per 30 day(s)	1	QL	<i>warfarin tablet 1mg</i> 1	1	
<i>heparin sod injectable 1000/ml</i> 1	1		<i>warfarin tablet 2.5mg</i> 1	1	
<i>heparin sod injectable 10000/ml</i> 1	1		<i>warfarin tablet 2mg</i> 1	1	
<i>heparin sod injectable 20000/ml</i> 1	1		<i>warfarin tablet 3mg</i> 1	1	
<i>heparin sod injectable 5000/ml</i> 1	1		<i>warfarin tablet 4mg</i> 1	1	
<i>jantoven tablet 10mg</i> 1	1		<i>warfarin tablet 5mg</i> 1	1	
<i>jantoven tablet 1mg</i> 1	1		<i>warfarin tablet 6mg</i> 1	1	
<i>jantoven tablet 2.5mg</i> 1	1		<i>warfarin tablet 7.5mg</i> 1	1	
<i>jantoven tablet 2mg</i> 1	1		XARELTO SUSPENSION 1MG/ML QL 600 milliliter(s) 30 day(s)	1	QL
<i>jantoven tablet 3mg</i> 1	1		XARELTO TABLET 10MG QL 30 each per 30 day(s)	1	QL
<i>jantoven tablet 4mg</i> 1	1		XARELTO TABLET 15MG QL 42 each per 30 day(s)	1	QL
<i>jantoven tablet 5mg</i> 1	1		XARELTO TABLET 2.5MG QL 60 each per 30 day(s)	1	QL
<i>jantoven tablet 6mg</i> 1	1		XARELTO TABLET 20MG QL 30 each per 30 day(s)	1	QL
<i>jantoven tablet 7.5mg</i> 1	1		XARELTO STAR TABLET 15/20MG QL 102 each per 365 day(s)	1	QL
PRADAXA CAPSULE 110MG QL 60 each per 30 day(s)	1	QL	ZONTIVITY TABLET 2.08MG QL 30 each per 30 day(s)	1	QL
PRADAXA CAPSULE 150MG QL 60 each per 30 day(s)	1	QL	<b>BLOOD FORMATION, COAGULATION, AND THROMBOSIS AGENTS, MISCELLANEOUS</b>		
PRADAXA CAPSULE 75MG QL 60 each per 30 day(s)	1	QL	OXBRYTA TABLET 300MG QL 150 each per 30 day(s)	1	QL; PA

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Drug	Tier	Requirements /Limits
<b>BLOOD FORMATION, COAGULATION, AND THROMBOSIS AGENTS; MISCELLANEOUS</b>		
OXBRYTA TABLET 500MG	1	QL; PA QL 90 each per 30 day(s)
TAVALISSE TABLET 100MG	1	QL; PA QL 60 each per 30 day(s)
TAVALISSE TABLET 150MG	1	QL; PA QL 60 each per 30 day(s)
<b>HEMATOPOIETIC AGENTS</b>		
ARANESP INJECTABLE 100MCG	1	BvsD
ARANESP INJECTABLE 100MCG	1	BvsD
ARANESP INJECTABLE 10MCG	1	BvsD
ARANESP INJECTABLE 150MCG	1	BvsD
ARANESP INJECTABLE 200MCG	1	BvsD
ARANESP INJECTABLE 200MCG	1	BvsD
ARANESP INJECTABLE 25MCG	1	BvsD
ARANESP INJECTABLE 25MCG	1	BvsD
ARANESP INJECTABLE 300MCG	1	BvsD
ARANESP INJECTABLE 40MCG	1	BvsD
ARANESP INJECTABLE 40MCG	1	BvsD
ARANESP INJECTABLE 500MCG	1	BvsD
ARANESP INJECTABLE 60MCG	1	BvsD
ARANESP INJECTABLE 60MCG	1	BvsD
DOPTELET TABLET 20MG	1	QL; PA QL 10 each per 30 day(s)
DOPTELET TABLET 20MG	1	QL; PA QL 15 each per 30 day(s)
DOPTELET TABLET 20MG	1	QL; PA QL 60 each per 30 day(s)
EPOGEN INJECTABLE 10000/ML	1	BvsD
EPOGEN INJECTABLE 2000/ML	1	BvsD
EPOGEN INJECTABLE 20000/ML	1	BvsD
EPOGEN INJECTABLE 3000/ML	1	BvsD
EPOGEN INJECTABLE 4000/ML	1	BvsD
FULPHILA INJECTABLE 6/0.6ML	1	PA
GRANIX INJECTABLE 300/0.5	1	BvsD
GRANIX INJECTABLE 300/1ML	1	BvsD

Drug	Tier	Requirements /Limits
GRANIX INJECTABLE 480/0.8	1	BvsD
GRANIX INJECTABLE 480/1.6	1	BvsD
LEUKINE INJECTABLE 250MCG	1	BvsD
MULPLETA TABLET 3MG	1	QL; PA QL 7 each per 30 day(s)
NEULASTA INJECTABLE 6MG/0.6M	1	PA
NEUPOGEN INJECTABLE 300/0.5	1	PA
NEUPOGEN INJECTABLE 300MCG	1	PA
NEUPOGEN INJECTABLE 480/0.8	1	PA
NEUPOGEN INJECTABLE 480MCG	1	PA
NIVESTYM INJECTABLE 300/0.5	1	PA
NIVESTYM INJECTABLE 480/0.8	1	PA
NYVEPRIA INJECTABLE 6/0.6ML	1	PA
PROMACTA PACKET 25MG	1	QL; PA QL 90 each per 30 day(s)
PROMACTA POW 12.5MG	1	QL; PA QL 180 each per 30 day(s)
PROMACTA TABLET 12.5MG	1	QL; PA QL 30 each per 30 day(s)
PROMACTA TABLET 25MG	1	QL; PA QL 30 each per 30 day(s)
PROMACTA TABLET 50MG	1	QL; PA QL 30 each per 30 day(s)
PROMACTA TABLET 75MG	1	QL; PA QL 30 each per 30 day(s)
RETACRIT INJECTABLE 10000UNT	1	BvsD
RETACRIT INJECTABLE 20000UNI	1	BvsD

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
RETACRIT INJECTABLE 2000UNIT	1	BvsD	<i>prazosin hcl capsule 1mg</i>	1	
RETACRIT INJECTABLE 3000UNIT	1	BvsD	<i>prazosin hcl capsule 2mg</i>	1	
RETACRIT INJECTABLE 40000UNT	1	BvsD	<i>prazosin hcl capsule 5mg</i>	1	
RETACRIT INJECTABLE 4000UNIT	1	BvsD	<i>terazosin capsule 10mg</i>	1	QL
UDENYCA INJECTABLE 6MG/.6ML	1	PA	QL 60 each per 30 day(s)		
ZARXIO INJECTABLE 300/0.5	1	PA	<i>terazosin capsule 1mg</i>	1	QL
ZARXIO INJECTABLE 480/0.8	1	PA	QL 60 each per 30 day(s)		
ZIEXTENZO INJECTABLE 6/0.6ML	1	PA	<i>terazosin capsule 2mg</i>	1	QL
<b>HEMORRHOLOGIC AGENTS</b>			QL 60 each per 30 day(s)		
<i>pentoxifylli tablet 400mg er</i>	1		<i>terazosin capsule 5mg</i>	1	QL
<b>BLOOD FORMATION, COAGULATION AND</b>			QL 60 each per 30 day(s)		
<b>ANTITHROMBOTIC AGENTS</b>			<b>ANTILIPEMIC AGENTS</b>		
ENOXAPARIN INJECTABLE 100MG/ML	1		ALTOPREV TABLET 20MG ER	1	QL
ENOXAPARIN INJECTABLE 120/0.8	1		QL 30 each per 30 day(s)		
ENOXAPARIN INJECTABLE 150MG/ML	1		ALTOPREV TABLET 40MG ER	1	QL
ENOXAPARIN INJECTABLE 30/0.3ML	1		QL 30 each per 30 day(s)		
ENOXAPARIN INJECTABLE 40/0.4ML	1		ALTOPREV TABLET 60MG ER	1	QL
ENOXAPARIN INJECTABLE 60/0.6ML	1		QL 30 each per 30 day(s)		
ENOXAPARIN INJECTABLE 80/0.8ML	1		<i>amlod/atorva tablet 10-10mg</i>	1	QL; ST
<b>CARDIOVASCULAR DRUGS</b>			QL 30 each per 30 day(s)		
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>			<i>amlod/atorva tablet 10-20mg</i>	1	QL; ST
<i>doxazosin tablet 1mg</i>	1	QL	QL 30 each per 30 day(s)		
QL 60 each per 30 day(s)			<i>amlod/atorva tablet 10-40mg</i>	1	QL; ST
<i>doxazosin tablet 2mg</i>	1	QL	QL 30 each per 30 day(s)		
QL 60 each per 30 day(s)			<i>amlod/atorva tablet 10-80mg</i>	1	QL; ST
<i>doxazosin tablet 4mg</i>	1	QL	QL 30 each per 30 day(s)		
QL 60 each per 30 day(s)			<i>amlod/atorva tablet 2.5-10mg</i>	1	QL; ST
<i>doxazosin tablet 8mg</i>	1	QL	QL 30 each per 30 day(s)		
QL 60 each per 30 day(s)			<i>amlod/atorva tablet 2.5-20mg</i>	1	QL; ST
			QL 30 each per 30 day(s)		
			<i>amlod/atorva tablet 5-20mg</i>	1	QL; ST
			QL 30 each per 30 day(s)		
			<i>amlod/atorva tablet 5-40mg</i>	1	QL; ST
			QL 30 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
<i>amlod/atorva tablet 5-80mg</i> QL 30 each per 30 day(s)	1	QL; ST
<i>atorvastatin tablet 10mg</i> QL 30 each per 30 day(s)	1	QL
<i>atorvastatin tablet 20mg</i> QL 30 each per 30 day(s)	1	QL
<i>atorvastatin tablet 40mg</i> QL 30 each per 30 day(s)	1	QL
<i>atorvastatin tablet 80mg</i> QL 30 each per 30 day(s)	1	QL
<i>cholestyram pow 4gm</i> QL 720 each per 30 day(s)	1	QL
<i>cholestyram pow 4gm lite</i> QL 1195 each per 30 day(s)	1	QL
COLESEVELAM PACKET 3.75 QL 180 each per 30 day(s)	1	QL
<i>colesevelam tablet 625mg</i> QL 180 each per 30 day(s)	1	QL
COLESTIPOL GRA 5GM QL 900 each per 30 day(s)	1	QL
COLESTIPOL TABLET 1GM QL 480 each per 30 day(s)	1	QL
<i>ezetim/simva tablet 10-10mg</i> QL 30 each per 30 day(s)	1	QL; ST
<i>ezetim/simva tablet 10-20mg</i> QL 30 each per 30 day(s)	1	QL; ST
<i>ezetim/simva tablet 10-40mg</i> QL 30 each per 30 day(s)	1	QL; ST
<i>ezetim/simva tablet 10-80mg</i> QL 30 each per 30 day(s)	1	QL; ST
<i>ezetimibe tablet 10mg</i> QL 30 each per 30 day(s)	1	QL
<i>fenofibrate capsule 130mg</i> QL 30 each per 30 day(s)	1	QL
<i>fenofibrate capsule 134mg</i> QL 30 each per 30 day(s)	1	QL
FENOFIBRATE CAPSULE 150MG QL 30 each per 30 day(s)	1	QL

Drug	Tier	Requirements /Limits
<i>fenofibrate capsule 200mg</i> QL 30 each per 30 day(s)	1	QL
FENOFIBRATE CAPSULE 43MG QL 30 each per 30 day(s)	1	QL
FENOFIBRATE CAPSULE 50MG QL 30 each per 30 day(s)	1	QL
<i>fenofibrate capsule 67mg</i> QL 30 each per 30 day(s)	1	QL
FENOFIBRATE TABLET 120MG QL 30 each per 30 day(s)	1	QL
<i>fenofibrate tablet 145mg</i> QL 30 each per 30 day(s)	1	QL
<i>fenofibrate tablet 160mg</i> QL 30 each per 30 day(s)	1	QL
FENOFIBRATE TABLET 40MG QL 30 each per 30 day(s)	1	QL
<i>fenofibrate tablet 48mg</i> QL 30 each per 30 day(s)	1	QL
<i>fenofibrate tablet 54mg</i> QL 30 each per 30 day(s)	1	QL
<i>fenofibric capsule 135mg dr</i> QL 30 each per 30 day(s)	1	QL
<i>fenofibric capsule 45mg dr</i> QL 30 each per 30 day(s)	1	QL
<i>fluvastatin capsule 20mg</i> QL 120 each per 30 day(s)	1	QL
<i>fluvastatin capsule 40mg</i> QL 60 each per 30 day(s)	1	QL
FLUVASTATIN TABLET 80MG ER QL 30 each per 30 day(s)	1	QL
<i>gemfibrozil tablet 600mg</i> QL 60 each per 30 day(s)	1	QL
<i>icosapent capsule 1gm</i> QL 120 each per 30 day(s)	1	QL
JUXTAPID CAPSULE 10MG QL 90 each per 30 day(s)	1	QL; PA

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Drug	Tier	Requirements /Limits
JUXTAPID CAPSULE 20MG QL 90 each per 30 day(s)	1	QL; PA
JUXTAPID CAPSULE 30MG QL 90 each per 30 day(s)	1	QL; PA
JUXTAPID CAPSULE 5MG QL 90 each per 30 day(s)	1	QL; PA
LIVALO TABLET 1MG QL 30 each per 30 day(s)	1	QL; ST
LIVALO TABLET 2MG QL 30 each per 30 day(s)	1	QL; ST
LIVALO TABLET 4MG QL 30 each per 30 day(s)	1	QL; ST
<i>lovastatin tablet 10mg</i> QL 60 each per 30 day(s)	1	QL
<i>lovastatin tablet 20mg</i> QL 60 each per 30 day(s)	1	QL
<i>lovastatin tablet 40mg</i> QL 60 each per 30 day(s)	1	QL
NEXLETOL TABLET 180MG QL 30 each per 30 day(s)	1	QL; PA
NEXLIZET TABLET 180/10MG QL 30 each per 30 day(s)	1	QL; PA
<i>niacin er tablet 1000mg</i> QL 120 each per 30 day(s)	1	QL
<i>niacin er tablet 500mg</i> QL 120 each per 30 day(s)	1	QL
<i>niacin er tablet 750mg</i> QL 120 each per 30 day(s)	1	QL
<i>omega-3-acid capsule 1gm</i> QL 120 each per 30 day(s)	1	QL
<i>pravastatin tablet 10mg</i> QL 90 each per 30 day(s)	1	QL
<i>pravastatin tablet 20mg</i> QL 90 each per 30 day(s)	1	QL
<i>pravastatin tablet 40mg</i> QL 30 each per 30 day(s)	1	QL
<i>pravastatin tablet 80mg</i> QL 30 each per 30 day(s)	1	QL

Drug	Tier	Requirements /Limits
<i>prevalite pow 4gm pk</i> QL 1195 each per 30 day(s)	1	QL
REPATHA INJECTABLE 140MG/ML QL 3 milliliter(s) 30 day(s)	1	QL; PA
REPATHA PUSH INJECTABLE 420/3.5 QL 3.50 each per 30 day(s)	1	QL; PA
REPATHA SURE INJECTABLE 140MG/ML QL 3 milliliter(s) 30 day(s)	1	QL; PA
<i>rosuvastatin tablet 10mg</i> QL 30 each per 30 day(s)	1	QL
<i>rosuvastatin tablet 20mg</i> QL 30 each per 30 day(s)	1	QL
<i>rosuvastatin tablet 40mg</i> QL 30 each per 30 day(s)	1	QL
<i>rosuvastatin tablet 5mg</i> QL 30 each per 30 day(s)	1	QL
<i>simvastatin tablet 10mg</i> QL 90 each per 30 day(s)	1	QL
<i>simvastatin tablet 20mg</i> QL 90 each per 30 day(s)	1	QL
<i>simvastatin tablet 40mg</i> QL 30 each per 30 day(s)	1	QL
<i>simvastatin tablet 5mg</i> QL 30 each per 30 day(s)	1	QL
<i>simvastatin tablet 80mg</i> QL 30 each per 30 day(s)	1	QL
VASCEPA CAPSULE 0.5GM QL 240 each per 30 day(s)	1	QL
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>acebutolol capsule 200mg</i> QL 120 each per 30 day(s)	1	QL
<i>acebutolol capsule 400mg</i> QL 90 each per 30 day(s)	1	QL
<i>atenol/chlor tablet 100-25mg</i>	1	

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Drug	Tier Requirements /Limits
atenol/chlor tablet 50-25mg	1
atenolol tablet 100mg	1
atenolol tablet 25mg	1
atenolol tablet 50mg	1
betaxolol tablet 10mg	1
betaxolol tablet 20mg	1
bisoprl/hctz tablet 10/6.25	1
bisoprl/hctz tablet 2.5/6.25	1
bisoprl/hctz tablet 5-6.25mg	1
bisoprol fum tablet 10mg	1
bisoprol fum tablet 5mg	1
carteolol solution 1% op	1
carvedilol capsule 10mg er	1
CARVEDILOL CAPSULE 20MG ER	1
CARVEDILOL CAPSULE 40MG ER	1
CARVEDILOL CAPSULE 80MG ER	1
carvedilol tablet 12.5mg	1
carvedilol tablet 25mg	1
carvedilol tablet 3.125mg	1
carvedilol tablet 6.25mg	1
labetalol tablet 100mg	1
labetalol tablet 200mg	1
labetalol tablet 300mg	1
metoprl/hctz tablet 100-25mg	1
metoprl/hctz tablet 100-50mg	1
metoprl/hctz tablet 50-25mg	1
metoprol suc tablet 100mg er	1
metoprol suc tablet 200mg er	1
metoprol suc tablet 25mg er	1
metoprol suc tablet 50mg er	1
metoprol tar tablet 100mg	1
metoprol tar tablet 25mg	1
metoprol tar tablet 37.5mg	1
metoprol tar tablet 50mg	1
metoprol tar tablet 75mg	1
nadolol tablet 20mg	1
nadolol tablet 40mg	1

Drug	Tier Requirements /Limits
nadolol tablet 80mg	1
nebivolol tablet 10mg	1 QL
QL 120 each per 30 day(s)	
nebivolol tablet 2.5mg	1 QL
QL 90 each per 30 day(s)	
nebivolol tablet 20mg	1 QL
QL 90 each per 30 day(s)	
nebivolol tablet 5mg	1 QL
QL 90 each per 30 day(s)	
pindolol tablet 10mg	1
pindolol tablet 5mg	1
propranolol capsule 120mg er	1
propranolol capsule 160mg er	1
propranolol capsule 60mg er	1
propranolol capsule 80mg er	1
propranolol solution 20mg/5ml	1
propranolol solution 40mg/5ml	1
propranolol tablet 10mg	1
propranolol tablet 20mg	1
propranolol tablet 40mg	1
propranolol tablet 60mg	1
propranolol tablet 80mg	1
sorine tablet 120mg	1
sorine tablet 160mg	1
sorine tablet 240mg	1
sorine tablet 80mg	1
sotalol af tablet 120mg	1
sotalol af tablet 160mg	1
sotalol af tablet 80mg	1
sotalol hcl tablet 120mg	1
sotalol hcl tablet 160mg	1
sotalol hcl tablet 240mg	1
sotalol hcl tablet 80mg	1
timolol mal tablet 10mg	1
timolol mal tablet 20mg	1

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Drug	Tier Requirements /Limits
<i>timolol mal tablet 5mg</i>	1
<b>CALCIUM-CHANNEL BLOCKING AGENTS</b>	
<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
<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>	1
<i>amlodipine tablet 2.5mg</i>	1
<i>amlodipine tablet 5mg</i>	1
<i>cartia xt capsule 120/24hr</i>	1
<i>cartia xt capsule 180/24hr</i>	1
<i>cartia xt capsule 240/24hr</i>	1
<i>cartia xt capsule 300/24hr</i>	1
<i>dilt-xr capsule 120mg</i>	1
<i>dilt-xr capsule 180mg</i>	1
<i>dilt-xr capsule 240mg</i>	1
<i>diltiazem capsule 120mg er</i>	1
<i>diltiazem capsule 120mg er</i>	1
<i>diltiazem capsule 180mg er</i>	1
<i>diltiazem capsule 240mg er</i>	1
<i>diltiazem capsule 300mg er</i>	1
DILTIAZEM CAPSULE 360MG ER	1
DILTIAZEM CAPSULE 420MG/24	1
<i>diltiazem capsule 60mg er</i>	1
<i>diltiazem capsule 90mg er</i>	1
<i>diltiazem tablet 120mg</i>	1
<i>diltiazem tablet 30mg</i>	1

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

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Drug	Tier Requirements /Limits
OLM MED/AMLO TABLET /HCTZ	1
<i>olm med/amlo tablet /hctz</i>	1
<i>taztia xt capsule 120mg/24</i>	1
<i>taztia xt capsule 180mg/24</i>	1
<i>taztia xt capsule 240mg/24</i>	1
<i>taztia xt capsule 300mg er</i>	1
<i>taztia xt capsule 360mg/24</i>	1
<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>	1
<i>tiadylt capsule 180mg/24</i>	1
<i>tiadylt capsule 240mg/24</i>	1
<i>tiadylt capsule 300mg/24</i>	1
<i>tiadylt capsule 420mg/24</i>	1
<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	1
VERAPAMIL CAPSULE 120MG SR	1
VERAPAMIL CAPSULE 180MG SR	1
VERAPAMIL CAPSULE 200MG ER	1
VERAPAMIL CAPSULE 240MG SR	1
VERAPAMIL CAPSULE 300MG ER	1
VERAPAMIL CAPSULE 360MG SR	1
<i>verapamil tablet 120mg</i>	1
<i>verapamil tablet 120mg er</i>	1
<i>verapamil tablet 180mg er</i>	1
<i>verapamil tablet 240mg er</i>	1
<i>verapamil tablet 40mg</i>	1
<i>verapamil tablet 80mg</i>	1
<b>CARDIAC DRUGS</b>	
<i>amiodarone tablet 100mg</i>	1
<i>amiodarone tablet 200mg</i>	1
<i>amiodarone tablet 400mg</i>	1

Drug	Tier Requirements /Limits
CORLANOR SOLUTION	1 QL; ST
5MG/5ML	
QL 450 milliliter(s) 30 day(s)	
CORLANOR TABLET 5MG	1 QL; ST
QL 60 each per 30 day(s)	
CORLANOR TABLET 7.5MG	1 QL; ST
QL 60 each per 30 day(s)	
<i>digitek tablet 0.125mg</i>	1
<i>digitek tablet 0.25mg</i>	1
<i>digox tablet 0.125mg</i>	1
<i>digox tablet 0.25mg</i>	1
DIGOXIN SOLUTION	1
50MCG/ML	
<i>digoxin tablet 0.0625mg</i>	1
<i>digoxin tablet 0.125mg</i>	1
<i>digoxin tablet 0.25mg</i>	1
<i>dofetilide capsule 125mcg</i>	1
<i>dofetilide capsule 250mcg</i>	1
<i>dofetilide capsule 500mcg</i>	1
<i>flecainide tablet 100mg</i>	1
<i>flecainide tablet 150mg</i>	1
<i>flecainide tablet 50mg</i>	1
<i>mexiletine capsule 150mg</i>	1
<i>mexiletine capsule 200mg</i>	1
<i>mexiletine capsule 250mg</i>	1
MULTAQ TABLET 400MG	1
NORPACE CAPSULE 100MG CR	1
NORPACE CAPSULE 150MG CR	1
<i>pacerone tablet 100mg</i>	1
<i>pacerone tablet 200mg</i>	1
<i>pacerone tablet 400mg</i>	1
<i>propafenone capsule 225mg</i>	1
<i>er</i>	
<i>propafenone capsule 325mg</i>	1
<i>er</i>	
<i>propafenone capsule 425mg</i>	1
<i>er</i>	

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Drug	Tier	Requirements /Limits
<i>propafenone tablet 150mg</i>	1	
<i>propafenone tablet 225mg</i>	1	
<i>propafenone tablet 300mg</i>	1	
<i>quinidine su tablet 200mg</i>	1	NM
<i>quinidine su tablet 300mg</i>	1	NM
<i>ranolazine tablet 1000mg</i>	1	QL
QL 120 each per 30 day(s)		
<i>ranolazine tablet 500mg er</i>	1	QL
QL 120 each per 30 day(s)		
VYNDAMAX CAPSULE 61MG	1	QL; PA
QL 30 each per 30 day(s)		
VYNDAQEL CAPSULE 20MG	1	QL; PA
QL 120 each per 30 day(s)		
<b>HYPOTENSIVE AGENTS</b>		
<i>clonidine dis 0.1/24hr</i>	1	
<i>clonidine dis 0.2/24hr</i>	1	
<i>clonidine dis 0.3/24hr</i>	1	
<i>clonidine tablet 0.1mg</i>	1	
<i>clonidine tablet 0.1mg er</i>	1	QL; ST
QL 120 each per 30 day(s)		
<i>clonidine tablet 0.2mg</i>	1	
<i>clonidine tablet 0.3mg</i>	1	
<i>furosemide injectable 100/10ml</i>	1	
<i>hydralazine tablet 100mg</i>	1	
<i>hydralazine tablet 10mg</i>	1	
<i>hydralazine tablet 25mg</i>	1	
<i>hydralazine tablet 50mg</i>	1	
<i>minoxidil tablet 10mg</i>	1	
<i>minoxidil tablet 2.5mg</i>	1	
NYMALIZE SOLUTION	1	QL
QL 1800 each per 30 day(s)		
<b>RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS</b>		
ALDACTAZIDE TABLET 50/50	1	
ALISKIREN TABLET 150MG	1	QL; ST
QL 30 each per 30 day(s)		
ALISKIREN TABLET 300MG	1	QL; ST
QL 30 each per 30 day(s)		

Drug	Tier	Requirements /Limits
BENAZEP/HCTZ TABLET	1	
10-12.5		
BENAZEP/HCTZ TABLET	1	
20-12.5		
BENAZEP/HCTZ TABLET	1	
20-25MG		
<i>benazep/hctz tablet 5-6.25</i>	1	
<i>benazepril tablet 10mg</i>	1	
<i>benazepril tablet 20mg</i>	1	
<i>benazepril tablet 40mg</i>	1	
<i>benazepril tablet 5mg</i>	1	
<i>candes/hctz tablet 16-12.5</i>	1	
<i>candes/hctz tablet 32-12.5</i>	1	
<i>candes/hctz tablet 32-25mg</i>	1	
CANDESARTAN TABLET 16MG	1	
<i>candesartan tablet 32mg</i>	1	
<i>candesartan tablet 4mg</i>	1	
<i>candesartan tablet 8mg</i>	1	
<i>captopril tablet 100mg</i>	1	
<i>captopril tablet 12.5mg</i>	1	
<i>captopril tablet 25mg</i>	1	
<i>captopril tablet 50mg</i>	1	
EDARBYCLOR TABLET 40-12.5	1	ST
EDARBYCLOR TABLET	1	ST
40-25MG		
<i>enalapr/hctz tablet 10-25mg</i>	1	
<i>enalapr/hctz tablet 5-12.5mg</i>	1	
<i>enalapril tablet 10mg</i>	1	
<i>enalapril tablet 2.5mg</i>	1	
<i>enalapril tablet 20mg</i>	1	
<i>enalapril tablet 5mg</i>	1	
ENTRESTO TABLET 24-26MG	1	QL
QL 60 each per 30 day(s)		
ENTRESTO TABLET 49-51MG	1	QL
QL 60 each per 30 day(s)		
ENTRESTO TABLET 97-103MG	1	QL
QL 60 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
<i>eplerenone tablet 25mg</i>	1	ST
<i>eplerenone tablet 50mg</i>	1	ST
<i>fosinop/hctz tablet 10/12.5</i>	1	
<i>fosinop/hctz tablet 20/12.5</i>	1	
<i>fosinopril tablet 10mg</i>	1	
<i>fosinopril tablet 20mg</i>	1	
<i>fosinopril tablet 40mg</i>	1	
<i>irbesar/hctz tablet 150-12.5</i>	1	
<i>irbesar/hctz tablet 300-12.5</i>	1	
<i>irbesartan tablet 150mg</i>	1	
IRBESARTAN TABLET 300MG	1	
IRBESARTAN TABLET 75MG	1	
KERENDIA TABLET 10MG	1	QL; PA
QL 30 each per 30 day(s)		
KERENDIA TABLET 20MG	1	QL; PA
QL 30 each per 30 day(s)		
<i>lisinop/hctz tablet 10-12.5</i>	1	
<i>lisinop/hctz tablet 20-12.5</i>	1	
<i>lisinop/hctz tablet 20-25mg</i>	1	
<i>lisinopril tablet 10mg</i>	1	
<i>lisinopril tablet 2.5mg</i>	1	
<i>lisinopril tablet 20mg</i>	1	
<i>lisinopril tablet 30mg</i>	1	
<i>lisinopril tablet 40mg</i>	1	
<i>lisinopril tablet 5mg</i>	1	
<i>losartan pot tablet 100mg</i>	1	
<i>losartan pot tablet 25mg</i>	1	
<i>losartan pot tablet 50mg</i>	1	
<i>losartan/hct tablet 100-12.5</i>	1	
<i>losartan/hct tablet 100-25</i>	1	
<i>losartan/hct tablet 50-12.5</i>	1	
<i>moexipril tablet 15mg</i>	1	
<i>moexipril tablet 7.5mg</i>	1	
<i>olm med/hctz tablet 20-12.5</i>	1	
<i>olm med/hctz tablet 40-12.5</i>	1	
<i>olm med/hctz tablet 40-25mg</i>	1	
<i>olmesa medox tablet 20mg</i>	1	

Drug	Tier	Requirements /Limits
<i>olmesa medox tablet 40mg</i>	1	
<i>olmesa medox tablet 5mg</i>	1	
<i>perindopril tablet 2mg</i>	1	
<i>perindopril tablet 4mg</i>	1	
<i>perindopril tablet 8mg</i>	1	
<i>qnapril/hctz tablet 10-12.5</i>	1	
<i>qnapril/hctz tablet 20-12.5</i>	1	
<i>qnapril/hctz tablet 20-25mg</i>	1	
<i>quinapril tablet 10mg</i>	1	
<i>quinapril tablet 20mg</i>	1	
<i>quinapril tablet 40mg</i>	1	
<i>quinapril tablet 5mg</i>	1	
<i>ramipril capsule 1.25mg</i>	1	
<i>ramipril capsule 10mg</i>	1	
<i>ramipril capsule 2.5mg</i>	1	
<i>ramipril capsule 5mg</i>	1	
<i>spirono/hctz tablet 25/25</i>	1	
<i>spironolact tablet 100mg</i>	1	
<i>spironolact tablet 25mg</i>	1	
<i>spironolact tablet 50mg</i>	1	
TEKTURNA HCT TABLET	1	ST
300-12.5		
TEKTURNA HCT TABLET	1	ST
300-25MG		
<i>telmisa/hctz tablet 40-12.5</i>	1	
<i>telmisa/hctz tablet 80-12.5</i>	1	
<i>telmisa/hctz tablet 80-25mg</i>	1	
<i>telmisartan tablet 20mg</i>	1	
<i>telmisartan tablet 40mg</i>	1	
<i>telmisartan tablet 80mg</i>	1	
<i>trandolapril tablet 1mg</i>	1	
<i>trandolapril tablet 2mg</i>	1	
<i>trandolapril tablet 4mg</i>	1	
<i>valsart/hctz tablet 160-12.5</i>	1	
<i>valsart/hctz tablet 160-25mg</i>	1	
<i>valsart/hctz tablet 320-12.5</i>	1	
<i>valsart/hctz tablet 320-25mg</i>	1	

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Drug	Tier	Requirements /Limits
<i>valsart/hctz tablet 80-12.5</i>	1	
<i>valsartan tablet 160mg</i>	1	
<i>valsartan tablet 320mg</i>	1	
<i>valsartan tablet 40mg</i>	1	
<i>valsartan tablet 80mg</i>	1	
<b>VASODILATING AGENTS</b>		
<i>asa/dipyrida capsule 25-200mg</i> QL 60 each per 30 day(s)	1	QL
<i>isosorb din tablet 10mg</i>	1	
<i>isosorb din tablet 20mg</i>	1	
<i>isosorb din tablet 30mg</i>	1	
<i>isosorb din tablet 40mg</i>	1	
<i>isosorb din tablet 5mg</i>	1	
ISOSORB MONO TABLET 10MG	1	
<i>isosorb mono tablet 120mg er</i>	1	
ISOSORB MONO TABLET 20MG	1	
<i>isosorb mono tablet 30mg er</i>	1	
<i>isosorb mono tablet 60mg er</i>	1	
<i>nitro-bid oin 2%</i>	1	
<i>nitroglycer dis 0.1mg/hr</i>	1	
<i>nitroglycer dis 0.2mg/hr</i>	1	
<i>nitroglycer dis 0.4mg/hr</i>	1	
<i>nitroglycer dis 0.6mg/hr</i>	1	
<i>nitroglyceri sub 0.6mg</i>	1	
<i>nitroglycer sub 0.3mg</i>	1	
<i>nitroglycer sub 0.4mg</i>	1	
<i>nitroglycer spr 0.4mg</i>	1	
NITROLINGUAL SPR PUMPSRA	1	
RECTIV OIN 0.4%	1	QL
QL 30 each per 30 day(s)		
<i>sildenafil suspension 10mg/ml</i> QL 180 milliliter(s) 30 day(s)	1	QL; PA
<i>sildenafil tablet 20mg</i> QL 90 each per 30 day(s)	1	QL; PA
<i>tadalafil tablet 20mg</i> QL 60 each per 30 day(s)	1	QL; PA
VERQUVO TABLET 10MG QL 30 each per 30 day(s)	1	QL; PA

Drug	Tier	Requirements /Limits
VERQUVO TABLET 2.5MG QL 30 each per 30 day(s)	1	QL; PA
VERQUVO TABLET 5MG QL 30 each per 30 day(s)	1	QL; PA
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>ANALGESICS AND ANTIPYRETI S</b>		
<i>apap/codeine tablet</i> 300-15mg QL 390 each per 30 day(s)	1	QL; NM
<i>apap/codeine tablet</i> 300-30mg QL 390 each per 30 day(s)	1	QL; NM
<i>apap/codeine tablet</i> 300-60mg QL 390 each per 30 day(s)	1	QL; NM
<i>ascomp/cod capsule 30mg</i> QL 180 each per 30 day(s)	1	QL; NM
BELBUCA MIS 150MCG QL 60 each per 30 day(s)	1	QL; NM
BELBUCA MIS 300MCG QL 60 each per 30 day(s)	1	QL; NM
BELBUCA MIS 450MCG QL 60 each per 30 day(s)	1	QL; NM
BELBUCA MIS 600MCG QL 60 each per 30 day(s)	1	QL; NM
BELBUCA MIS 750MCG QL 60 each per 30 day(s)	1	QL; NM
BELBUCA MIS 75MCG QL 60 each per 30 day(s)	1	QL; NM
BELBUCA MIS 900MCG QL 60 each per 30 day(s)	1	QL; NM
<i>bupren/nalox mis 12-3mg</i> QL 120 each per 30 day(s)	1	QL; NM
<i>bupren/nalox mis 2-0.5mg</i> QL 120 each per 30 day(s)	1	QL; NM
<i>bupren/nalox mis 4-1mg</i> QL 120 each per 30 day(s)	1	QL; NM

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Drug	Tier	Requirements /Limits
<i>bupren/nalox mis 8-2mg</i> QL 120 each per 30 day(s)	1	QL; NM
<i>bupren/nalox sub 2-0.5mg</i> QL 120 each per 30 day(s)	1	QL; NM
<i>bupren/nalox sub 8-2mg</i> QL 120 each per 30 day(s)	1	QL; NM
<i>buprenorphin dis 10mcg/hr</i> QL 4 each per 28 day(s)	1	QL; NM
BUPRENORPHIN DIS 15MCG/HR QL 4 each per 28 day(s)	1	QL; NM
BUPRENORPHIN DIS 20MCG/HR QL 4 each per 28 day(s)	1	QL; NM
BUPRENORPHIN DIS 5MCG/HR QL 4 each per 28 day(s)	1	QL; NM
BUPRENORPHIN DIS 7.5/HR QL 4 each per 28 day(s)	1	QL; NM
<i>buprenorphin sub 2mg</i> QL 210 each per 30 day(s)	1	QL; NM
<i>buprenorphin sub 8mg</i> QL 120 each per 30 day(s)	1	QL; NM
<i>but/apap/caf capsule</i> QL 60 each per 30 day(s)	1	QL; NM
<i>but/apap/caf capsule</i> QL 60 each per 30 day(s)	1	QL; NM
<i>but/apap/caf capsule codeine</i> QL 60 each per 30 day(s)	1	QL; NM
<i>but/apap/caf capsule codeine</i> QL 60 each per 30 day(s)	1	QL; NM
<i>but/apap/caf tablet</i> QL 60 each per 30 day(s)	1	QL; NM
<i>but/asa/caf/ capsule codeine</i> QL 60 each per 30 day(s)	1	QL; NM
<i>but/asa/caff capsule</i> QL 60 each per 30 day(s)	1	QL; NM
<i>butorphanolsolution 10mg/ml</i> QL 25 milliliter(s) 30 day(s)	1	QL; NM
CAMBIA POW 50MG QL 9 each per 30 day(s)	1	QL; ST

Drug	Tier	Requirements /Limits
<i>celecoxib capsule 100mg</i> QL 240 each per 30 day(s)	1	QL
<i>celecoxib capsule 200mg</i> QL 120 each per 30 day(s)	1	QL
<i>celecoxib capsule 400mg</i> QL 60 each per 30 day(s)	1	QL
<i>celecoxib capsule 50mg</i> QL 480 each per 30 day(s)	1	QL
CODEINE SULF TABLET 15MG QL 180 each per 30 day(s)	1	QL; NM
CODEINE SULF TABLET 30MG QL 180 each per 30 day(s)	1	QL; NM
CODEINE SULF TABLET 60MG QL 180 each per 30 day(s)	1	QL; NM
<i>diclofen pot tablet 50mg</i>	1	
<i>diclofenac tablet 100mg er</i>	1	
<i>diclofenac tablet 25mg dr</i>	1	
<i>diclofenac tablet 50mg dr</i>	1	
<i>diclofenac tablet 75mg dr</i>	1	
<i>diflunisal tablet 500mg</i> QL 90 each per 30 day(s)	1	QL
<i>endocet tablet 10-325mg</i> QL 120 each per 30 day(s)	1	QL; NM
<i>endocet tablet 5-325mg</i> QL 120 each per 30 day(s)	1	QL; NM
<i>endocet tablet 7.5-325</i> QL 120 each per 30 day(s)	1	QL; NM
<i>etodolac capsule 200mg</i>	1	
<i>etodolac capsule 300mg</i>	1	
<i>etodolac tablet 400mg</i>	1	
<i>etodolac tablet 500mg</i>	1	
<i>etodolac er tablet 400mg</i> QL 60 each per 30 day(s)	1	QL
<i>etodolac er tablet 500mg</i> QL 60 each per 30 day(s)	1	QL
<i>etodolac er tablet 600mg</i> QL 30 each per 30 day(s)	1	QL

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Drug	Tier	Requirements /Limits
FENOPROFEN CAPSULE 400MG	1	
<i>fenoprofen tablet 600mg</i>	1	
<i>fantanyl dis 100mcg/h</i> QL 10 each per 30 day(s)	1	QL; PA; NM
<i>fantanyl dis 12mcg/hr</i> QL 10 each per 30 day(s)	1	QL; PA; NM
<i>fantanyl dis 25mcg/hr</i> QL 10 each per 30 day(s)	1	QL; PA; NM
<i>fantanyl dis 50mcg/hr</i> QL 10 each per 30 day(s)	1	QL; PA; NM
<i>fantanyl dis 75mcg/hr</i> QL 10 each per 30 day(s)	1	QL; PA; NM
FENTANYL CIT TABLET 100MCG QL 120 each per 30 day(s)	1	QL; PA
FENTANYL CIT TABLET 200MCG QL 120 each per 30 day(s)	1	QL; PA
FENTANYL CIT TABLET 400MCG QL 120 each per 30 day(s)	1	QL; PA
FENTANYL CIT TABLET 600MCG QL 120 each per 30 day(s)	1	QL; PA
FENTANYL CIT TABLET 800MCG QL 120 each per 30 day(s)	1	QL; PA
FENTANYL OT LOZ 1200MCG QL 120 each per 30 day(s)	1	QL; PA; NM
FENTANYL OT LOZ 1600MCG QL 120 each per 30 day(s)	1	QL; PA; NM
FENTANYL OT LOZ 200MCG QL 120 each per 30 day(s)	1	QL; PA; NM
FENTANYL OT LOZ 400MCG QL 120 each per 30 day(s)	1	QL; PA; NM
FENTANYL OT LOZ 600MCG QL 120 each per 30 day(s)	1	QL; PA; NM
FENTANYL OT LOZ 800MCG QL 120 each per 30 day(s)	1	QL; PA; NM
<i>flurbiprofen tablet 100mg</i>	1	
<i>hydroco/apap tablet 10-325mg</i> QL 120 each per 30 day(s)	1	QL; NM

Drug	Tier	Requirements /Limits
<i>hydroco/apap tablet 5-325mg</i> QL 120 each per 30 day(s)	1	QL; NM
<i>hydroco/apap tablet 7.5-325</i> QL 120 each per 30 day(s)	1	QL; NM
<i>hydrocod/ibu tablet 7.5-200</i> QL 210 each per 30 day(s)	1	QL; NM
<i>hydromorphon tablet 12mg er</i> QL 30 each per 30 day(s)	1	QL; PA; NM
<i>hydromorphon tablet 16mg er</i> QL 30 each per 30 day(s)	1	QL; PA; NM
<i>hydromorphon tablet 2mg</i> QL 120 each per 30 day(s)	1	QL; NM
<i>hydromorphon tablet 32mg er</i> QL 30 each per 30 day(s)	1	QL; PA; NM
<i>hydromorphon tablet 4mg</i> QL 120 each per 30 day(s)	1	QL; NM
<i>hydromorphon tablet 8mg</i> QL 120 each per 30 day(s)	1	QL; NM
<i>hydromorphon tablet 8mg er</i> QL 30 each per 30 day(s)	1	QL; PA; NM
<i>ibu tablet 600mg</i>	1	
<i>ibu tablet 800mg</i>	1	
<i>ibuprofen tablet 400mg</i>	1	
<i>ibuprofen tablet 600mg</i>	1	
<i>ibuprofen tablet 800mg</i>	1	
<i>indomethacin capsule 25mg</i> QL 90 each per 30 day(s)	1	QL
<i>indomethacin capsule 50mg</i> QL 90 each per 30 day(s)	1	QL
<i>ketoprofen capsule 25mg</i>	1	
<i>meclofen sod capsule 100mg</i> QL 120 each per 30 day(s)	1	QL
<i>meclofen sod capsule 50mg</i> QL 240 each per 30 day(s)	1	QL
<i>meloxicam tablet 15mg</i>	1	
<i>meloxicam tablet 7.5mg</i>	1	
<i>methadone solution</i> 10mg/5ml QL 600 milliliter(s) 30 day(s)	1	QL; PA; NM

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Drug	Tier	Requirements /Limits
<i>methadone solution 5mg/5ml</i> QL 600 milliliter(s) 30 day(s)	1	QL; PA; NM
<i>methadone tablet 10mg</i> QL 120 each per 30 day(s)	1	QL; PA; NM
<i>methadone tablet 5mg</i> QL 120 each per 30 day(s)	1	QL; PA; NM
<i>morphine sul capsule 100mg er</i> QL 60 each per 30 day(s)	1	QL; PA; NM
<i>morphine sul capsule 10mg er</i> QL 60 each per 30 day(s)	1	QL; PA; NM
<i>morphine sul capsule 120mg er</i> QL 30 each per 30 day(s)	1	QL; PA; NM
<i>morphine sul capsule 20mg er</i> QL 60 each per 30 day(s)	1	QL; PA; NM
<i>morphine sul capsule 30mg er</i> QL 60 each per 30 day(s)	1	QL; PA; NM
<i>morphine sul capsule 30mg er</i> QL 30 each per 30 day(s)	1	QL; PA; NM
<i>morphine sul capsule 45mg er</i> QL 30 each per 30 day(s)	1	QL; PA; NM
<i>morphine sul capsule 50mg er</i> QL 60 each per 30 day(s)	1	QL; PA; NM
<i>morphine sul capsule 60mg er</i> QL 30 each per 30 day(s)	1	QL; PA; NM
<i>morphine sul capsule 60mg er</i> QL 60 each per 30 day(s)	1	QL; PA; NM
<i>morphine sul capsule 75mg er</i> QL 30 each per 30 day(s)	1	QL; PA; NM
<i>morphine sul capsule 80mg er</i> QL 60 each per 30 day(s)	1	QL; PA; NM
<i>morphine sul capsule 90mg er</i> QL 30 each per 30 day(s)	1	QL; PA; NM
MORPHINE SUL SOLUTION 10MG/5ML QL 960 milliliter(s) 30 day(s)	1	QL; NM
MORPHINE SUL SOLUTION 20MG/5ML QL 960 milliliter(s) 30 day(s)	1	QL; NM

Drug	Tier	Requirements /Limits
<i>morphine sul solution</i> 20mg/ml QL 240 milliliter(s) 30 day(s)	1	QL; NM
<i>morphine sul tablet 100mg er</i> QL 60 each per 30 day(s)	1	QL; PA; NM
<i>morphine sul tablet 15mg</i> QL 120 each per 30 day(s)	1	QL; NM
<i>morphine sul tablet 15mg er</i> QL 90 each per 30 day(s)	1	QL; PA; NM
<i>morphine sul tablet 200mg er</i> QL 60 each per 30 day(s)	1	QL; PA; NM
<i>morphine sul tablet 30mg</i> QL 120 each per 30 day(s)	1	QL; NM
<i>morphine sul tablet 30mg er</i> QL 60 each per 30 day(s)	1	QL; PA; NM
<i>morphine sul tablet 60mg er</i> QL 60 each per 30 day(s)	1	QL; PA; NM
<i>nabumetone tablet 500mg</i>	1	
<i>nabumetone tablet 750mg</i>	1	
<i>naproxen suspension 125/5ml</i>	1	
<i>naproxen tablet 250mg</i>	1	
<i>naproxen tablet 375mg</i>	1	
<i>naproxen tablet 500mg</i>	1	
<i>naproxen sod tablet 275mg</i>	1	
<i>naproxen sod tablet 550mg</i>	1	
<i>oxycod/apap tablet 10-325mg</i> QL 120 each per 30 day(s)	1	QL; NM
<i>oxycod/apap tablet 2.5-325</i> QL 120 each per 30 day(s)	1	QL; NM
<i>oxycod/apap tablet 5-325mg</i> QL 120 each per 30 day(s)	1	QL; NM
<i>oxycod/apap tablet 7.5-325</i> QL 120 each per 30 day(s)	1	QL; NM
<i>oxycodone capsule hcl 5mg</i> QL 180 each per 30 day(s)	1	QL; NM
<i>oxycodone con 100/5ml</i> QL 270 milliliter(s) 30 day(s)	1	QL; NM

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Drug	Tier	Requirements /Limits
<i>oxycodone solution 5mg/5ml</i>	1	QL; NM
QL 240 milliliter(s) 30 day(s)		
<i>oxycodone tablet 10mg</i>	1	QL; NM
QL 180 each per 30 day(s)		
OXYCODONE TABLET 10MG ER	1	QL; PA; NM
QL 60 each per 30 day(s)		
<i>oxycodone tablet 15mg</i>	1	QL; NM
QL 180 each per 30 day(s)		
<i>oxycodone tablet 20mg</i>	1	QL; NM
QL 180 each per 30 day(s)		
OXYCODONE TABLET 20MG ER	1	QL; PA; NM
QL 60 each per 30 day(s)		
<i>oxycodone tablet 30mg</i>	1	QL; NM
QL 180 each per 30 day(s)		
OXYCODONE TABLET 40MG ER	1	QL; PA; NM
QL 60 each per 30 day(s)		
<i>oxycodone tablet 5mg</i>	1	QL; NM
QL 180 each per 30 day(s)		
OXYCODONE TABLET 80MG ER	1	QL; PA; NM
QL 60 each per 30 day(s)		
<i>oxymorphone tablet 10mg er</i>	1	QL; PA; NM
QL 60 each per 30 day(s)		
<i>oxymorphone tablet 15mg er</i>	1	QL; PA; NM
QL 60 each per 30 day(s)		
<i>oxymorphone tablet 20mg er</i>	1	QL; PA; NM
QL 60 each per 30 day(s)		
<i>oxymorphone tablet 30mg er</i>	1	QL; PA; NM
QL 60 each per 30 day(s)		
<i>oxymorphone tablet 40mg er</i>	1	QL; PA; NM
QL 60 each per 30 day(s)		
<i>oxymorphone tablet 5mg er</i>	1	QL; PA; NM
QL 60 each per 30 day(s)		
<i>oxymorphone tablet 7.5mg er</i>	1	QL; PA; NM
QL 60 each per 30 day(s)		
<i>piroxicam capsule 10mg</i>	1	
<i>piroxicam capsule 20mg</i>	1	
<i>sulindac tablet 150mg</i>	1	

Drug	Tier	Requirements /Limits
<i>sulindac tablet 200mg</i>	1	
<i>tramadol/apap tablet 37.5-325</i>	1	QL
QL 120 each per 30 day(s)		
<i>tramadol hcl tablet 100mg</i>	1	QL
QL 120 each per 30 day(s)		
<i>tramadol hcl tablet 100mg er</i>	1	QL
QL 120 each per 30 day(s)		
<i>tramadol hcl tablet 200mg er</i>	1	QL
QL 60 each per 30 day(s)		
<i>tramadol hcl tablet 300mg er</i>	1	QL
QL 30 each per 30 day(s)		
<i>tramadol hcl tablet 50mg</i>	1	QL
QL 240 each per 30 day(s)		
XTAMPZA ER CAPSULE 13.5MG	1	QL; PA; NM
QL 60 each per 30 day(s)		
XTAMPZA ER CAPSULE 18MG	1	QL; PA; NM
QL 60 each per 30 day(s)		
XTAMPZA ER CAPSULE 27MG	1	QL; PA; NM
QL 60 each per 30 day(s)		
XTAMPZA ER CAPSULE 36MG	1	QL; PA; NM
QL 60 each per 30 day(s)		
XTAMPZA ER CAPSULE 9MG	1	QL; PA; NM
QL 60 each per 30 day(s)		
<b>ANOREXIGENIC AGENTS AND RESPIRATORY AND CNS STIMULANTS</b>		
<i>amphet/dextr capsule 10mg er</i>	1	QL
QL 30 each per 30 day(s)		
<i>amphet/dextr capsule 15mg er</i>	1	QL
QL 30 each per 30 day(s)		
<i>amphet/dextr capsule 20mg er</i>	1	QL
QL 60 each per 30 day(s)		
<i>amphet/dextr capsule 25mg er</i>	1	QL
QL 60 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
AMPHET/DEXTR CAPSULE 30MG ER	1	QL
QL 60 each per 30 day(s)		
AMPHET/DEXTR CAPSULE 5MG ER	1	QL
QL 30 each per 30 day(s)		
<i>amphet/dextr tablet 10mg</i>	1	QL
QL 60 each per 30 day(s)		
<i>amphet/dextr tablet 12.5mg</i>	1	QL
QL 60 each per 30 day(s)		
<i>amphet/dextr tablet 15mg</i>	1	QL
QL 60 each per 30 day(s)		
<i>amphet/dextr tablet 20mg</i>	1	QL
QL 60 each per 30 day(s)		
<i>amphet/dextr tablet 30mg</i>	1	QL
QL 60 each per 30 day(s)		
<i>amphet/dextr tablet 5mg</i>	1	QL
QL 60 each per 30 day(s)		
<i>amphet/dextr tablet 7.5mg</i>	1	QL
QL 60 each per 30 day(s)		
<i>armodafinil tablet 150mg</i>	1	QL
QL 30 each per 30 day(s)		
ARMODAFINIL TABLET 200MG	1	QL
QL 30 each per 30 day(s)		
<i>armodafinil tablet 250mg</i>	1	QL
QL 30 each per 30 day(s)		
<i>armodafinil tablet 50mg</i>	1	QL
QL 30 each per 30 day(s)		
DAYTRANA DIS 10MG/9HR	1	QL; ST
QL 30 each per 30 day(s)		
DAYTRANA DIS 15MG/9HR	1	QL; ST
QL 30 each per 30 day(s)		
DAYTRANA DIS 20MG/9HR	1	QL; ST
QL 30 each per 30 day(s)		
DAYTRANA DIS 30MG/9HR	1	QL; ST
QL 30 each per 30 day(s)		
<i>dexmethylph capsule 15mg er</i>	1	QL
QL 60 each per 30 day(s)		

Drug	Tier	Requirements /Limits
<i>dexmethylph capsule 30mg er</i>	1	QL
QL 30 each per 30 day(s)		
<i>dexmethylph capsule 40mg er</i>	1	QL
QL 30 each per 30 day(s)		
<i>dexmethylphe capsule 10mg er</i>	1	QL
QL 60 each per 30 day(s)		
<i>dexmethylphe capsule 20mg er</i>	1	QL
QL 30 each per 30 day(s)		
<i>dexmethylphe capsule 5mg er</i>	1	QL
QL 30 each per 30 day(s)		
<i>dexmethylphe capsule er 25mg</i>	1	QL
QL 30 each per 30 day(s)		
<i>dexmethylphe capsule er 35mg</i>	1	QL
QL 30 each per 30 day(s)		
<i>dextroamphet capsule 10mg er</i>	1	QL
QL 120 each per 30 day(s)		
<i>dextroamphet capsule 15mg er</i>	1	QL
QL 120 each per 30 day(s)		
<i>dextroamphet capsule 5mg er</i>	1	QL
QL 60 each per 30 day(s)		
<i>methylphenid capsule 10mg</i>	1	QL
QL 180 each per 30 day(s)		
<i>methylphenid capsule 10mg er</i>	1	QL
QL 30 each per 30 day(s)		
METHYLPHENID CAPSULE 20MG	1	QL
QL 30 each per 30 day(s)		
<i>methylphenid capsule 20mg er</i>	1	QL
QL 30 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
METHYLPHENID CAPSULE 30MG	1	QL
QL 60 each per 30 day(s)		
<i>methylphenid capsule 30mg er</i>	1	QL
QL 30 each per 30 day(s)		
METHYLPHENID CAPSULE 40MG	1	QL
ER		
QL 30 each per 30 day(s)		
<i>methylphenid capsule 40mg er</i>	1	QL
QL 30 each per 30 day(s)		
METHYLPHENID CAPSULE 50MG	1	QL
QL 30 each per 30 day(s)		
METHYLPHENID CAPSULE 60MG	1	QL
QL 30 each per 30 day(s)		
<i>methylphenid capsule 60mg la</i>	1	QL
QL 30 each per 30 day(s)		
<i>methylphenid chw 10mg</i>	1	QL
QL 180 each per 30 day(s)		
<i>methylphenid chw 2.5mg</i>	1	QL
QL 90 each per 30 day(s)		
<i>methylphenid chw 5mg</i>	1	QL
QL 180 each per 30 day(s)		
<i>methylphenid solution 10mg/5ml</i>	1	QL
QL 900 milliliter(s) 30 day(s)		
<i>methylphenid solution 5mg/5ml</i>	1	QL
QL 1800 milliliter(s) 30 day(s)		
<i>methylphenid tablet 10mg</i>	1	QL
QL 90 each per 30 day(s)		
<i>methylphenid tablet 10mg er</i>	1	QL
QL 120 each per 30 day(s)		
<i>methylphenid tablet 18mg er</i>	1	QL
QL 30 each per 30 day(s)		
<i>methylphenid tablet 20mg</i>	1	QL
QL 90 each per 30 day(s)		
<i>methylphenid tablet 20mg er</i>	1	QL
QL 90 each per 30 day(s)		
<i>methylphenid tablet 27mg er</i>	1	QL
QL 30 each per 30 day(s)		

Drug	Tier	Requirements /Limits
<i>methylphenid tablet 36mg er</i>	1	QL
QL 30 each per 30 day(s)		
<i>methylphenid tablet 54mg er</i>	1	QL
QL 30 each per 30 day(s)		
<i>methylphenid tablet 5mg</i>	1	QL
QL 90 each per 30 day(s)		
<i>methylphenid tablet 72mg er</i>	1	QL
QL 30 each per 30 day(s)		
<i>modafinil tablet 100mg</i>	1	QL
QL 30 each per 30 day(s)		
<i>modafinil tablet 200mg</i>	1	QL
QL 60 each per 30 day(s)		
VYVANSE CAPSULE 10MG	1	QL; ST
QL 30 each per 30 day(s)		
VYVANSE CAPSULE 20MG	1	QL; ST
QL 30 each per 30 day(s)		
VYVANSE CAPSULE 30MG	1	QL; ST
QL 30 each per 30 day(s)		
VYVANSE CAPSULE 40MG	1	QL; ST
QL 30 each per 30 day(s)		
VYVANSE CAPSULE 50MG	1	QL; ST
QL 30 each per 30 day(s)		
VYVANSE CAPSULE 60MG	1	QL; ST
QL 30 each per 30 day(s)		
VYVANSE CAPSULE 70MG	1	QL; ST
QL 30 each per 30 day(s)		
<b>ANTICONVULSANTS</b>		
<i>lamotrigine tablet 200mg odt</i>	1	QL
QL 90 each per 30 day(s)		
APTIOM TABLET 200MG	1	QL; ST
QL 30 each per 30 day(s)		
APTIOM TABLET 400MG	1	QL; ST
QL 30 each per 30 day(s)		
APTIOM TABLET 600MG	1	QL; ST
QL 60 each per 30 day(s)		
APTIOM TABLET 800MG	1	QL; ST
QL 60 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
BRIVIACT SOLUTION 10MG/ML QL 600 milliliter(s) 30 day(s)	1	QL
BRIVIACT TABLET 100MG QL 60 each per 30 day(s)	1	QL
BRIVIACT TABLET 10MG QL 60 each per 30 day(s)	1	QL
BRIVIACT TABLET 25MG QL 60 each per 30 day(s)	1	QL
BRIVIACT TABLET 50MG QL 60 each per 30 day(s)	1	QL
BRIVIACT TABLET 75MG QL 60 each per 30 day(s)	1	QL
CARBAMAZEPIN CAPSULE 100MG ER QL 480 each per 30 day(s)	1	QL
CARBAMAZEPIN CAPSULE 200MG ER QL 240 each per 30 day(s)	1	QL
CARBAMAZEPIN CAPSULE 300MG ER QL 150 each per 30 day(s)	1	QL
<i>carbamazepin chw 100mg</i> QL 480 each per 30 day(s)	1	QL
<i>carbamazepin suspension 100/5ml</i> QL 2400 milliliter(s) 30 day(s)	1	QL
<i>carbamazepin tablet 100mger</i> QL 480 each per 30 day(s)	1	QL
<i>carbamazepin tablet 200mg</i> QL 240 each per 30 day(s)	1	QL
<i>carbamazepin tablet 200mg er</i> QL 240 each per 30 day(s)	1	QL
<i>carbamazepin tablet 400mg er</i> QL 120 each per 30 day(s)	1	QL
CELONTIN CAPSULE 300MG QL 120 each per 30 day(s)	1	QL
<i>clobazam suspension 2.5mg/ml</i> QL 480 milliliter(s) 30 day(s)	1	QL

Drug	Tier	Requirements /Limits
<i>clobazam tablet 10mg</i> QL 60 each per 30 day(s)	1	QL
<i>clobazam tablet 20mg</i> QL 60 each per 30 day(s)	1	QL
<i>clonazep odt tablet 0.125mg</i> QL 300 each per 30 day(s)	1	QL
<i>clonazep odt tablet 0.25mg</i> QL 300 each per 30 day(s)	1	QL
<i>clonazep odt tablet 0.5mg</i> QL 300 each per 30 day(s)	1	QL
<i>clonazep odt tablet 1mg</i> QL 300 each per 30 day(s)	1	QL
<i>clonazep odt tablet 2mg</i> QL 300 each per 30 day(s)	1	QL
<i>clonazepam tablet 0.5mg</i> QL 300 each per 30 day(s)	1	QL
<i>clonazepam tablet 1mg</i> QL 300 each per 30 day(s)	1	QL
<i>clonazepam tablet 2mg</i> QL 300 each per 30 day(s)	1	QL
DIACOMIT CAPSULE 250MG QL 300 each per 30 day(s)	1	QL; PA
DIACOMIT CAPSULE 500MG QL 300 each per 30 day(s)	1	QL; PA
DIACOMIT PACKET 250MG QL 300 each per 30 day(s)	1	QL; PA
DIACOMIT PACKET 500MG QL 300 each per 30 day(s)	1	QL; PA
<i>dilantin capsule 100mg</i> QL 300 each per 30 day(s)	1	QL
<i>dilantin capsule 30mg</i> QL 600 each per 30 day(s)	1	QL
<i>dilantin chw 50mg</i> QL 600 each per 30 day(s)	1	QL
DILANTIN-125 SUSPENSION 125/5ML QL 750 milliliter(s) 30 day(s)	1	QL

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
<i>divalproex capsule 125mg</i> QL 1080 each per 30 day(s)	1	QL	FYCOMPA TABLET 10MG	1	QL
<i>divalproex tablet 125mg dr</i> QL 600 each per 30 day(s)	1	QL	FYCOMPA TABLET 12MG	1	QL
<i>divalproex tablet 250mg dr</i> QL 510 each per 30 day(s)	1	QL	FYCOMPA TABLET 2MG	1	QL
<i>divalproex tablet 250mg er</i> QL 510 each per 30 day(s)	1	QL	FYCOMPA TABLET 4MG	1	QL
<i>divalproex tablet 500mg dr</i> QL 270 each per 30 day(s)	1	QL	FYCOMPA TABLET 6MG	1	QL
<i>divalproex tablet 500mg er</i> QL 270 each per 30 day(s)	1	QL	FYCOMPA TABLET 8MG	1	QL
EPIDIOLEX SOLUTION 100MG/ML QL 900 milliliter(s) 30 day(s)	1	QL; PA	<i>gabapentin capsule 100mg</i> QL 960 each per 30 day(s)	1	QL
<i>epitol tablet 200mg</i> QL 240 each per 30 day(s)	1	QL	<i>gabapentin capsule 300mg</i> QL 330 each per 30 day(s)	1	QL
EPRONTIA SOLUTION 25MG/ML QL 480 milliliter(s) 30 day(s)	1	QL	<i>gabapentin capsule 400mg</i> QL 270 each per 30 day(s)	1	QL
EQUETRO CAPSULE 100MG QL 180 each per 30 day(s)	1	QL; ST	<i>gabapentin solution 250/5ml</i> QL 2160 milliliter(s) 30 day(s)	1	QL
EQUETRO CAPSULE 200MG QL 180 each per 30 day(s)	1	QL; ST	<i>gabapentin tablet 600mg</i> QL 180 each per 30 day(s)	1	QL
EQUETRO CAPSULE 300MG QL 180 each per 30 day(s)	1	QL; ST	<i>gabapentin tablet 800mg</i> QL 120 each per 30 day(s)	1	QL
<i>ethosuximide capsule 250mg</i>	1		<i>lacosamide tablet 100mg</i> QL 60 each per 30 day(s)	1	QL
<i>ethosuximide solution 250/5ml</i> QL 1200 milliliter(s) 30 day(s)	1	QL	<i>lacosamide tablet 150mg</i> QL 60 each per 30 day(s)	1	QL
<i>felbamate suspension 600/5ml</i> QL 900 milliliter(s) 30 day(s)	1	QL	<i>lacosamide tablet 200mg</i> QL 60 each per 30 day(s)	1	QL
<i>felbamate tablet 400mg</i> QL 270 each per 30 day(s)	1	QL	<i>lacosamide tablet 50mg</i> QL 60 each per 30 day(s)	1	QL
<i>felbamate tablet 600mg</i> QL 180 each per 30 day(s)	1	QL	LAMICTAL ODT TABLET 100MG QL 60 each per 30 day(s)	1	QL
FINTEPLA SOLUTION 2.2MG/ML QL 360 milliliter(s) 30 day(s)	1	QL; PA	LAMICTAL ODT TABLET 200MG QL 90 each per 30 day(s)	1	QL
FYCOMPA SUSPENSION 0.5MG/ML QL 720 milliliter(s) 30 day(s)	1	QL			

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
LAMICTAL ODT TABLET 25MG	1	QL	lamotrigine tablet 50mg odt	1	QL
QL 210 each per 30 day(s)			QL 120 each per 30 day(s)		
LAMICTAL ODT TABLET 50MG	1	QL	lamotrigine tablet 100mg odt	1	QL
QL 120 each per 30 day(s)			QL 60 each per 30 day(s)		
lamotrigine chw 25mg	1	QL	levetiraceta solution	1	QL
QL 600 each per 30 day(s)			100mg/ml		
lamotrigine chw 5mg	1	QL	QL 900 milliliter(s) 30 day(s)		
QL 600 each per 30 day(s)			levetiraceta tablet 1000mg	1	QL
lamotrigine kit odt	1	QL	QL 120 each per 30 day(s)		
QL 70 each per 365 day(s)			levetiraceta tablet 250mg	1	QL
lamotrigine kit start 35	1	QL	QL 480 each per 30 day(s)		
QL 70 each per 365 day(s)			levetiraceta tablet 500mg	1	QL
lamotrigine kit start 49	1	QL	QL 240 each per 30 day(s)		
QL 98 each per 365 day(s)			levetiraceta tablet 500mg er	1	QL
lamotrigine kit start 98	1	QL	QL 120 each per 30 day(s)		
QL 196 each per 365 day(s)			levetiraceta tablet 750mg	1	QL
lamotrigine tablet 100mg	1	QL	QL 120 each per 30 day(s)		
QL 180 each per 30 day(s)			levetiraceta tablet 750mg er	1	QL
lamotrigine tablet 100mg er	1	QL	QL 120 each per 30 day(s)		
QL 90 each per 30 day(s)			MAGNESIUM SU INJECTABLE	1	HI
lamotrigine tablet 150mg	1	QL	50%		
QL 120 each per 30 day(s)			magnesium su injectable 50%	1	HI
lamotrigine tablet 200mg	1	QL	oxcarbazepin suspension	1	QL
QL 90 each per 30 day(s)			300mg/5m		
lamotrigine tablet 200mg er	1	QL	QL 1200 each per 30 day(s)		
QL 90 each per 30 day(s)			oxcarbazepin tablet 150mg	1	QL
lamotrigine tablet 250mg er	1	QL	QL 600 each per 30 day(s)		
QL 90 each per 30 day(s)			oxcarbazepin tablet 300mg	1	QL
lamotrigine tablet 25mg	1	QL	QL 300 each per 30 day(s)		
QL 720 each per 30 day(s)			oxcarbazepin tablet 600mg	1	QL
lamotrigine tablet 25mg er	1	QL	QL 120 each per 30 day(s)		
QL 60 each per 30 day(s)			PHENOBARB ELX 20MG/5ML	1	
lamotrigine tablet 25mg odt	1	QL	PHENOBARB TABLET 100MG	1	
QL 210 each per 30 day(s)			PHENOBARB TABLET 15MG	1	
lamotrigine tablet 300mg er	1	QL	PHENOBARB TABLET 16.2MG	1	
QL 90 each per 30 day(s)			PHENOBARB TABLET 30MG	1	
lamotrigine tablet 50mg er	1	QL	PHENOBARB TABLET 32.4MG	1	
QL 30 each per 30 day(s)					

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Drug	Tier	Requirements /Limits
PHENOBARB TABLET 60MG	1	
PHENOBARB TABLET 64.8MG	1	
PHENOBARB TABLET 97.2MG	1	
<i>phenytoin chw 50mg</i>	1	QL
QL 600 each per 30 day(s)		
<i>phenytoin suspension 125/5ml</i>	1	QL
QL 750 milliliter(s) 30 day(s)		
<i>phenytoin ex capsule 100mg</i>	1	QL
QL 300 each per 30 day(s)		
<i>phenytoin ex capsule 200mg</i>	1	QL
QL 180 each per 30 day(s)		
<i>phenytoin ex capsule 300mg</i>	1	QL
QL 120 each per 30 day(s)		
<i>pregabalin capsule 100mg</i>	1	QL
QL 90 each per 30 day(s)		
<i>pregabalin capsule 150mg</i>	1	QL
QL 120 each per 30 day(s)		
<i>pregabalin capsule 200mg</i>	1	QL
QL 90 each per 30 day(s)		
<i>pregabalin capsule 225mg</i>	1	QL
QL 90 each per 30 day(s)		
<i>pregabalin capsule 25mg</i>	1	QL
QL 90 each per 30 day(s)		
<i>pregabalin capsule 300mg</i>	1	QL
QL 60 each per 30 day(s)		
<i>pregabalin capsule 50mg</i>	1	QL
QL 90 each per 30 day(s)		
<i>pregabalin capsule 75mg</i>	1	QL
QL 90 each per 30 day(s)		
<i>pregabalin solution 20mg/ml</i>	1	QL
QL 900 milliliter(s) 30 day(s)		
<i>primidone tablet 250mg</i>	1	QL
QL 240 each per 30 day(s)		
<i>primidone tablet 50mg</i>	1	QL
QL 1200 each per 30 day(s)		
<i>rufinamide suspension 40mg/ml</i>	1	QL; PA
QL 2400 milliliter(s) 30 day(s)		

Drug	Tier	Requirements /Limits
<i>rufinamide tablet 200mg</i>	1	QL; PA
QL 120 each per 30 day(s)		
<i>rufinamide tablet 400mg</i>	1	QL; PA
QL 240 each per 30 day(s)		
SPRITAM TABLET 1000MG	1	QL; ST
QL 90 each per 30 day(s)		
SPRITAM TABLET 250MG	1	QL; ST
QL 90 each per 30 day(s)		
SPRITAM TABLET 500MG	1	QL; ST
QL 90 each per 30 day(s)		
SPRITAM TABLET 750MG	1	QL; ST
QL 90 each per 30 day(s)		
SYMPAZAN MIS 10MG	1	QL; PA
QL 60 each per 30 day(s)		
SYMPAZAN MIS 20MG	1	QL; PA
QL 60 each per 30 day(s)		
SYMPAZAN MIS 5MG	1	QL; PA
QL 60 each per 30 day(s)		
TIAGABINE TABLET 12MG	1	QL
QL 120 each per 30 day(s)		
TIAGABINE TABLET 16MG	1	QL
QL 90 each per 30 day(s)		
TIAGABINE TABLET 2MG	1	QL
QL 840 each per 30 day(s)		
TIAGABINE TABLET 4MG	1	QL
QL 420 each per 30 day(s)		
<i>topiramate capsule 15mg</i>	1	QL
QL 480 each per 30 day(s)		
<i>topiramate capsule 25mg</i>	1	QL
QL 480 each per 30 day(s)		
TOPIRAMATE CAPSULE ER 100MG	1	QL; PA
QL 30 each per 30 day(s)		
TOPIRAMATE CAPSULE ER 150MG	1	QL; PA
QL 60 each per 30 day(s)		
TOPIRAMATE CAPSULE ER 200MG	1	QL; PA
QL 60 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
TOPIRAMATE CAPSULE ER 25MG	1	QL; PA
QL 30 each per 30 day(s)		
TOPIRAMATE CAPSULE ER 50MG	1	QL; PA
QL 30 each per 30 day(s)		
<i>topiramate tablet 100mg</i>	1	QL
QL 180 each per 30 day(s)		
<i>topiramate tablet 200mg</i>	1	QL
QL 60 each per 30 day(s)		
<i>topiramate tablet 25mg</i>	1	QL
QL 720 each per 30 day(s)		
<i>topiramate tablet 50mg</i>	1	QL
QL 360 each per 30 day(s)		
<i>valproic acid capsule 250mg</i>	1	QL
QL 540 each per 30 day(s)		
<i>valproic acid solution 250/5ml</i>	1	QL
QL 3000 milliliter(s) 30 day(s)		
<i>vigabatrin packet 500mg</i>	1	QL; PA
QL 9000 each per 30 day(s)		
<i>vigabatrin tablet 500mg</i>	1	QL; PA
QL 180 each per 30 day(s)		
<i>vigadrone powder 500mg</i>	1	QL; PA
QL 9000 each per 30 day(s)		
VIMPAT SOLUTION 10MG/ML	1	QL
QL 1200 milliliter(s) 30 day(s)		
VIMPAT TABLET 100MG	1	QL
QL 60 each per 30 day(s)		
VIMPAT TABLET 150MG	1	QL
QL 60 each per 30 day(s)		
VIMPAT TABLET 200MG	1	QL
QL 60 each per 30 day(s)		
VIMPAT TABLET 50MG	1	QL
QL 60 each per 30 day(s)		
XCOPRI PACKET 100-150	1	QL; ST
QL 56 each per 28 day(s)		
XCOPRI PACKET 12.5-25	1	QL; ST
QL 28 each per 28 day(s)		
XCOPRI PACKET 150-200	1	QL; ST
QL 28 each per 28 day(s)		

Drug	Tier	Requirements /Limits
XCOPRI PACKET 150-200	1	QL; ST
QL 56 each per 28 day(s)		
XCOPRI PACKET 50-100MG	1	QL; ST
QL 28 each per 28 day(s)		
XCOPRI TABLET 100MG	1	QL; ST
QL 60 each per 30 day(s)		
XCOPRI TABLET 150MG	1	QL; ST
QL 60 each per 30 day(s)		
XCOPRI TABLET 200MG	1	QL; ST
QL 60 each per 30 day(s)		
XCOPRI TABLET 50MG	1	QL; ST
QL 60 each per 30 day(s)		
<i>zonisamide capsule 100mg</i>	1	QL
QL 180 each per 30 day(s)		
<i>zonisamide capsule 25mg</i>	1	QL
QL 720 each per 30 day(s)		
<i>zonisamide capsule 50mg</i>	1	QL
QL 360 each per 30 day(s)		
<b>ANTIMANIC AGENTS</b>		
<i>lithium carb capsule 150mg</i>	1	
<i>lithium carb capsule 300mg</i>	1	
LITHIUM CARB CAPSULE	1	
600MG		
LITHIUM CARB TABLET 300MG	1	
<i>lithium carb tablet 300mg er</i>	1	
<i>lithium carb tablet 450mg er</i>	1	
<b>ANTIMIGRAINE AGENTS</b>		
AIMOVIG INJECTABLE	1	QL; PA
140MG/ML		
QL 2 milliliter(s) 28 day(s)		
AIMOVIG INJECTABLE	1	QL; PA
70MG/ML		
QL 1 milliliter(s) 28 day(s)		
AJOVY INJECTABLE 225/1.5	1	QL; PA
QL 4.50 each per 90 day(s)		
AJOVY INJECTABLE 225/1.5	1	QL; PA
QL 4.50 each per 90 day(s)		

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

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Drug	Tier	Requirements /Limits
<b>ANTIPARKINSONIAN AGENTS</b>		
APOKYN INJECTABLE 10MG/ML	1	PA
<i>apomorphine injectable 30mg/3ml</i>	1	PA
<i>benztropine tablet 0.5mg</i> QL 90 each per 30 day(s)	1	QL
<i>benztropine tablet 1mg</i> QL 90 each per 30 day(s)	1	QL
<i>benztropine tablet 2mg</i>	1	
<i>bromocriptin capsule 5mg</i>	1	
<i>bromocriptin tablet 2.5mg</i>	1	
<i>cabergoline tablet 0.5mg</i> QL 60 each per 30 day(s)	1	QL
<i>carb/levo tablet 10-100mg</i> QL 300 each per 30 day(s)	1	QL
<i>carb/levo tablet 10-100mg</i> QL 300 each per 30 day(s)	1	QL
<i>carb/levo tablet 25-100mg</i> QL 300 each per 30 day(s)	1	QL
<i>carb/levo tablet 25-100mg</i> QL 300 each per 30 day(s)	1	QL
<i>carb/levo tablet 25-250mg</i> QL 300 each per 30 day(s)	1	QL
<i>carb/levo tablet 25-250mg</i> QL 300 each per 30 day(s)	1	QL
<i>carb/levo 50 tablet /entacap</i>	1	
<i>carb/levo 75 tablet /entacap</i>	1	
<i>carb/levo er tablet 25-100mg</i> QL 240 each per 30 day(s)	1	QL
<i>carb/levo er tablet 50-200mg</i> QL 240 each per 30 day(s)	1	QL
<i>carb/levo100 tablet /entacap</i>	1	
<i>carb/levo125 tablet /entacap</i>	1	
<i>carb/levo150 tablet /entacap</i>	1	
<i>carb/levo200 tablet /entacap</i>	1	
<i>carbidopa tablet 25mg</i>	1	
<i>entacapone tablet 200mg</i>	1	

Drug	Tier	Requirements /Limits
INBRIJA CAPSULE 42MG QL 300 each per 30 day(s)	1	QL; PA
KYNMOBI MIS 10MG QL 150 each per 30 day(s)	1	QL; PA
KYNMOBI MIS 15MG QL 150 each per 30 day(s)	1	QL; PA
KYNMOBI MIS 20MG QL 150 each per 30 day(s)	1	QL; PA
KYNMOBI MIS 25MG QL 150 each per 30 day(s)	1	QL; PA
KYNMOBI MIS 30MG QL 150 each per 30 day(s)	1	QL; PA
NEUPRO DIS 1MG/24HR QL 30 each per 30 day(s)	1	QL
NEUPRO DIS 2MG/24HR QL 30 each per 30 day(s)	1	QL
NEUPRO DIS 3MG/24HR QL 30 each per 30 day(s)	1	QL
NEUPRO DIS 4MG/24HR QL 30 each per 30 day(s)	1	QL
NEUPRO DIS 6MG/24HR QL 30 each per 30 day(s)	1	QL
NEUPRO DIS 8MG/24HR QL 30 each per 30 day(s)	1	QL
ONGENTYS CAPSULE 25MG QL 30 each per 30 day(s)	1	QL; ST
ONGENTYS CAPSULE 50MG QL 30 each per 30 day(s)	1	QL; ST
<i>pramipexole tablet 0.125mg</i> QL 120 each per 30 day(s)	1	QL
<i>pramipexole tablet 0.25mg</i> QL 120 each per 30 day(s)	1	QL
<i>pramipexole tablet 0.5mg</i> QL 120 each per 30 day(s)	1	QL
<i>pramipexole tablet 0.75mg</i> QL 120 each per 30 day(s)	1	QL
<i>pramipexole tablet 1.5mg</i> QL 120 each per 30 day(s)	1	QL

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Drug	Tier	Requirements /Limits
<i>pramipexole tablet 1mg</i> QL 120 each per 30 day(s)	1	QL
<i>rasagiline tablet 0.5mg</i>	1	
<i>rasagiline tablet 1mg</i>	1	
<i>ropinirole tablet 0.25mg</i>	1	
<i>ropinirole tablet 0.5mg</i>	1	
<i>ropinirole tablet 12mg er</i> QL 90 each per 30 day(s)	1	QL
<i>ropinirole tablet 1mg</i>	1	
<i>ropinirole tablet 2mg</i>	1	
<i>ropinirole tablet 2mg er</i> QL 90 each per 30 day(s)	1	QL
<i>ropinirole tablet 3mg</i>	1	
<i>ropinirole tablet 4mg</i>	1	
<i>ropinirole tablet 4mg er</i> QL 90 each per 30 day(s)	1	QL
<i>ropinirole tablet 5mg</i>	1	
<i>ropinirole tablet 6mg er</i> QL 90 each per 30 day(s)	1	QL
<i>ropinirole tablet 8mg er</i> QL 90 each per 30 day(s)	1	QL
<i>selegiline capsule 5mg</i>	1	
<i>selegiline tablet 5mg</i>	1	
<i>tolcapone tablet 100mg</i>	1	
<i>trihexyphen solution 0.4mg/ml</i>	1	
<i>trihexyphen tablet 2mg</i> QL 150 each per 30 day(s)	1	QL
<i>trihexyphen tablet 5mg</i> QL 150 each per 30 day(s)	1	QL
ZELAPAR TABLET 1.25MG	1	ST
<b>ANTIPARKINSONIAN AGENTS (CNS)</b>		
<i>pramipexole tablet 0.375 er</i> QL 30 each per 30 day(s)	1	QL; ST
<i>pramipexole tablet 0.75 er</i> QL 90 each per 30 day(s)	1	QL; ST
<i>pramipexole tablet 1.5mg er</i> QL 90 each per 30 day(s)	1	QL; ST

Drug	Tier	Requirements /Limits
<i>pramipexole tablet 2.25 er</i> QL 30 each per 30 day(s)	1	QL; ST
<i>pramipexole tablet 3.75 er</i> QL 30 each per 30 day(s)	1	QL; ST
<i>pramipexole tablet 3mg er</i> QL 30 each per 30 day(s)	1	QL; ST
<i>pramipexole tablet 4.5mg er</i> QL 30 each per 30 day(s)	1	QL; ST
<b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS</b>		
<i>alprazolam con 1mg/ml</i> QL 300 milliliter(s) 30 day(s)	1	QL
<i>alprazolam tablet 0.25 odt</i> QL 150 each per 30 day(s)	1	QL
<i>alprazolam tablet 0.25mg</i> QL 150 each per 30 day(s)	1	QL
<i>alprazolam tablet 0.5mg</i> QL 150 each per 30 day(s)	1	QL
<i>alprazolam tablet 0.5mg er</i> QL 90 each per 30 day(s)	1	QL
<i>alprazolam tablet 0.5mg od</i> QL 150 each per 30 day(s)	1	QL
<i>alprazolam tablet 1mg</i> QL 150 each per 30 day(s)	1	QL
<i>alprazolam tablet 1mg er</i> QL 90 each per 30 day(s)	1	QL
<i>alprazolam tablet 1mg odt</i> QL 150 each per 30 day(s)	1	QL
<i>alprazolam tablet 2mg</i> QL 150 each per 30 day(s)	1	QL
<i>alprazolam tablet 2mg er</i> QL 90 each per 30 day(s)	1	QL
<i>alprazolam tablet 2mg odt</i> QL 150 each per 30 day(s)	1	QL
<i>alprazolam tablet 3mg er</i> QL 90 each per 30 day(s)	1	QL
BELSOMRA TABLET 10MG QL 30 each per 30 day(s)	1	QL; ST

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Drug	Tier	Requirements /Limits
BELSOMRA TABLET 15MG QL 30 each per 30 day(s)	1	QL; ST
BELSOMRA TABLET 20MG QL 30 each per 30 day(s)	1	QL; ST
BELSOMRA TABLET 5MG QL 30 each per 30 day(s)	1	QL; ST
<i>bupirone tablet 10mg</i>	1	
<i>bupirone tablet 15mg</i>	1	
<i>bupirone tablet 30mg</i>	1	
<i>bupirone tablet 5mg</i>	1	
<i>bupirone tablet 7.5mg</i>	1	
<i>cloraz dipot tablet 15mg</i> QL 180 each per 30 day(s)	1	QL
<i>cloraz dipot tablet 3.75mg</i> QL 90 each per 30 day(s)	1	QL
<i>cloraz dipot tablet 7.5mg</i> QL 90 each per 30 day(s)	1	QL
<i>diazepam con 5mg/ml</i> QL 240 milliliter(s) 30 day(s)	1	QL
DIAZEPAM GEL 10MG	1	
DIAZEPAM GEL 2.5MG	1	
DIAZEPAM GEL 20MG	1	
<i>diazepam solution 5mg/5ml</i> QL 1200 milliliter(s) 30 day(s)	1	QL
<i>diazepam tablet 10mg</i> QL 120 each per 30 day(s)	1	QL
<i>diazepam tablet 2mg</i> QL 120 each per 30 day(s)	1	QL
<i>diazepam tablet 5mg</i> QL 120 each per 30 day(s)	1	QL
<i>eszopiclone tablet 1mg</i> QL 30 each per 30 day(s)	1	QL
<i>eszopiclone tablet 2mg</i> QL 30 each per 30 day(s)	1	QL
<i>eszopiclone tablet 3mg</i> QL 30 each per 30 day(s)	1	QL
HETLIOZ CAPSULE 20MG QL 30 each per 30 day(s)	1	QL; PA

Drug	Tier	Requirements /Limits
HETLIOZ LQ SUSPENSION 4MG/ML QL 150 milliliter(s) 30 day(s)	1	QL; PA
<i>hydroxyz hcl tablet 10mg</i>	1	
<i>hydroxyz hcl tablet 25mg</i>	1	
<i>hydroxyz hcl tablet 50mg</i>	1	
<i>hydroxyz pam capsule 100mg</i>	1	
<i>hydroxyz pam capsule 25mg</i>	1	
<i>hydroxyz pam capsule 50mg</i>	1	
<i>lorazepam con 2mg/ml</i> QL 150 milliliter(s) 30 day(s)	1	QL
<i>lorazepam tablet 0.5mg</i> QL 150 each per 30 day(s)	1	QL
<i>lorazepam tablet 1mg</i> QL 150 each per 30 day(s)	1	QL
<i>lorazepam tablet 2mg</i> QL 150 each per 30 day(s)	1	QL
NAYZILAM SPR 5MG QL 10 each per 30 day(s)	1	QL
<i>ramelteon tablet 8mg</i> QL 30 each per 30 day(s)	1	QL
<i>temazepam capsule 15mg</i> QL 60 each per 30 day(s)	1	QL
<i>temazepam capsule 30mg</i> QL 30 each per 30 day(s)	1	QL
TRIAZOLAM TABLET 0.125MG QL 30 each per 30 day(s)	1	QL
TRIAZOLAM TABLET 0.25MG QL 30 each per 30 day(s)	1	QL
VALTOCO SPR 10MG QL 10 each per 30 day(s)	1	QL
VALTOCO SPR 15MG QL 10 each per 30 day(s)	1	QL
VALTOCO SPR 20MG QL 10 each per 30 day(s)	1	QL
VALTOCO SPR 5MG QL 10 each per 30 day(s)	1	QL

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Drug	Tier	Requirements /Limits
<i>zaleplon capsule 10mg</i> QL 30 each per 30 day(s)	1	QL
<i>zaleplon capsule 5mg</i> QL 30 each per 30 day(s)	1	QL
<i>zolpidem tablet 10mg</i> QL 60 each per 30 day(s)	1	QL
<i>zolpidem tablet 5mg</i> QL 60 each per 30 day(s)	1	QL
<i>zolpidem er tablet 12.5mg</i> QL 30 each per 30 day(s)	1	QL
<i>zolpidem er tablet 6.25mg</i> QL 30 each per 30 day(s)	1	QL
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISC.</b>		
EXSERVAN MIS 50MG QL 60 each per 30 day(s)	1	QL; PA
<i>guanfacine tablet 1mg er</i>	1	
<i>guanfacine tablet 2mg er</i>	1	
<i>guanfacine tablet 3mg er</i>	1	
<i>guanfacine tablet 4mg er</i>	1	
XYREM SOLUTION 500MG/ML QL 540 milliliter(s) 30 day(s)	1	QL; PA; LA
XYWAV SOLUTION 0.5GM/ML QL 540 milliliter(s) 30 day(s)	1	QL; PA; LA
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS</b>		
<i>acampro cal tablet 333mg</i> QL 180 each per 30 day(s)	1	QL
<i>atomoxetine capsule 100mg</i> QL 30 each per 30 day(s)	1	QL
<i>atomoxetine capsule 10mg</i> QL 30 each per 30 day(s)	1	QL
<i>atomoxetine capsule 18mg</i> QL 30 each per 30 day(s)	1	QL
<i>atomoxetine capsule 25mg</i> QL 30 each per 30 day(s)	1	QL
<i>atomoxetine capsule 40mg</i> QL 30 each per 30 day(s)	1	QL

Drug	Tier	Requirements /Limits
<i>atomoxetine capsule 60mg</i> QL 30 each per 30 day(s)	1	QL
<i>atomoxetine capsule 80mg</i> QL 30 each per 30 day(s)	1	QL
MEMANT TITRA PACKET 5-10MG QL 49 each per 28 day(s)	1	QL
<i>memantine tablet hcl 10mg</i> QL 60 each per 30 day(s)	1	QL
<i>memantine tablet hcl 5mg</i> QL 60 each per 30 day(s)	1	QL
<i>memantine hc capsule 14mg</i> <i>er</i> QL 30 each per 30 day(s)	1	QL; ST
<i>memantine hc capsule 21mg</i> <i>er</i> QL 30 each per 30 day(s)	1	QL; ST
<i>memantine hc capsule 28mg</i> <i>er</i> QL 30 each per 30 day(s)	1	QL; ST
<i>memantine hc capsule 7mg er</i> QL 30 each per 30 day(s)	1	QL; ST
<i>memantine hc solution</i> <i>2mg/ml</i>	1	
NOURIANZ TABLET 20MG QL 30 each per 30 day(s)	1	QL; PA
NOURIANZ TABLET 40MG QL 30 each per 30 day(s)	1	QL; PA
QELBREE CAPSULE 100MG ER QL 30 each per 30 day(s)	1	QL; ST
QELBREE CAPSULE 150MG ER QL 60 each per 30 day(s)	1	QL; ST
QELBREE CAPSULE 200MG ER QL 60 each per 30 day(s)	1	QL; ST
<i>riluzole tablet 50mg</i>	1	
SUNOSI TABLET 150MG QL 30 each per 30 day(s)	1	QL; ST

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
SUNOSI TABLET 75MG	1	QL; ST	ABILIFY MAIN INJECTABLE	1	QL
QL 30 each per 30 day(s)			400MG		
<b>FIBROMYALGIA AGENTS</b>			QL 2 each per 28 day(s)		
SAVELLA MIS TITR PACKET	1	QL; ST	<i>amitriptylin tablet 100mg</i>	1	
QL 60 each per 30 day(s)			<i>amitriptylin tablet 10mg</i>	1	
SAVELLA TABLET 100MG	1	QL; ST	<i>amitriptylin tablet 150mg</i>	1	
QL 60 each per 30 day(s)			<i>amitriptylin tablet 25mg</i>	1	
SAVELLA TABLET 12.5MG	1	QL; ST	<i>amitriptylin tablet 50mg</i>	1	
QL 60 each per 30 day(s)			<i>amitriptylin tablet 75mg</i>	1	
SAVELLA TABLET 25MG	1	QL; ST	<i>amoxapine tablet 100mg</i>	1	
QL 60 each per 30 day(s)			<i>amoxapine tablet 150mg</i>	1	
SAVELLA TABLET 50MG	1	QL; ST	<i>amoxapine tablet 25mg</i>	1	
QL 60 each per 30 day(s)			<i>amoxapine tablet 50mg</i>	1	
<b>OPIATE ANTAGONISTS</b>			APLENZIN TABLET 174MG	1	QL; ST
KLOXXADO SPR 8MG	1	QL	QL 30 each per 30 day(s)		
QL 7 each per 70 day(s)			APLENZIN TABLET 348MG	1	QL; ST
<i>naloxone injectable 0.4mg/ml</i>	1	QL	QL 30 each per 30 day(s)		
QL 2 milliliter(s) 30 day(s)			APLENZIN TABLET 522MG	1	QL; ST
<i>naloxone injectable 0.4mg/ml</i>	1	QL	QL 30 each per 30 day(s)		
QL 20 milliliter(s) 30 day(s)			<i>aripiprazole solution 1mg/ml</i>	1	QL
<i>naloxone injectable 1mg/ml</i>	1	QL	QL 900 milliliter(s) 30 day(s)		
QL 40 milliliter(s) 30 day(s)			<i>aripiprazole tablet 10mg</i>	1	
<i>naloxone hcl spr</i>	1	QL	<i>aripiprazole tablet 10mg odt</i>	1	QL
QL 2 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>naltrexone tablet 50mg</i>	1		<i>aripiprazole tablet 15mg</i>	1	
ZIMHI SOLUTION	1	QL	<i>aripiprazole tablet 15mg odt</i>	1	QL
QL 2 each per 30 day(s)			QL 60 each per 30 day(s)		
<b>PSYCHOTHERAPEUTIC AGENTS</b>			<i>aripiprazole tablet 20mg</i>	1	
ABILIFY MAIN INJECTABLE	1	QL	<i>aripiprazole tablet 2mg</i>	1	
300MG			<i>aripiprazole tablet 30mg</i>	1	
QL 2 each per 28 day(s)			<i>aripiprazole tablet 5mg</i>	1	
ABILIFY MAIN INJECTABLE	1	QL	ARISTADA INJECTABLE	1	QL; ST
300MG			1064MG		
QL 2 each per 28 day(s)			QL 3.90 each per 28 day(s)		
ABILIFY MAIN INJECTABLE	1	QL	ARISTADA INJECTABLE	1	QL; ST
400MG			441MG/1.		
QL 2 each per 28 day(s)			QL 1.60 each per 28 day(s)		

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Drug	Tier	Requirements /Limits
ARISTADA INJECTABLE 662MG/2	1	QL; ST
QL 2.40 each per 28 day(s)		
ARISTADA INJECTABLE 882MG/3	1	QL; ST
QL 3.20 each per 28 day(s)		
ARISTADA INJECTABLE INITIO	1	QL; ST
QL 2.40 each per 28 day(s)		
ASENAPINE SUB 10MG	1	QL; ST
QL 60 each per 30 day(s)		
<i>asenapine sub 2.5mg</i>	1	QL; ST
QL 60 each per 30 day(s)		
<i>asenapine sub 5mg</i>	1	QL; ST
QL 60 each per 30 day(s)		
<i>bupropion tablet 100mg</i>	1	
<i>bupropion tablet 100mg sr</i>	1	
<i>bupropion tablet 150mg sr</i>	1	
<i>bupropion tablet 150mg sr</i>	1	
<i>bupropion tablet 200mg sr</i>	1	
<i>bupropion tablet 75mg</i>	1	
<i>bupropn hcl tablet 150mg xl</i>	1	
<i>bupropn hcl tablet 300mg xl</i>	1	
BUPROPN HCL TABLET 450MG XL	1	
CAPLYTA CAPSULE 42MG	1	QL; PA
QL 30 each per 30 day(s)		
<i>chlorpromaz tablet 100mg</i>	1	
<i>chlorpromaz tablet 10mg</i>	1	
<i>chlorpromaz tablet 200mg</i>	1	
<i>chlorpromaz tablet 25mg</i>	1	
<i>chlorpromaz tablet 50mg</i>	1	
<i>chlorpromazi con 100mg/ml</i>	1	
<i>chlorpromazi con 30mg/ml</i>	1	
CITALOPRAM CAPSULE 30MG	1	
<i>citalopram solution 10mg/5ml</i>	1	
<i>citalopram tablet 10mg</i>	1	
<i>citalopram tablet 20mg</i>	1	
<i>citalopram tablet 40mg</i>	1	
<i>clomipramine capsule 25mg</i>	1	ST
<i>clomipramine capsule 50mg</i>	1	ST

Drug	Tier	Requirements /Limits
<i>clomipramine capsule 75mg</i>	1	ST
<i>clozapine tablet 100/odt</i>	1	QL
QL 270 each per 30 day(s)		
<i>clozapine tablet 100mg</i>	1	QL
QL 180 each per 30 day(s)		
<i>clozapine tablet 12.5/odt</i>	1	QL
QL 270 each per 30 day(s)		
<i>clozapine tablet 150/odt</i>	1	QL
QL 180 each per 30 day(s)		
<i>clozapine tablet 200/odt</i>	1	QL
QL 180 each per 30 day(s)		
<i>clozapine tablet 200mg</i>	1	QL
QL 135 each per 30 day(s)		
<i>clozapine tablet 25mg</i>	1	QL
QL 90 each per 30 day(s)		
<i>clozapine tablet 25mg odt</i>	1	QL
QL 270 each per 30 day(s)		
<i>clozapine tablet 50mg</i>	1	QL
QL 90 each per 30 day(s)		
<i>compro sup 25mg</i>	1	
<i>desipramine tablet 100mg</i>	1	
<i>desipramine tablet 10mg</i>	1	
<i>desipramine tablet 150mg</i>	1	
<i>desipramine tablet 25mg</i>	1	
<i>desipramine tablet 50mg</i>	1	
<i>desipramine tablet 75mg</i>	1	
DESVENLAFAX TABLET 100MG	1	QL
ER		
QL 30 each per 30 day(s)		
<i>desvenlafax tablet 100mg er</i>	1	QL
QL 30 each per 30 day(s)		
DESVENLAFAX TABLET 25MG	1	QL
ER		
QL 30 each per 30 day(s)		
DESVENLAFAX TABLET 50MG	1	QL
ER		
QL 30 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
<i>desvenlafax tablet 50mg er</i> QL 30 each per 30 day(s)	1	QL
<i>doxepin hcl capsule 100mg</i>	1	
<i>doxepin hcl capsule 10mg</i>	1	
<i>doxepin hcl capsule 150mg</i>	1	
<i>doxepin hcl capsule 25mg</i>	1	
<i>doxepin hcl capsule 50mg</i>	1	
<i>doxepin hcl capsule 75mg</i>	1	
<i>doxepin hcl con 10mg/ml</i>	1	
DRIZALMA CAPSULE 20MG DR QL 60 each per 30 day(s)	1	QL
DRIZALMA CAPSULE 30MG DR QL 60 each per 30 day(s)	1	QL
DRIZALMA CAPSULE 40MG DR QL 60 each per 30 day(s)	1	QL
DRIZALMA CAPSULE 60MG DR QL 60 each per 30 day(s)	1	QL
<i>duloxetine capsule 20mg</i>	1	
<i>duloxetine capsule 30mg</i>	1	
<i>duloxetine capsule 40mg</i> QL 60 each per 30 day(s)	1	QL
<i>duloxetine capsule 60mg</i>	1	
EMSAM DIS 12MG/24H QL 30 each per 30 day(s)	1	QL; ST
EMSAM DIS 6MG/24HR QL 30 each per 30 day(s)	1	QL; ST
EMSAM DIS 9MG/24HR QL 30 each per 30 day(s)	1	QL; ST
<i>escitalopram solution 5mg/5ml</i>	1	
<i>escitalopram tablet 10mg</i>	1	
<i>escitalopram tablet 20mg</i>	1	
<i>escitalopram tablet 5mg</i>	1	
FANAPT PACKET QL 8 each per 30 day(s)	1	QL; PA
FANAPTTABLET 10MG QL 60 each per 30 day(s)	1	QL; PA
FANAPTTABLET 12MG QL 60 each per 30 day(s)	1	QL; PA

Drug	Tier	Requirements /Limits
FANAPTTABLET 1MG QL 60 each per 30 day(s)	1	QL; PA
FANAPTTABLET 2MG QL 60 each per 30 day(s)	1	QL; PA
FANAPTTABLET 4MG QL 60 each per 30 day(s)	1	QL; PA
FANAPTTABLET 6MG QL 60 each per 30 day(s)	1	QL; PA
FANAPTTABLET 8MG QL 60 each per 30 day(s)	1	QL; PA
FETZIMA CAPSULE 120MG QL 30 each per 30 day(s)	1	QL; ST
FETZIMA CAPSULE 20MG QL 30 each per 30 day(s)	1	QL; ST
FETZIMA CAPSULE 40MG QL 30 each per 30 day(s)	1	QL; ST
FETZIMA CAPSULE 80MG QL 30 each per 30 day(s)	1	QL; ST
FETZIMA CAPSULE TITRATIO QL 30 each per 30 day(s)	1	QL; ST
<i>fluoxetine capsule 10mg</i>	1	
<i>fluoxetine capsule 20mg</i>	1	
<i>fluoxetine capsule 40mg</i>	1	
<i>fluoxetine capsule 90mg dr</i> QL 4 each per 28 day(s)	1	QL
<i>fluoxetine solution 20mg/5ml</i>	1	
<i>fluoxetine tablet 10mg</i> QL 30 each per 30 day(s)	1	QL
<i>fluoxetine tablet 10mg</i>	1	
<i>fluoxetine tablet 20mg</i>	1	
<i>fluoxetine tablet 20mg</i> QL 120 each per 30 day(s)	1	QL
<i>fluoxetine tablet 60mg</i> QL 30 each per 30 day(s)	1	QL
<i>fluphenaz de injectable</i> 25mg/ml	1	BvsD
<i>fluphenazine elx 2.5/5ml</i>	1	

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Drug	Tier	Requirements	Drug	Tier	Requirements
		/Limits			/Limits
<i>fluphenazine injectable 2.5mg/ml</i>	1	BvsD	INVEGA SUST INJECTABLE	1	
<i>fluphenazine tablet 10mg</i>	1		234/1.5		
<i>fluphenazine tablet 1mg</i>	1		INVEGA SUST INJECTABLE	1	
<i>fluphenazine tablet 2.5mg</i>	1		39/0.25		
<i>fluphenazine tablet 5mg</i>	1		INVEGA SUST INJECTABLE	1	
<i>fluvoxamine capsule 100mg er</i>	1		78/0.5ML		
<i>fluvoxamine capsule 150mg er</i>	1		INVEGA TRINZ INJECTABLE	1	QL
FLUVOXAMINE TABLET 100MG	1		273MG		
FLUVOXAMINE TABLET 25MG	1		QL 0.8750 each per 90 day(s)		
FLUVOXAMINE TABLET 50MG	1		INVEGA TRINZ INJECTABLE	1	QL
<i>haloper dec injectable 100mg/ml</i>	1		410MG		
<i>haloper dec injectable 50mg/ml</i>	1		QL 1.3150 each per 90 day(s)		
<i>haloper lac injectable 5mg/ml</i>	1		INVEGA TRINZ INJECTABLE	1	QL
<i>haloperidol con 2mg/ml</i>	1		546MG		
<i>haloperidol tablet 0.5mg</i>	1		QL 1.75 each per 90 day(s)		
<i>haloperidol tablet 10mg</i>	1		INVEGA TRINZ INJECTABLE	1	QL
<i>haloperidol tablet 1mg</i>	1		819MG		
<i>haloperidol tablet 20mg</i>	1		QL 2.6250 each per 90 day(s)		
<i>haloperidol tablet 2mg</i>	1		LATUDA TABLET 120MG	1	QL; PA
<i>haloperidol tablet 5mg</i>	1		QL 30 each per 30 day(s)		
<i>imipram hcl tablet 10mg</i>	1		LATUDA TABLET 20MG	1	QL; PA
<i>imipram hcl tablet 25mg</i>	1		QL 30 each per 30 day(s)		
<i>imipram hcl tablet 50mg</i>	1		LATUDA TABLET 40MG	1	QL; PA
<i>imipram pam capsule 100mg</i>	1		QL 30 each per 30 day(s)		
<i>imipram pam capsule 125mg</i>	1		LATUDA TABLET 60MG	1	QL; PA
<i>imipram pam capsule 150mg</i>	1		QL 30 each per 30 day(s)		
<i>imipram pam capsule 75mg</i>	1		LATUDA TABLET 80MG	1	QL; PA
INVEGA HAFYE INJECTABLE	1	QL	QL 30 each per 30 day(s)		
1092MG			<i>loxapine capsule 10mg</i>	1	
QL 3.50 each per 180 day(s)			<i>loxapine capsule 25mg</i>	1	
INVEGA HAFYE INJECTABLE	1	QL	<i>loxapine capsule 50mg</i>	1	
1560MG			<i>loxapine capsule 5mg</i>	1	
QL 5 each per 180 day(s)			LYBALVI TABLET 10-10MG	1	QL; PA
INVEGA SUST INJECTABLE	1		QL 30 each per 30 day(s)		
117/0.75			LYBALVI TABLET 15-10MG	1	QL; PA
INVEGA SUST INJECTABLE	1		QL 30 each per 30 day(s)		
156MG/ML			LYBALVI TABLET 20-10MG	1	QL; PA
			QL 30 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
LYBALVI TABLET 5-10MG	1	QL; PA
QL 30 each per 30 day(s)		
MARPLAN TABLET 10MG	1	
mirtazapine tablet 15mg	1	
mirtazapine tablet 15mg odt	1	QL
QL 30 each per 30 day(s)		
mirtazapine tablet 30mg	1	
mirtazapine tablet 30mg odt	1	QL
QL 30 each per 30 day(s)		
mirtazapine tablet 45mg	1	
mirtazapine tablet 45mg odt	1	QL
QL 30 each per 30 day(s)		
mirtazapine tablet 7.5mg	1	
molindone tablet hcl 10mg	1	QL
QL 270 each per 30 day(s)		
molindone tablet hcl 25mg	1	QL
QL 270 each per 30 day(s)		
molindone tablet hcl 5mg	1	QL
QL 270 each per 30 day(s)		
nefazodone tablet 100mg	1	
nefazodone tablet 150mg	1	
nefazodone tablet 200mg	1	
nefazodone tablet 250mg	1	
nefazodone tablet 50mg	1	
nortriptylin capsule 10mg	1	
nortriptylin capsule 25mg	1	
nortriptylin capsule 50mg	1	
nortriptylin capsule 75mg	1	
nortriptylin solution 10mg/5ml	1	
NUPLAZID CAPSULE 34MG	1	QL; PA
QL 60 each per 30 day(s)		
NUPLAZID TABLET 10MG	1	QL; PA
QL 60 each per 30 day(s)		
olanza/fluox capsule 12-25mg	1	
olanza/fluox capsule 12-50mg	1	
olanza/fluox capsule 3-25mg	1	
olanza/fluox capsule 6-25mg	1	

Drug	Tier	Requirements /Limits
olanza/fluox capsule 6-50mg	1	
olanzapine injectable 10mg	1	BvsD
olanzapine tablet 10mg	1	
olanzapine tablet 10mg odt	1	QL
QL 30 each per 30 day(s)		
olanzapine tablet 15mg	1	
olanzapine tablet 15mg odt	1	QL
QL 30 each per 30 day(s)		
olanzapine tablet 2.5mg	1	
olanzapine tablet 20mg	1	
olanzapine tablet 20mg odt	1	QL
QL 30 each per 30 day(s)		
olanzapine tablet 5mg	1	
olanzapine tablet 5mg odt	1	QL
QL 30 each per 30 day(s)		
olanzapine tablet 7.5mg	1	
PALIPERIDONE TABLET ER	1	QL; ST
1.5MG		
QL 30 each per 30 day(s)		
PALIPERIDONE TABLET ER	1	QL; ST
3MG		
QL 30 each per 30 day(s)		
PALIPERIDONE TABLET ER	1	QL; ST
6MG		
QL 60 each per 30 day(s)		
PALIPERIDONE TABLET ER	1	QL; ST
9MG		
QL 30 each per 30 day(s)		
paroxetine er tablet 12.5mg	1	QL
QL 30 each per 30 day(s)		
paroxetine er tablet 37.5mg	1	QL
QL 30 each per 30 day(s)		
paroxetine suspension	1	QL
10mg/5ml		
QL 900 milliliter(s) 30 day(s)		
paroxetine tablet 10mg	1	
paroxetine tablet 20mg	1	

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Drug	Tier	Requirements /Limits
<i>paroxetine tablet 25mg er</i>	1	QL
<u>QL 90 each per 30 day(s)</u>		
<i>paroxetine tablet 30mg</i>	1	
<i>paroxetine tablet 40mg</i>	1	
<u>PAXIL SUSPENSION 10MG/5ML</u>	<u>1</u>	
<i>perphenazine tablet 16mg</i>	1	
<i>perphenazine tablet 2mg</i>	1	
<i>perphenazine tablet 4mg</i>	1	
<i>perphenazine tablet 8mg</i>	1	
PERSERIS INJECTABLE 120MG	1	QL; BvsD
QL 1 each per 30 day(s)		
PERSERIS INJECTABLE 90MG	1	QL; BvsD
QL 1 each per 30 day(s)		
PEXEVA TABLET 10MG	1	ST
PEXEVA TABLET 20MG	1	ST
PEXEVA TABLET 30MG	1	ST
PEXEVA TABLET 40MG	1	ST
<i>phenelzine tablet 15mg</i>	1	
<i>pimozide tablet 1mg</i>	1	QL
QL 150 each per 30 day(s)		
<i>pimozide tablet 2mg</i>	1	QL
QL 150 each per 30 day(s)		
<i>prochlorper sup 25mg</i>	1	
<i>prochlorper tablet 10mg</i>	1	
<i>prochlorper tablet 5mg</i>	1	
<i>protriptylin tablet 10mg</i>	1	
<i>protriptylin tablet 5mg</i>	1	
<i>quetiapine tablet 100mg</i>	1	
<i>quetiapine tablet 150mg er</i>	1	
<i>quetiapine tablet 200mg</i>	1	
<i>quetiapine tablet 200mg er</i>	1	
<i>quetiapine tablet 25mg</i>	1	
<i>quetiapine tablet 300mg</i>	1	
<i>quetiapine tablet 300mg er</i>	1	
<i>quetiapine tablet 400mg</i>	1	
<i>quetiapine tablet 400mg er</i>	1	
<i>quetiapine tablet 50mg</i>	1	

Drug	Tier	Requirements /Limits
<i>quetiapine tablet 50mg er</i>	1	
REXULTI TABLET 0.25MG	1	QL; PA
QL 30 each per 30 day(s)		
REXULTI TABLET 0.5MG	1	QL; PA
QL 30 each per 30 day(s)		
REXULTI TABLET 1MG	1	QL; PA
QL 30 each per 30 day(s)		
REXULTI TABLET 2MG	1	QL; PA
QL 30 each per 30 day(s)		
REXULTI TABLET 3MG	1	QL; PA
QL 30 each per 30 day(s)		
REXULTI TABLET 4MG	1	QL; PA
QL 30 each per 30 day(s)		
RISPERDAL INJECTABLE	1	
12.5MG		
RISPERDAL INJECTABLE 25MG	1	
RISPERDAL INJECTABLE	1	
37.5MG		
RISPERDAL INJECTABLE 50MG	1	
RISPERIDONE SOLUTION	1	QL
1MG/ML		
QL 240 milliliter(s) 30 day(s)		
<i>risperidone tablet 0.25 odt</i>	1	QL
QL 30 each per 30 day(s)		
<i>risperidone tablet 0.25mg</i>	1	
<i>risperidone tablet 0.5mg</i>	1	
<i>risperidone tablet 0.5mg od</i>	1	QL
QL 60 each per 30 day(s)		
<i>risperidone tablet 1mg</i>	1	
<i>risperidone tablet 1mg odt</i>	1	QL
QL 60 each per 30 day(s)		
<i>risperidone tablet 2mg</i>	1	
<i>risperidone tablet 2mg odt</i>	1	QL
QL 60 each per 30 day(s)		
<i>risperidone tablet 3mg</i>	1	
<i>risperidone tablet 3mg odt</i>	1	QL
QL 60 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
<i>risperidone tablet 4mg</i>	1	
<i>risperidone tablet 4mg odt</i>	1	QL
QL 60 each per 30 day(s)		
SECUADO DIS 3.8MG	1	QL; ST
QL 30 each per 30 day(s)		
SECUADO DIS 5.7MG	1	QL; ST
QL 30 each per 30 day(s)		
SECUADO DIS 7.6MG	1	QL; ST
QL 30 each per 30 day(s)		
SERTRALINE CON 20MG/ML	1	QL
QL 300 milliliter(s) 30 day(s)		
<i>sertraline tablet 100mg</i>	1	
<i>sertraline tablet 25mg</i>	1	
<i>sertraline tablet 50mg</i>	1	
<i>thioridazine tablet 100mg</i>	1	PA
<i>thioridazine tablet 10mg</i>	1	PA
<i>thioridazine tablet 25mg</i>	1	PA
<i>thioridazine tablet 50mg</i>	1	PA
<i>thiothixene capsule 10mg</i>	1	
<i>thiothixene capsule 1mg</i>	1	
<i>thiothixene capsule 2mg</i>	1	
<i>thiothixene capsule 5mg</i>	1	
<i>tranylcyprom tablet 10mg</i>	1	
<i>trazodone tablet 100mg</i>	1	
<i>trazodone tablet 150mg</i>	1	
<i>trazodone tablet 50mg</i>	1	
<i>trifluoperaz tablet 10mg</i>	1	
<i>trifluoperaz tablet 1mg</i>	1	
<i>trifluoperaz tablet 2mg</i>	1	
<i>trifluoperaz tablet 5mg</i>	1	
<i>trimipramine capsule 100mg</i>	1	
<i>trimipramine capsule 25mg</i>	1	
<i>trimipramine capsule 50mg</i>	1	
TRINTELLIX TABLET 10MG	1	QL; ST
QL 30 each per 30 day(s)		
TRINTELLIX TABLET 20MG	1	QL; ST
QL 30 each per 30 day(s)		

Drug	Tier	Requirements /Limits
TRINTELLIX TABLET 5MG	1	QL; ST
QL 30 each per 30 day(s)		
<i>venlafaxine capsule 150mg er</i>	1	QL
QL 60 each per 30 day(s)		
<i>venlafaxine capsule 37.5 er</i>	1	QL
QL 30 each per 30 day(s)		
<i>venlafaxine capsule 75mg er</i>	1	QL
QL 90 each per 30 day(s)		
<i>venlafaxine tablet 100mg</i>	1	
<i>venlafaxine tablet 25mg</i>	1	
<i>venlafaxine tablet 37.5mg</i>	1	
<i>venlafaxine tablet 50mg</i>	1	
<i>venlafaxine tablet 75mg</i>	1	
VERSACLOZ SUSPENSION	1	QL; PA
50MG/ML		
QL 600 milliliter(s) 30 day(s)		
VIIBRYD KIT STARTER	1	QL; ST
QL 30 each per 30 day(s)		
VIIBRYD TABLET 10MG	1	QL; ST
QL 30 each per 30 day(s)		
VIIBRYD TABLET 20MG	1	QL; ST
QL 30 each per 30 day(s)		
VIIBRYD TABLET 40MG	1	QL; ST
QL 30 each per 30 day(s)		
VRAYLAR CAPSULE 1.5-3MG	1	QL; PA
QL 30 each per 30 day(s)		
VRAYLAR CAPSULE 1.5MG	1	QL; PA
QL 30 each per 30 day(s)		
VRAYLAR CAPSULE 3MG	1	QL; PA
QL 30 each per 30 day(s)		
VRAYLAR CAPSULE 4.5MG	1	QL; PA
QL 30 each per 30 day(s)		
VRAYLAR CAPSULE 6MG	1	QL; PA
QL 30 each per 30 day(s)		
<i>ziprasidone capsule 20mg</i>	1	
<i>ziprasidone capsule 40mg</i>	1	
<i>ziprasidone capsule 60mg</i>	1	

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Drug	Tier	Requirements /Limits
<i>ziprasidone capsule 80mg</i>	1	
<i>ziprasidone injectable 20mg</i>	1	
ZYPREXA RELP INJECTABLE 210MG	1	BvsD
<b>VESICULAR MONOAMINE TRANSPORTER 2 (VMAT2) INHIBITORS</b>		
<i>tetrabenazin tablet 12.5mg</i> QL 240 each per 30 day(s)	1	QL; PA
<i>tetrabenazin tablet 25mg</i> QL 120 each per 30 day(s)	1	QL; PA
<b>CONTRACEPTIVES (FOAMS, DEVICES)</b>		
<b>CONTRACEPTIVES (FOAMS, DEVICES)</b>		
PHEXXI GEL	1	QL
QL 12 each per 30 day(s)		
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
<b>ALKALINIZING AGENTS</b>		
<i>pot citra er tablet 1080mg</i>	1	
<i>pot citra er tablet 1620mg</i>	1	
<i>pot citra er tablet 540mg</i>	1	
<b>AMMONIA DETOXICANTS</b>		
<i>carglumic tablet 200mg</i>	1	PA
<i>constulose solution 10gm/15</i>	1	
<i>enulose solution 10gm/15</i>	1	
<i>generlac solution 10gm/15</i>	1	
<i>lactulose packet 10gm</i>	1	
<i>lactulose solution 10gm/15</i>	1	
<i>phenylbutyra pow sodium</i>	1	
<b>CALORIC AGENTS</b>		
CLINIMIX INJECTABLE 4.25/D10	1	HI
CLINIMIX INJECTABLE 4.25/D5W	1	HI
CLINIMIX INJECTABLE 5%/D15W	1	HI
CLINIMIX INJECTABLE 5%/D20W	1	HI
CLINIMIX E INJECTABLE 2.75/D5W	1	HI
CLINIMIX E INJECTABLE 4.25/D10	1	HI
CLINIMIX E INJECTABLE 4.25/D5W	1	HI

Drug	Tier	Requirements /Limits
CLINIMIX EINJECTABLE 5%/D15W	1	HI
CLINIMIX EINJECTABLE 5%/D20W	1	HI
<i>clinisol sf injectable 15%</i>	1	HI
DEXTROSE INJECTABLE 10%	1	HI
DEXTROSE INJECTABLE 5%	1	HI
ISOLYTE-P INJECTABLE /D5W 1		HI
NUTRILIPID EMU 20%	1	HI
<i>plenamine injectable 15%</i>	1	HI
<i>premasol solution 10%</i>	1	HI
PROCALAMINE INJECTABLE 3%	1	HI
PROSOL INJECTABLE 20%	1	HI
TRAVASOL INJECTABLE 10%	1	HI
TROPHAMINE INJECTABLE 10%	1	HI
<b>DIURETICS</b>		
<i>amilor/hctz tablet 5-50</i>	1	
AMILORIDE TABLET 5MG	1	
BUMETANIDE TABLET 0.5MG	1	
BUMETANIDE TABLET 1MG	1	
BUMETANIDE TABLET 2MG	1	
<i>chlorthalid tablet 25mg</i>	1	
<i>chlorthalid tablet 50mg</i>	1	
DIURIL SUSPENSION 250/5ML	1	
<i>ethacrynic tablet acd 25mg</i> QL 480 each per 30 day(s)	1	QL; PA
<i>furosemide injectable 10mg/ml</i>	1	
<i>furosemide solution 10mg/ml</i>	1	
<i>furosemide solution 8mg/ml</i>	1	
<i>furosemide tablet 20mg</i>	1	
<i>furosemide tablet 40mg</i>	1	
<i>furosemide tablet 80mg</i>	1	
<i>hydrochlorot capsule 12.5mg</i>	1	
<i>hydrochlorot tablet 12.5mg</i>	1	

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
hydrochlorot tablet 25mg	1		lanthanum chw 1000mg	1	QL; PA
hydrochlorot tablet 50mg	1		QL 150 each per 30 day(s)		
indapamide tablet 1.25mg	1		lanthanum chw 500mg	1	QL; PA
indapamide tablet 2.5mg	1		QL 450 each per 30 day(s)		
JYNARQUE PACKET 15MG	1	QL; PA	lanthanum chw 750mg	1	QL; PA
QL 60 each per 30 day(s)			QL 180 each per 30 day(s)		
JYNARQUE PACKET 30-15MG	1	QL; PA	LOKELMA PACKET 10GM	1	QL; PA
QL 60 each per 30 day(s)			QL 90 each per 30 day(s)		
JYNARQUE PACKET 45-15MG	1	QL; PA	LOKELMA PACKET 5GM	1	QL; PA
QL 60 each per 30 day(s)			QL 30 each per 30 day(s)		
JYNARQUE PACKET 60-30MG	1	QL; PA	sevelamer tablet 400mg	1	
QL 60 each per 30 day(s)			sevelamer tablet 800mg	1	
JYNARQUE PACKET 90-30MG	1	QL; PA	sevelamer tablet 800mg	1	
QL 60 each per 30 day(s)			sod poly sul pow	1	
JYNARQUE TABLET 15MG	1	QL; PA	sps suspension 15gm/60	1	
QL 120 each per 30 day(s)			VELPHORO CHW 500MG	1	QL; PA
JYNARQUE TABLET 30MG	1	QL; PA	QL 180 each per 30 day(s)		
QL 120 each per 30 day(s)			VELTASSA POW 16.8GM	1	QL; PA
metolazone tablet 10mg	1		QL 30 each per 30 day(s)		
metolazone tablet 2.5mg	1		VELTASSA POW 25.2GM	1	QL; PA
metolazone tablet 5mg	1		QL 30 each per 30 day(s)		
tolvaptan tablet 15mg	1	QL	VELTASSA POW 8.4GM	1	QL; PA
QL 30 each per 30 day(s)			QL 30 each per 30 day(s)		
tolvaptan tablet 30mg	1	QL	<b>IRRIGATING SOLUTIONS</b>		
QL 120 each per 30 day(s)			SODIUM CHLOR SOLUTION	1	BvsD
toremide tablet 100mg	1		0.9% IRR		
toremide tablet 10mg	1		<b>REPLACEMENT PREPARATIONS</b>		
toremide tablet 20mg	1		CALC ACETATE CAPSULE	1	
toremide tablet 5mg	1		667MG		
triamt/hctz capsule 37.5-25	1		D10W/NAACL INJECTABLE 0.2%	1	HI
triamt/hctz tablet 37.5-25	1		D10W/NAACL INJECTABLE	1	HI
triamt/hctz tablet 75-50mg	1		0.45%		
TRIAMTERENE CAPSULE 100MG	1	QL	D2.5W/NAACL INJECTABLE	1	HI
QL 90 each per 30 day(s)			0.45%		
TRIAMTERENE CAPSULE 50MG	1	QL	D5W/NAACL INJECTABLE 0.2%	1	HI
QL 90 each per 30 day(s)			D5W/NAACL INJECTABLE 0.45%	1	HI
<b>ION-REMOVING AGENTS</b>			D5W/NAACL INJECTABLE 0.9%	1	HI
AURYXIA TABLET 210MG	1	QL; PA			
QL 360 each per 30 day(s)					

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Drug	Tier	Requirements	Drug	Tier	Requirements
		/Limits			/Limits
ISOLYTE-S INJECTABLE PH 7.4	1	HI	<i>pot chloride tablet 10meq er</i>	1	
KCL/D5W/LACT INJECTABLE 20MEQ/L	1	HI	POT CHLORIDE TABLET 20MEQ ER	1	
KCL/D5W/NACL INJECTABLE	1	HI	POT CHLORIDE TABLET 8MEQ ER	1	
KCL/D5W/NACL INJECTABLE	1	HI	<i>pot cl micro tablet 10meq er</i>	1	
KCL/D5W/NACL INJECTABLE	1	HI	<i>pot cl micro tablet 15meq er</i>	1	
0.15/0.2			<i>pot cl micro tablet 20meq er</i>	1	
KCL/D5W/NACL INJECTABLE	1	HI	<i>sod chloride injectable 0.45%</i>	1	HI
0.15/0.9			SOD CHLORIDE INJECTABLE 0.9%	1	HI
KCL/D5W/NACL INJECTABLE	1	HI	SOD CHLORIDE INJECTABLE 3%	1	HI
0.3/0.45			SOD CHLORIDE INJECTABLE 5%	1	HI
KCL/D5W/NACL INJECTABLE	1	HI	TPN ELECTROL INJECTABLE	1	HI
<i>klor-con packet 20meq</i>	1		<b>URICOSURIC AGENTS</b>		
KLOR-CON 10 TABLET 10MEQ ER	1		<i>proben/colch tablet 500-0.5</i>	1	
<i>klor-con m15 tablet 15meq er</i>	1		<i>probenecid tablet 500mg</i>	1	
<i>klor-con m20 tablet 20meq er</i>	1		<b>ENZYMES</b>		
PLASMA-LYTE INJECTABLE -148	1	HI	<b>ENZYMES</b>		
PLASMA-LYTE INJECTABLE -A	1	HI	PALYNZIQ INJECTABLE 10/0.5ML	1	QL; PA
POT CHL/D5W INJECTABLE 20MEQ/L	1	HI	QL 60 milliliter(s) 30 day(s)		
POT CHL/NACL INJECTABLE 20MEQ/L	1	HI	PALYNZIQ INJECTABLE 2.5/0.5	1	QL; PA
POT CHL/NACL INJECTABLE 20MEQ/L	1	HI	QL 60 each per 30 day(s)		
POT CHL/NACL INJECTABLE 40MEQ/L	1	HI	PALYNZIQ INJECTABLE 20MG/ML	1	QL; PA
<i>pot chloride capsule 10meq er</i>	1		QL 60 milliliter(s) 30 day(s)		
<i>pot chloride capsule 8meq er</i>	1		REVCOVI INJECTABLE 1.6MG/ML	1	QL; PA
<i>pot chloride injectable 10meq</i>	1	HI	QL 9 milliliter(s) 30 day(s)		
<i>pot chloride injectable 20meq</i>	1	HI	SUCRAID SOLUTION 8500/ML	1	QL; PA; LA
<i>pot chloride injectable 2meq/ml</i>	1	HI	QL 354 milliliter(s) 30 day(s)		
<i>pot chloride injectable 40meq</i>	1	HI	<b>EYE, EAR, NOSE AND THROAT (EENT) PREPS.</b>		
POT CHLORIDE POW 20MEQ	1		<b>ANTI-INFLAMMATORY AGENTS (EENT)</b>		
POT CHLORIDE SOLUTION 10%	1		LOTEMAX OIN 0.5%	1	QL
POT CHLORIDE SOLUTION 20%	1		QL 15 each per 30 day(s)		

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Drug	Tier Requirements /Limits	
<b>EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIO</b>		
<b>ANTIALLERGIC AGENTS</b>		
ALOCRILOL SOLUTION 2% QL 15 each per 30 day(s)	1	QL
ALOMIDE SOLUTION 0.1% OP QL 30 each per 30 day(s)	1	QL
<i>azelastine dro 0.05%</i>	1	
<i>azelastine spr 0.1%</i> QL 60 each per 30 day(s)	1	QL
<i>azelastine spr 0.15%</i> QL 60 each per 30 day(s)	1	QL
BEPOTASTINE DRO 1.5% QL 15 each per 30 day(s)	1	QL
<i>olopatadine dro 0.1%</i> QL 15 each per 30 day(s)	1	QL
<i>olopatadine solution 0.2%</i> QL 7.50 each per 30 day(s)	1	QL
<i>olopatadine spr 0.6%</i> QL 30.50 each per 30 day(s)	1	QL; ST
<b>ANTI-GLAUCOMA AGENTS</b>		
<i>acetazolamid capsule 500mg er</i>	1	
<i>acetazolamid tablet 125mg</i>	1	
<i>acetazolamid tablet 250mg</i>	1	
ALPHAGAN P SOLUTION 0.1% QL 15 each per 30 day(s)	1	QL
BETAXOLOL SOLUTION 0.5% OP	1	
BETOPTIC-S SUSPENSION 0.25% OP	1	
<i>bimatoprost solution 0.03%</i> QL 7.50 each per 30 day(s)	1	QL
<i>brimo/timolo solution 0.2/0.5%</i> QL 10 each per 30 day(s)	1	QL
<i>brimonidine solution 0.2% op</i>	1	
<i>brinzolamide suspension 1%</i> QL 15 each per 30 day(s)	1	QL
COMBIGAN SOLUTION 0.2/0.5% QL 10 each per 30 day(s)	1	QL

Drug	Tier Requirements /Limits	
<i>dorzol/timol solution 2%-0.5%</i>	1	
<i>dorzol/timol solution 22.3-6.8</i>	1	
<i>dorzolamide solution 2% op</i>	1	
<i>latanoprost solution 0.005%</i>	1	
<i>levobunolol solution 0.5% op</i>	1	
LUMIGAN SOLUTION 0.01% QL 5 each per 30 day(s)	1	QL
<i>methazolamid tablet 25mg</i>	1	
<i>methazolamid tablet 50mg</i>	1	
PILOCARPINE SOLUTION 1% OP	1	
PILOCARPINE SOLUTION 2% OP	1	
PILOCARPINE SOLUTION 4% OP	1	
RHOPRESSA SOLUTION 0.02% QL 60 each per 30 day(s)	1	QL; ST
ROCKLATAN DRO QL 5 each per 30 day(s)	1	QL; ST
SIMBRINZA SUSPENSION 1-0.2% QL 16 each per 30 day(s)	1	QL
TIMOLOL GEL SOLUTION 0.25% OP	1	
TIMOLOL GEL SOLUTION 0.5% OP	1	
<i>timolol mal solution 0.25% op</i>	1	
<i>timolol mal solution 0.5% op</i>	1	
<i>timolol mal solution 0.5% op</i>	1	
<i>timolol male solution 0.5%</i>	1	
TIMOPTIC OCU SOLUTION 0.25% OP	1	
VYZULTA SOLUTION 0.024% QL 2.50 each per 30 day(s)	1	ST
XELPROS EMU 0.005% QL 2.50 each per 30 day(s)	1	QL
<b>ANTI-INFECTIVES</b>		
AZASITE SOLUTION 1% QL 10 each per 30 day(s)	1	QL

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Drug	Tier	Requirements /Limits
<i>bacit/polymy oin op</i>	1	
<i>bacitracin oin op</i>	1	
BESIVANCE SUSPENSION 0.6%	1	QL
QL 15 each per 30 day(s)		
<i>blephamide oin s.o.p.</i>	1	
<i>chlorhex glu solution 0.12%</i>	1	
CILOXAN OIN 0.3% OP	1	QL
QL 17.50 each per 30 day(s)		
CIPRO HC SUSPENSION OTIC	1	
CIPRO/DEXA SUSPENSION	1	
0.3-0.1%		
CIPROFLOXACN SOLUTION 0.2%	1	NM
<i>ciprofloxacin solution 0.3% op</i>	1	
<i>erythromycin oin 5mg/gm</i>	1	
GATIFLOXACIN SOLUTION 0.5%	1	QL
QL 15 each per 30 day(s)		
<i>gentamicin solution 0.3% op</i>	1	
<i>levofloxacin solution 0.5%</i>	1	
<i>moxifloxacin solution hcl 0.5%</i>	1	QL
QL 15 each per 30 day(s)		
NATACYN SUSPENSION 5% OP	1	
<i>neo/bac/poly oin op</i>	1	
<i>neo/poly/bac oin /hc 1%op</i>	1	
NEO/POLY/DEX OIN 0.1% OP	1	
<i>neo/poly/dex suspension 0.1% op</i>	1	
<i>neo/poly/gra solution op</i>	1	
<i>neo/poly/hc solution 1% otic</i>	1	
<i>neo/poly/hc suspension 1% otic</i>	1	
<i>neo/poly/hc suspension op</i>	1	
<i>ofloxacin dro 0.3% op</i>	1	
<i>ofloxacin dro 0.3%otic</i>	1	
<i>perio gard solution 0.12%</i>	1	
PRED-G SUSPENSION OP	1	
PRED-G S.O.P OIN OP	1	
<i>sulf/pred na solution op</i>	1	
<i>sulfacet sod oin 10% op</i>	1	

Drug	Tier	Requirements /Limits
<i>sulfacet sod solution 10% op</i>	1	
<i>tobra/dexame suspension</i>	1	
0.3-0.1%		
TOBRADEX OIN 0.3-0.1%	1	
TOBRADEX ST SUSPENSION	1	
0.3-0.05		
<i>tobramycin solution 0.3% op</i>	1	
TOBEX OIN 0.3% OP	1	
<i>trifluridine solution 1% op</i>	1	
ZIRGAN GEL 0.15%	1	
ZYLET SUSPENSION 0.5-0.3%	1	
<b>ANTI-INFLAMMATORY AGENTS</b>		
ALREX SUSPENSION 0.2%	1	QL
QL 15 each per 30 day(s)		
ARNUITY ELPT INH 100MCG	1	QL
QL 30 each per 30 day(s)		
ARNUITY ELPT INH 200MCG	1	QL
QL 30 each per 30 day(s)		
ARNUITY ELPT INH 50MCG	1	QL
QL 30 each per 30 day(s)		
BECONASE AQ SUSPENSION	1	QL; ST
0.042%		
QL 50 each per 30 day(s)		
<i>bromfenac solution 0.09% op</i>	1	
<i>cyclosporine emu 0.05%</i>	1	QL
QL 60 each per 30 day(s)		
<i>dexameth pho solution 0.1% op</i>	1	
<i>diclofenac solution 0.1% op</i>	1	
<i>difluprednat emu 0.05%</i>	1	QL
QL 15 each per 30 day(s)		
FLAREX SUSPENSION 0.1% OP	1	
FLOVENT DISK AER 100MCG	1	QL
QL 60 each per 30 day(s)		
FLOVENT DISK AER 250MCG	1	QL
QL 60 each per 30 day(s)		
FLOVENT DISK AER 50MCG	1	QL
QL 60 each per 30 day(s)		

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FLOVENT HFA AER 110MCG QL 12 each per 30 day(s)	1	QL	RESTASIS MUL EMU 0.05% QL 60 each per 30 day(s)	1	QL
FLOVENT HFA AER 220MCG QL 24 each per 30 day(s)	1	QL	<i>triamcinolon pst den 0.1%</i>	1	
FLOVENT HFA AER 44MCG QL 10.60 each per 30 day(s)	1	QL	XIIDRA DRO 5% QL 60 each per 30 day(s)	1	QL
<i>flunisolide spr 0.025%</i> QL 50 each per 30 day(s)	1	QL	ZETONNA AER 37MCG QL 6.10 each per 30 day(s)	1	QL
<i>fluocin acet oil 0.01%</i>	1		<b>EENT DRUGS, MISCELLANEOUS</b>		
FLUOROMETHOL SUSPENSION 0.1% OP	1		ACETIC ACID SOLUTION 2% OTIC	1	
<i>flurbiprofen solution 0.03% op</i>	1		<i>apraclonidin solution 0.5% op</i>	1	
<i>fluticasone spr 50mcg</i> QL 16 each per 30 day(s)	1	QL	CYSTADROPS SOLUTION 0.37% QL 20 each per 30 day(s)	1	QL; PA
FML FORTE SUSPENSION 0.25% OP	1		CYSTARAN SOLUTION 0.44% QL 60 each per 30 day(s)	1	QL; PA
HC/ACET ACID SOLUTION OTIC	1		IOPIDINE SOLUTION 1% OP	1	
ILEVRO DRO 0.3% OP QL 15 each per 30 day(s)	1	QL	<i>ipratropium spr 0.03%</i>	1	
KETOROLAC SOLUTION 0.4% <i>ketorolac solution 0.5%</i>	1		<i>ipratropium spr 0.06%</i>	1	
LOTEMAX SM GEL 0.38% QL 15 each per 30 day(s)	1	QL	OXERVATE SOLUTION 20MCG/ML QL 28 milliliter(s) 28 day(s)	1	QL; PA
<i>loteprednol gel 0.5%</i> QL 15 each per 30 day(s)	1	QL	<b>GASTROINTESTINAL DRUGS</b>		
<i>loteprednol suspension 0.5%</i> QL 15 each per 30 day(s)	1	QL	<b>ANTIDIARRHEA AGENTS</b>		
MAXIDEX SUSPENSION 0.1% OP	1		<i>loperamide capsule 2mg</i>	1	
<i>mometasone spr 50mcg</i> QL 34 each per 30 day(s)	1	QL	XERMELO TABLET 250MG QL 90 each per 30 day(s)	1	QL; PA
NEVANAC SUSPENSION 0.1% QL 15 each per 30 day(s)	1	QL	<b>ANTIEMETICS</b>		
OMNARIS SPR QL 12.50 each per 30 day(s)	1	QL; ST	<i>aprepitant capsule 125mg</i> QL 3 each per 30 day(s)	1	QL; BvsD
<i>pred sod pho solution 1% op</i>	1		<i>aprepitant capsule 40mg</i> QL 1 each per 30 day(s)	1	QL; BvsD
PREDNISOLONE SUSPENSION 1% OP QL 30 each per 30 day(s)	1	QL	<i>aprepitant capsule 80mg</i> QL 6 each per 30 day(s)	1	QL; BvsD
			<i>aprepitant packet 80 &amp; 125</i> QL 9 each per 30 day(s)	1	QL; BvsD
			<i>dronabinolcapsule 10mg</i> QL 60 each per 30 day(s)	1	QL; PA

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Drug	Tier	Requirements /Limits
<i>dronabinolcapsule 2.5mg</i> QL 60 each per 30 day(s)	1	QL; PA
<i>dronabinolcapsule 5mg</i> QL 60 each per 30 day(s)	1	QL; PA
<i>granisetron tablet 1mg</i>	1	BvsD
<i>meclizine tablet 12.5mg</i>	1	
<i>meclizine tablet 25mg</i>	1	
<i>ondansetron solution 4mg/5ml</i>	1	BvsD
<i>ondansetron tablet 24mg</i>	1	BvsD
<i>ondansetron tablet 4mg</i> QL 240 each per 30 day(s)	1	QL; BvsD
<i>ondansetron tablet 4mg odt</i> QL 240 each per 30 day(s)	1	QL; BvsD
<i>ondansetron tablet 8mg</i> QL 240 each per 30 day(s)	1	QL; BvsD
<i>ondansetron tablet 8mg odt</i> QL 240 each per 30 day(s)	1	QL; BvsD
VARUBITABLET 90MG QL 4 each per 28 day(s)	1	QL; BvsD
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>balsalazide capsule 750mg</i>	1	
<i>budesonide tablet er 9mg</i> QL 30 each per 30 day(s)	1	QL; ST
DIPENTUM CAPSULE 250MG	1	
MESALAMINE CAPSULE 0.375GM QL 120 each per 30 day(s)	1	QL
MESALAMINE CAPSULE 400MG DR	1	
<i>mesalamine ene 4gm</i>	1	
<i>mesalamine tablet 1.2gm</i> QL 120 each per 30 day(s)	1	QL
<i>mesalamine tablet 800mg dr</i>	1	ST
PENTASA CAPSULE 250MG CR QL 480 each per 30 day(s)	1	QL
PENTASA CAPSULE 500MG CR QL 240 each per 30 day(s)	1	QL

Drug	Tier	Requirements /Limits
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS</b>		
<i>cimetidine solution 300/5ml</i>	1	
<i>cimetidine tablet 200mg</i>	1	
<i>cimetidine tablet 300mg</i>	1	
<i>cimetidine tablet 400mg</i>	1	
<i>cimetidine tablet 800mg</i>	1	
DEXILANT CAPSULE 30MG DR QL 30 each per 30 day(s)	3	QL; ST
DEXILANT CAPSULE 60MG DR QL 30 each per 30 day(s)	3	QL; ST
DEXLANSOPRAZ CAPSULE 30MG DR QL 30 each per 30 day(s)	1	QL; ST
DEXLANSOPRAZ CAPSULE 60MG DR QL 30 each per 30 day(s)	1	QL; ST
<i>esomepra mag capsule 20mg dr</i>	1	
<i>esomepra mag capsule 40mg dr</i>	1	
<i>famotidine suspension 40mg/5ml</i>	1	
<i>famotidine tablet 20mg</i>	1	
<i>famotidine tablet 40mg</i>	1	
<i>lansoprazole capsule 15mg dr</i>	1	
<i>lansoprazole capsule 30mg dr</i>	1	
<i>lansoprazole tablet 15mg odt</i> QL 60 each per 30 day(s)	1	QL; ST
<i>lansoprazole tablet 30mg odt</i> QL 60 each per 30 day(s)	1	QL; ST
MISOPROSTOL TABLET 100MCG	1	
MISOPROSTOL TABLET 200MCG	1	
<i>nizatidine capsule 150mg</i>	1	
<i>nizatidine capsule 300mg</i>	1	
<i>nizatidine solution 15mg/ml</i>	1	
<i>omeprazole capsule 10mg</i>	1	

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
ROWASA KIT 4GM	1		<i>omeprazole capsule 20mg</i>	1	
			<i>omeprazole capsule 40mg</i>	1	
			<i>pantoprazole packet 40mg</i>	1	QL
			QL 60 each per 30 day(s)		
<i>pantoprazole tablet 20mg</i>	1		VIOKACE TABLET 10440	1	
<i>pantoprazole tablet 40mg</i>	1		VIOKACE TABLET 20880	1	
PYLERA CAPSULE	1	NM	ZENPEP CAPSULE 10000UNT	1	
<i>rabeprazole tablet 20mg</i>	1	QL	ZENPEP CAPSULE 15000UNT	1	
QL 60 each per 30 day(s)			ZENPEP CAPSULE 20000UNT	1	
<i>sucralfate suspension 1gm/10ml</i>	1		ZENPEP CAPSULE 25000	1	
<i>sucralfate tablet 1gm</i>	1		ZENPEP CAPSULE 3000UNIT	1	
<b>CATHARTICS AND LAXATIVES</b>			ZENPEP CAPSULE 40000	1	
CLENPIQ SOLUTION	1		ZENPEP CAPSULE 5000UNIT	1	
<i>gavilyte-c solution</i>	1		<b>GI DRUGS, MISCELLANEOUS</b>		
<i>gavilyte-g solution</i>	1		CHOLBAM CAPSULE 250MG	1	QL; PA
PEG-3350 SOLUTION ELECTROL	1		QL 120 each per 30 day(s)		
PEG-3350/KCL SOLUTION	1		CHOLBAM CAPSULE 50MG	1	QL; PA
/SODIUM			QL 120 each per 30 day(s)		
PEG/NASUL/C/ SOLUTION	1		GATTEX KIT 5MG	1	PA
NACL/POT			LINZESS CAPSULE 145MCG	1	QL
PLENVU SOLUTION	1	ST	QL 30 each per 30 day(s)		
RELISTOR TABLET 150MG	1	QL; PA	LINZESS CAPSULE 290MCG	1	QL
QL 90 each per 30 day(s)			QL 30 each per 30 day(s)		
SUPREP BOWEL SOLUTION PREP	1		LINZESS CAPSULE 72MCG	1	QL
KIT			QL 30 each per 30 day(s)		
<b>CHOLELITHOLYTIC AGENTS</b>			LUBIPROSTONE CAPSULE	1	QL
<i>chenodal tablet 250mg</i>	1	QL	24MCG		
QL 240 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>ursodiol capsule 300mg</i>	1		LUBIPROSTONE CAPSULE	1	QL
<i>ursodiol tablet 250mg</i>	1		8MCG		
<i>ursodiol tablet 500mg</i>	1		QL 60 each per 30 day(s)		
<b>DIGESTANTS</b>			MOVANTIK TABLET 12.5MG	1	QL
CREON CAPSULE 12000UNT	1		QL 30 each per 30 day(s)		
CREON CAPSULE 24000UNT	1		MOVANTIK TABLET 25MG	1	QL
CREON CAPSULE 3000UNIT	1		QL 30 each per 30 day(s)		
CREON CAPSULE 36000UNT	1		OCALIVA TABLET 10MG	1	QL; PA
CREON CAPSULE 6000UNIT	1		QL 30 each per 30 day(s)		
PERTZYE CAPSULE 16000U	1		OCALIVA TABLET 5MG	1	QL; PA
PERTZYE CAPSULE 24000U	1		QL 30 each per 30 day(s)		
PERTZYE CAPSULE 4000UNIT	1		RELISTOR INJECTABLE	1	QL; PA

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PERTZYE CAPSULE 8000UNIT	1		12/0.6ML QL 16.80 milliliter(s) 28 day(s)		
RELISTOR INJECTABLE 8/0.4ML QL 22.40 milliliter(s) 28 day(s)	1	QL; PA	<i>deferasirox tablet 90mg</i>	1	QL
SYMPROIC TABLET 0.2MG	1		QL 240 each per 30 day(s)		
TRULANCE TABLET 3MG QL 30 each per 30 day(s)	1	QL; ST	<i>deferiprone tablet 1000mg</i>	1	
<b>PROKINETIC AGENTS</b>			<i>deferiprone tablet 500mg</i>	1	
<i>metoclopram solution 5mg/5ml</i>	1		FERRIPROX SOLUTION	1	QL
<i>metoclopram tablet 10mg</i>	1		100MG/ML		
<i>metoclopram tablet 5mg</i>	1		QL 2700 milliliter(s) 30 day(s)		
<i>metoclopram tablet 5mg odt</i>	1		<i>penicillamin tablet 250mg</i>	1	PA
<i>metocloprami tablet 10mg odt</i>	1		<i>trientine capsule 250mg</i>	1	PA
MOTEGRITY TABLET 1MG QL 30 each per 30 day(s)	1	QL; ST	<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>		
MOTEGRITY TABLET 2MG QL 30 each per 30 day(s)	1	QL; ST	<b>ADRENALS</b>		
<b>GOLD COMPOUNDS</b>			ASMANEX 120 AER 220MCG	1	QL
<b>GOLD COMPOUNDS</b>			QL 1 each per 30 day(s)		
RIDAURA CAPSULE 3MG	1		ASMANEX 30 AER 110MCG	1	QL
<b>HEAVY METAL ANTAGONISTS</b>			QL 1 each per 30 day(s)		
<b>HEAVY METAL ANTAGONISTS</b>			ASMANEX 30 AER 220MCG	1	QL
CHEMET CAPSULE 100MG	1		QL 1 each per 30 day(s)		
<i>deferasirox gra 180mg</i> QL 120 each per 30 day(s)	1	QL; PA	ASMANEX 60 AER 220MCG	1	QL
<i>deferasirox gra 360mg</i> QL 120 each per 30 day(s)	1	QL; PA	QL 1 each per 30 day(s)		
<i>deferasirox gra 90mg</i> QL 120 each per 30 day(s)	1	QL; PA	ASMANEX HFA AER 100 MCG	1	QL
<i>deferasirox tablet 125mg</i> QL 720 each per 30 day(s)	1	QL	QL 13 each per 30 day(s)		
<i>deferasirox tablet 180mg</i> QL 450 each per 30 day(s)	1	QL	ASMANEX HFA AER 200 MCG	1	QL
<i>deferasirox tablet 250mg</i> QL 360 each per 30 day(s)	1	QL; PA	QL 13 each per 30 day(s)		
<i>deferasirox tablet 360mg</i> QL 120 each per 30 day(s)	1	QL	ASMANEX HFA AER 50MCG	1	QL
<i>deferasirox tablet 500mg</i> QL 180 each per 30 day(s)	1	QL; PA	QL 13 each per 30 day(s)		
			BUDES/FORMOT AER 160-4.5	1	QL
			QL 20.40 each per 30 day(s)		
			BUDES/FORMOT AER 80-4.5	1	QL
			QL 20.40 each per 30 day(s)		
			<i>budesonide capsule 3mg dr</i>	1	
			<i>budesonide suspension</i>	1	QL; BvsD
			0.25mg/2		
			QL 240 each per 30 day(s)		
			<i>budesonide suspension</i>	1	QL; BvsD
			0.5mg/2		
			QL 240 each per 30 day(s)		
			<i>budesonide suspension</i>	1	QL; BvsD
			1mg/2ml		

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
			QL 240 milliliter(s) 30 day(s)		
<i>dexamethason elx 0.5/5ml</i>	1		<i>prednisone con 5mg/ml</i>	1	
<i>dexamethason tablet 0.5mg</i>	1		<i>prednisone solution 5mg/5ml</i>	1	
<i>dexamethason tablet 0.75mg</i>	1		<i>prednisone tablet 10mg</i>	1	
<i>dexamethason tablet 1.5mg</i>	1		<i>prednisone tablet 1mg</i>	1	
<i>dexamethason tablet 1mg</i>	1		<i>prednisone tablet 2.5mg</i>	1	
<i>dexamethason tablet 2mg</i>	1		<i>prednisone tablet 20mg</i>	1	
<i>dexamethason tablet 4mg</i>	1		<i>prednisone tablet 50mg</i>	1	
<i>dexamethason tablet 6mg</i>	1		<i>prednisone tablet 5mg</i>	1	
<i>fludrocort tablet 0.1mg</i>	1		SYMBICORT AER 160-4.5	1	QL
HEMADY TABLET 20MG	1	QL; PA	QL 20.40 each per 30 day(s)		
QL 60 each per 30 day(s)			SYMBICORT AER 80-4.5	1	QL
<i>hydrocort tablet 10mg</i>	1		QL 20.40 each per 30 day(s)		
HYDROCORT TABLET 20MG	1		TARPEYO CAPSULE 4MG	1	QL; PA
HYDROCORT TABLET 5MG	1		QL 120 each per 30 day(s)		
INTRAROSA SUP 6.5MG	1	QL	<b>ANDROGENS</b>		
QL 30 each per 30 day(s)			<i>danazolcapsule 100mg</i>	1	
METHYLPRED TABLET 16MG	1		<i>danazolcapsule 200mg</i>	1	
<i>methylpred tablet 32mg</i>	1		<i>danazolcapsule 50mg</i>	1	
<i>methylpred tablet 4mg</i>	1		<i>oxandrolone tablet 10mg</i>	1	
<i>methylpred tablet 4mg</i>	1		<i>oxandrolone tablet 2.5mg</i>	1	
<i>methylpred tablet 8mg</i>	1		<i>testost cyp injectable</i>	1	
ORTIKOS CAPSULE 6MG ER	1	QL; ST	<i>100mg/ml</i>		
QL 30 each per 30 day(s)			<i>testost cyp injectable</i>	1	
ORTIKOS CAPSULE 9MG ER	1	QL; ST	<i>200mg/ml</i>		
QL 30 each per 30 day(s)			<i>testost enan injectable</i>	1	QL
PRED SOD PHO SOLUTION	1		<i>200mg/ml</i>		
5MG/5ML			QL 10 milliliter(s) 30 day(s)		
<i>prednisolone solution 10mg/5ml</i>	1		<i>testosterone gel 1%(25mg)</i>	1	QL
<i>prednisolone solution 15mg/5ml</i>	1		QL 300 each per 30 day(s)		
<i>prednisolone solution 20mg/5ml</i>	1		<i>testosterone gel 1%(50mg)</i>	1	QL
<i>prednisolone solution 25mg/5ml</i>	1		QL 300 each per 30 day(s)		
PREDNISOLONE TABLET 10MG	1		<i>testosterone gel 1.62%</i>	1	QL
ODT			QL 150 each per 30 day(s)		
PREDNISOLONE TABLET 15MG	1		<i>testosterone gel 1.62%</i>	1	QL
ODT			QL 150 each per 30 day(s)		
PREDNISOLONE TABLET 30MG	1		<i>testosterone gel 1.62%</i>	1	QL
ODT			QL 150 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
testosterone gel 10mg/act QL 120 each per 30 day(s)	1	QL; PA
testosterone gel pump 1% QL 300 each per 30 day(s)	1	QL
testosterone solution 30mg/act QL 180 each per 30 day(s)	1	QL; PA
<b>ANTIDIABETIC AGENTS</b>		
acarbose tablet 100mg QL 90 each per 30 day(s)	1	QL
acarbose tablet 25mg QL 90 each per 30 day(s)	1	QL
acarbose tablet 50mg QL 90 each per 30 day(s)	1	QL
ALOG/PIOGLIT TABLET 12.5-15 QL 30 each per 30 day(s)	1	QL
ALOG/PIOGLIT TABLET 12.5-30 QL 30 each per 30 day(s)	1	QL
ALOG/PIOGLIT TABLET 12.5-45 QL 30 each per 30 day(s)	1	QL
ALOG/PIOGLIT TABLET 25-15MG QL 30 each per 30 day(s)	1	QL
ALOG/PIOGLIT TABLET 25-30MG QL 30 each per 30 day(s)	1	QL
ALOG/PIOGLIT TABLET 25-45MG QL 30 each per 30 day(s)	1	QL
ALOGLIPTIN TABLET 12.5MG QL 30 each per 30 day(s)	1	QL
ALOGLIPTIN TABLET 25MG QL 30 each per 30 day(s)	1	QL
ALOGLIPTIN TABLET 6.25MG QL 30 each per 30 day(s)	1	QL
ALOGLIPTIN/ TABLET METFORM QL 60 each per 30 day(s)	1	QL
ALOGLIPTIN/ TABLET METFORM QL 60 each per 30 day(s)	1	QL
BYDUREON BC INJECTABLE 2/0.85ML QL 4 milliliter(s) 28 day(s)	1	QL; PA

Drug	Tier	Requirements /Limits
BYETTA INJECTABLE 10MCG QL 4.80 each per 28 day(s)	1	QL; PA
BYETTA INJECTABLE 5MCG QL 2.40 each per 28 day(s)	1	QL; PA
FARXIGA TABLET 10MG QL 30 each per 30 day(s)	1	QL
FARXIGA TABLET 5MG QL 30 each per 30 day(s)	1	QL
glimepiride tablet 1mg	1	
glimepiride tablet 2mg	1	
glimepiride tablet 4mg	1	
glip/metformin tablet 2.5-250m	1	
glip/metformin tablet 2.5-500m	1	
glip/metformin tablet 5-500mg	1	
glipizide tablet 10mg	1	
glipizide tablet 5mg	1	
glipizide er tablet 10mg	1	
glipizide er tablet 2.5mg	1	
glipizide er tablet 5mg	1	
glyb/metformin tablet 1.25-250 QL 120 each per 30 day(s)	1	QL
glyb/metformin tablet 2.5-500 QL 120 each per 30 day(s)	1	QL
glyb/metformin tablet 5-500mg QL 120 each per 30 day(s)	1	QL
GLYXAMBI TABLET 10-5MG QL 30 each per 30 day(s)	1	QL
GLYXAMBI TABLET 25-5MG QL 30 each per 30 day(s)	1	QL
HUMULIN R INJECTABLE U-500	1	PA
HUMULIN R INJECTABLE U-500	1	PA
INS ASP PROT INJECTABLE FLEXPEN	1	
INSULIN ASPA INJECTABLE 100/ML	1	

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Drug	Tier	Requirements /Limits
INSULIN ASPA INJECTABLE 70/30	1	
INSULIN ASPA INJECTABLE FLEXPEN	1	
INSULIN ASPA INJECTABLE PENFILL	1	
JARDIANCE TABLET 10MG QL 30 each per 30 day(s)	1	QL
JARDIANCE TABLET 25MG QL 30 each per 30 day(s)	1	QL
JENTADUETO TABLET 2.5-1000 QL 60 each per 30 day(s)	1	QL; ST
JENTADUETO TABLET 2.5-500 QL 120 each per 30 day(s)	1	QL; ST
JENTADUETO TABLET 2.5-850 QL 60 each per 30 day(s)	1	QL; ST
JENTADUETO TABLET XR QL 60 each per 30 day(s)	1	QL; ST
JENTADUETO TABLET XR QL 30 each per 30 day(s)	1	QL; ST
LANTUS INJECTABLE 100/ML QL 120 milliliter(s) 30 day(s)	1	QL
LANTUS SOLOS INJECTABLE 100/ML QL 120 milliliter(s) 30 day(s)	1	QL
<i>metformin solution 500/5ml</i>	1	
<i>metformin tablet 1000mg</i>	1	
<i>metformin tablet 500mg</i>	1	
<i>metformin tablet 500mg er</i>	1	
<i>metformin tablet 750mg er</i>	1	
<i>metformin tablet 850mg</i>	1	
<i>miglitol tablet 100mg</i>	1	
<i>miglitol tablet 25mg</i>	1	
<i>miglitol tablet 50mg</i>	1	
<i>nateglinide tablet 120mg</i>	1	
<i>nateglinide tablet 60mg</i>	1	
NOVOLIN INJECTABLE 70/30	1	
NOVOLIN INJECTABLE 70/30 FP	1	

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

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Drug	Tier	Requirements /Limits
SEGLUROMET TABLET 2.5-500 QL 60 each per 30 day(s)	1	QL; ST
SEGLUROMET TABLET 7.5-1000 QL 60 each per 30 day(s)	1	QL; ST
SEGLUROMET TABLET 7.5-500 QL 60 each per 30 day(s)	1	QL; ST
SOLIQUA INJECTABLE 100/33 QL 18 each per 30 day(s)	1	QL; ST
STEGLATRO TABLET 15MG QL 30 each per 30 day(s)	1	QL; ST
STEGLATRO TABLET 5MG QL 30 each per 30 day(s)	1	QL; ST
SYMLINPEN 60 INJECTABLE 1000MCG QL 10.80 each per 30 day(s)	1	QL; ST
SYMLINPEN 120 INJECTABLE 1000MCG QL 10.80 each per 30 day(s)	1	QL; ST
SYNJARDY TABLET QL 60 each per 30 day(s)	1	QL
SYNJARDY TABLET 12.5-500 QL 60 each per 30 day(s)	1	QL
SYNJARDY TABLET 5-1000MG QL 60 each per 30 day(s)	1	QL
SYNJARDY TABLET 5-500MG QL 60 each per 30 day(s)	1	QL
SYNJARDY XR TABLET QL 60 each per 30 day(s)	1	QL
SYNJARDY XR TABLET 10-1000 QL 60 each per 30 day(s)	1	QL
SYNJARDY XR TABLET 25-1000 QL 60 each per 30 day(s)	1	QL
SYNJARDY XR TABLET 5-1000MG QL 60 each per 30 day(s)	1	QL
TOUJEO MAX INJECTABLE 300IU/ML QL 30 milliliter(s) 30 day(s)	1	QL

Drug	Tier	Requirements /Limits
TOUJEO SOLO INJECTABLE 300IU/ML QL 45 milliliter(s) 30 day(s)	1	QL
TRADJENTA TABLET 5MG QL 30 each per 30 day(s)	1	QL; ST
TRIJARDY XR TABLET	1	
TRIJARDY XR TABLET	1	
TRIJARDY XR TABLET	1	
TRIJARDY XR TABLET	1	
TRULICITY INJECTABLE 0.75/0.5 QL 4 each per 28 day(s)	1	QL; PA
TRULICITY INJECTABLE 1.5/0.5 QL 4 each per 28 day(s)	1	QL; PA
TRULICITY INJECTABLE 3/0.5 QL 4 each per 28 day(s)	1	QL; PA
TRULICITY INJECTABLE 4.5/0.5 QL 4 each per 28 day(s)	1	QL; PA
XIGDUO XR TABLET 10-1000 QL 30 each per 30 day(s)	1	QL
XIGDUO XR TABLET 10-500MG QL 30 each per 30 day(s)	1	QL
XIGDUO XR TABLET 2.5-1000 QL 60 each per 30 day(s)	1	QL
XIGDUO XR TABLET 5-1000MG QL 60 each per 30 day(s)	1	QL
XIGDUO XR TABLET 5-500MG QL 60 each per 30 day(s)	1	QL
<b>ANTIHYPOGLYCEMIC AGENTS</b>		
BAQSIMI ONE POW 3MG/DOSE	1	
<i>diazoxide suspension</i> 50mg/ml	1	
GLUCAGEN INJECTABLE HYPOKIT	1	
GLUCAGON KIT 1MG	1	
GVOKE HYPO 2 INJECTABLE .5/.1ML	1	

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Drug	Tier	Requirements /Limits
GVOKE HYPO 2 INJECTABLE 1MG/.2ML	1	
GVOKE KIT SOLUTION 1MG/0.2M	1	
GVOKE PFS INJECTABLE	1	
GVOKE PFS INJECTABLE	1	
ZEGALOGUE INJECTABLE 0.6/0.6	1	
ZEGALOGUE INJECTABLE 0.6/0.6	1	
<b>CONTRACEPTIVES</b>		
amabelz tablet 0.5-0.1	1	
amabelz tablet 1-0.5mg	1	
amethia tablet	1	QL
QL 91 each per 91 day(s)		
apri tablet	1	
aranelle tablet	1	
aviane tablet	1	
balziva tablet	1	
briellyn tablet	1	
camila tablet 0.35mg	1	
cryselle-28 tablet 28 tablets	1	
deso/ethinyl tablet estradio	1	
deso/ethinyl tablet estradio	1	
dolishale tablet 90-20mcg	1	
drospir/ethi tablet 3-0.03mg	1	
DROSPIRE/ETH TABLET ESTR/LEV	1	
eluryng mis	1	QL
QL 1 each per 28 day(s)		
emoquette tablet	1	
errin tablet 0.35mg	1	
estarylla tablet 0.25-35	1	
estra/noreth tablet 0.5-0.1	1	
estra/noreth tablet 1-0.5mg	1	
ethy eth est tablet 1-35	1	
ethynodiol tablet 1-50	1	
etonogestrel mis ethy est	1	QL
QL 1 each per 28 day(s)		
femynor tablet 0.25-35	1	
fyavolv tablet 0.5-2.5	1	

Drug	Tier	Requirements /Limits
fyavolv tablet 1-5	1	
iclevia tablet	1	QL
QL 91 each per 91 day(s)		
introvale tablet	1	QL
QL 91 each per 91 day(s)		
jasmiel tablet 3-0.02mg	1	
jinteli tablet 1mg-5mcg	1	
junel 1.5/30 tablet	1	
kariva tablet 28 day	1	
kelnor tablet 1/35	1	
kelnor 1/50 tablet	1	
lessina tablet	1	
levo-eth est tablet 90-20mcg	1	
levonest tablet	1	
levonor/ethi tablet	1	
levonor/ethi tablet estradio	1	QL
QL 91 each per 91 day(s)		
levonor/ethi tablet estradio	1	
levora-28 tablet 0.15/30	1	
loestrin tablet 1/20-21	1	
loestrin 21 tablet 1.5/30	1	
loryna tablet 3-0.02mg	1	
lutera tablet	1	
lyleq tablet 0.35mg	1	
marlissa tablet 0.15/30	1	
merzee capsule 1/20	1	
micrgstin 24 tablet fe 1/20	1	
microgestin tablet 1.5/30	1	
microgestin tablet 1/20	1	
mili tablet 0.25/35	1	
mimvey tablet 1-0.5mg	1	
necon tablet 0.5/35	1	
noreth/ethin tablet 0.5-2.5	1	
noreth/ethin tablet 1/20	1	
noreth/ethin tablet 1mg-5mcg	1	
noreth/ethin tablet fe 1/20	1	
norethin ace tablet 5mg	1	

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Drug	Tier	Requirements /Limits
<i>norethindron tablet 0.35mg</i>	1	
<i>norgest/ethi tablet 0.25/35</i>	1	
<i>norgest/ethi tablet estradio</i>	1	
<i>nortrel tablet 0.5/35</i>	1	
<i>nortrel tablet 1/35</i>	1	
<i>nortrel tablet 7/7/7</i>	1	
<i>nylia tablet 1/35</i>	1	
<i>nylia tablet 7/7/7</i>	1	
<i>nymyo tablet 0.25-35</i>	1	
<i>orsythia tablet</i>	1	
<i>portia-28 tablet</i>	1	
<i>prefest tablet</i>	1	QL; PA
QL 30 each per 30 day(s)		
<i>reclipsen tablet</i>	1	
SAFYRAL TABLET	1	
SLYND TABLET 4MG	1	ST
<i>sprintec 28 tablet 28 day</i>	1	
<i>sronyx tablet</i>	1	
<i>taysofy capsule 1/20</i>	1	
<i>tri-estaryll tablet</i>	1	
<i>tri-lo tablet estaryll</i>	1	
<i>tri-lo- tablet sprintec</i>	1	
<i>tri-nymyo tablet</i>	1	
<i>tri-sprintec tablet</i>	1	
<i>tri-vylibra tablet lo</i>	1	
<i>trivora-28 tablet</i>	1	
<i>velivet packet</i>	1	
<i>vestura tablet 3-0.02mg</i>	1	
<i>vienva tablet 0.1-20</i>	1	
<i>vylibra tablet 0.25-35</i>	1	
<i>xulane dis 150-35</i>	1	QL
QL 4 each per 28 day(s)		
<i>zovia 1/35 tablet</i>	1	
<b>ESTROGENS AND ESTROGEN</b>		
<b>AGONISTS-ANTAGONISTS</b>		
<i>anastrozole tablet 1mg</i>	1	QL
QL 30 each per 30 day(s)		

Drug	Tier	Requirements /Limits
<i>depo-estradi injectable</i>	1	
<i>5mg/ml</i>		
<i>dotti dis 0.025mg</i>	1	
<i>dotti dis 0.0375mg</i>	1	
<i>dotti dis 0.05mg</i>	1	
<i>dotti dis 0.075mg</i>	1	
<i>dotti dis 0.1mg</i>	1	
<i>estradiol cre 0.01%</i>	1	QL
QL 127.50 each per 30 day(s)		
<i>estradiol dis 0.025mg</i>	1	
<i>estradiol dis 0.025mg</i>	1	
<i>estradiol dis 0.0375mg</i>	1	
ESTRADIOL DIS 0.0375MG	1	
ESTRADIOL DIS 0.05MG	1	
<i>estradiol dis 0.05mg</i>	1	
ESTRADIOL DIS 0.06MG	1	
ESTRADIOL DIS 0.075MG	1	
<i>estradiol dis 0.075mg</i>	1	
<i>estradiol dis 0.1mg</i>	1	
ESTRADIOL DIS 0.1MG	1	
<i>estradiol tablet 0.5mg</i>	1	QL
QL 450 each per 30 day(s)		
<i>estradiol tablet 10mcg</i>	1	QL
QL 30 each per 30 day(s)		
<i>estradiol tablet 1mg</i>	1	QL
QL 450 each per 30 day(s)		
<i>estradiol tablet 2mg</i>	1	QL
QL 450 each per 30 day(s)		
<i>exemestane tablet 25mg</i>	1	QL
QL 60 each per 30 day(s)		
FEMRING MIS 0.05/24H	1	QL; ST
QL 1 each per 90 day(s)		
FEMRING MIS 0.1MG/24	1	QL; ST
QL 1 each per 90 day(s)		
IMVEXXY MAIN SUP 10MCG	1	QL
QL 30 each per 30 day(s)		
IMVEXXY MAIN SUP 4MCG	1	QL
QL 30 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
IMVEXXY STRT SUP 10MCG QL 30 each per 30 day(s)	1	QL
IMVEXXY STRT SUP 4MCG QL 30 each per 30 day(s)	1	QL
<i>letrozole tablet 2.5mg</i> QL 30 each per 30 day(s)	1	QL
<i>lyllana dis 0.025mg</i>	1	
<i>lyllana dis 0.0375mg</i>	1	
<i>lyllana dis 0.05mg</i>	1	
<i>lyllana dis 0.075mg</i>	1	
<i>lyllana dis 0.1mg</i>	1	
ORIAHNN CAPSULE QL 60 each per 30 day(s)	1	QL; PA
OSPHENA TABLET 60MG QL 30 each per 30 day(s)	1	QL
PREMARIN VAG CRE 0.625MG QL 60 each per 30 day(s)	1	QL
<i>raloxifene tablet 60mg</i> QL 30 each per 30 day(s)	1	QL
SOLTAMOX SOLUTION 10MG/5ML	1	
<i>tamoxifen tablet 10mg</i> QL 30 each per 30 day(s)	1	QL
<i>tamoxifen tablet 20mg</i> QL 60 each per 30 day(s)	1	QL
<i>toremifene tablet 60mg</i> QL 30 each per 30 day(s)	1	QL; PA
<i>yuvafem tablet 10mcg</i> QL 30 each per 30 day(s)	1	QL
<b>GONADOTROPINS AND ANTIGONADOTROPINS</b>		
ELIGARD INJECTABLE 22.5MG	1	BvsD
ELIGARD INJECTABLE 30MG	1	BvsD
ELIGARD INJECTABLE 7.5MG	1	BvsD
FIRMAGON INJECTABLE 120MG	1	BvsD
FIRMAGON INJECTABLE 80MG	1	BvsD
<i>leuprolide injectable 1mg/0.2</i>	1	
LUPRON DEPOT INJECTABLE 11.25MG	1	BvsD

Drug	Tier	Requirements /Limits
LUPRON DEPOT INJECTABLE 22.5MG	1	BvsD
LUPRON DEPOT INJECTABLE 3.75MG	1	BvsD
LUPRON DEPOT INJECTABLE 30MG	1	BvsD
LUPRON DEPOT INJECTABLE 45MG	1	BvsD
LUPRON DEPOT INJECTABLE 7.5MG	1	BvsD
MYFEMBREE TABLET QL 30 each per 30 day(s)	1	QL; PA
ORGOVYX TABLET 120MG QL 32 each per 30 day(s)	1	QL; PA
ORILISSA TABLET 150MG QL 30 each per 30 day(s)	1	QL; PA
ORILISSA TABLET 200MG QL 60 each per 30 day(s)	1	QL; PA
SYNAREL SOLUTION 2MG/ML	1	PA
TRELSTAR MIX INJECTABLE 11.25MG	1	BvsD
TRELSTAR MIX INJECTABLE 22.5MG	1	BvsD
TRELSTAR MIX INJECTABLE 3.75MG	1	BvsD
<b>LEPTINS</b>		
MYALEPT INJECTABLE 11.3MG QL 67.80 each per 30 day(s)	1	QL; PA
<b>PARATHYROID AND ANTIPARATHYROID AGENTS</b>		
<i>calcitonin spr 200/act</i>	1	
<i>cinacalcet tablet 30mg</i> QL 120 each per 30 day(s)	1	QL; PA
<i>cinacalcet tablet 60mg</i> QL 120 each per 30 day(s)	1	QL; PA
<i>cinacalcet tablet 90mg</i> QL 120 each per 30 day(s)	1	QL; PA
NATPARA INJECTABLE 100MCG QL 2 each per 28 day(s)	1	QL; PA

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Drug	Tier	Requirements /Limits
NATPARA INJECTABLE 25MCG	1	QL; PA
QL 2 each per 28 day(s)		
NATPARA INJECTABLE 50MCG	1	QL; PA
QL 2 each per 28 day(s)		
NATPARA INJECTABLE 75MCG	1	QL; PA
QL 2 each per 28 day(s)		
TERIPARATIDE INJECTABLE	1	PA
TYMLOS INJECTABLE	1	QL; PA
QL 1.56 each per 30 day(s)		
<b>PITUITARY</b>		
<i>desmopressin spr 0.01%</i>	1	QL
QL 15 each per 30 day(s)		
<i>desmopressin tablet 0.1mg</i>	1	QL
QL 180 each per 30 day(s)		
<i>desmopressin tablet 0.2mg</i>	1	QL
QL 180 each per 30 day(s)		
OMNITROPE INJECTABLE 5.8MG	1	PA
ZOMACTON INJECTABLE 10MG	1	PA
ZOMACTON INJECTABLE 5MG	1	PA
<b>PROGESTINS</b>		
CRINONE GEL 4% VAG	1	PA
DEPO-SQ PROV INJECTABLE 104	1	QL
QL 1 each per 90 day(s)		
MEDROXYPR AC INJECTABLE	1	QL
150MG/ML		
QL 1 milliliter(s) 90 day(s)		
MEDROXYPR AC INJECTABLE	1	QL
150MG/ML		
QL 1 milliliter(s) 90 day(s)		
<i>medroxypr ac tablet 10mg</i>	1	
<i>medroxypr ac tablet 2.5mg</i>	1	
<i>medroxypr ac tablet 5mg</i>	1	
<i>megestrol suspension 625mg/5m</i>	1	
<i>megestrol ac suspension</i>	1	
<i>40mg/ml</i>		
<i>megestrol ac tablet 20mg</i>	1	
<i>megestrol ac tablet 40mg</i>	1	

Drug	Tier	Requirements /Limits
<i>progesterone capsule 100mg</i>	1	
<i>progesterone capsule 200mg</i>	1	
<b>SOMATOSTATIN AGONISTS AND ANTAGONISTS</b>		
MYCAPSSA CAPSULE 20MG	1	QL; PA
QL 120 each per 30 day(s)		
<i>octreotide injectable 1000mcg</i>	1	PA
<i>octreotide injectable 100mcg</i>	1	PA
<i>octreotide injectable 200mcg</i>	1	PA
<i>octreotide injectable 500mcg</i>	1	PA
<i>octreotide injectable</i>	1	PA
<i>50mcg/ml</i>		
SIGNIFOR INJECTABLE	1	QL; PA
0.3MG/ML		
QL 60 milliliter(s) 30 day(s)		
SIGNIFOR INJECTABLE	1	QL; PA
0.6MG/ML		
QL 60 milliliter(s) 30 day(s)		
SIGNIFOR INJECTABLE	1	QL; PA
0.9MG/ML		
QL 60 milliliter(s) 30 day(s)		
<b>SOMATOTROPIN AGONISTS AND ANTAGONISTS</b>		
INCRELEX INJECTABLE	1	PA
40MG/4ML		
OMNITROPE INJECTABLE	1	PA
10/1.5ML		
OMNITROPE INJECTABLE	1	PA
5/1.5ML		
SOMAVERT INJECTABLE 10MG	1	QL; PA
QL 90 each per 30 day(s)		
SOMAVERT INJECTABLE 15MG	1	QL; PA
QL 60 each per 30 day(s)		
SOMAVERT INJECTABLE 20MG	1	QL; PA
QL 60 each per 30 day(s)		
<b>THYROID AND ANTITHYROID AGENTS</b>		
EUTHYROX TABLET 100MCG	1	QL
QL 90 each per 30 day(s)		
EUTHYROX TABLET 112MCG	1	QL
QL 90 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
EUTHYROX TABLET 125MCG QL 90 each per 30 day(s)	1	QL
EUTHYROX TABLET 137MCG QL 90 each per 30 day(s)	1	QL
EUTHYROX TABLET 150MCG QL 90 each per 30 day(s)	1	QL
EUTHYROX TABLET 175MCG QL 90 each per 30 day(s)	1	QL
EUTHYROX TABLET 200MCG QL 90 each per 30 day(s)	1	QL
EUTHYROX TABLET 25MCG QL 90 each per 30 day(s)	1	QL
EUTHYROX TABLET 50MCG QL 90 each per 30 day(s)	1	QL
EUTHYROX TABLET 75MCG QL 90 each per 30 day(s)	1	QL
EUTHYROX TABLET 88MCG QL 90 each per 30 day(s)	1	QL
<i>levothyroxin tablet 100mcg</i> QL 90 each per 30 day(s)	1	QL
<i>levothyroxin tablet 112mcg</i> QL 90 each per 30 day(s)	1	QL
LEVOTHYROXIN TABLET 125MCG QL 90 each per 30 day(s)	1	QL
<i>levothyroxin tablet 137mcg</i> QL 90 each per 30 day(s)	1	QL
<i>levothyroxin tablet 150mcg</i> QL 90 each per 30 day(s)	1	QL
<i>levothyroxin tablet 175mcg</i> QL 90 each per 30 day(s)	1	QL
LEVOTHYROXIN TABLET 200MCG QL 90 each per 30 day(s)	1	QL
<i>levothyroxin tablet 25mcg</i> QL 90 each per 30 day(s)	1	QL
LEVOTHYROXIN TABLET 300MCG QL 90 each per 30 day(s)	1	QL
<i>levothyroxin tablet 50mcg</i> QL 90 each per 30 day(s)	1	QL

Drug	Tier	Requirements /Limits
<i>levothyroxin tablet 75mcg</i> QL 90 each per 30 day(s)	1	QL
<i>levothyroxin tablet 88mcg</i> QL 90 each per 30 day(s)	1	QL
LEVOXYL TABLET 100MCG QL 90 each per 30 day(s)	1	QL
LEVOXYL TABLET 112MCG QL 90 each per 30 day(s)	1	QL
LEVOXYL TABLET 125MCG QL 90 each per 30 day(s)	1	QL
LEVOXYL TABLET 137MCG QL 90 each per 30 day(s)	1	QL
LEVOXYL TABLET 150MCG QL 90 each per 30 day(s)	1	QL
LEVOXYL TABLET 175MCG QL 90 each per 30 day(s)	1	QL
LEVOXYL TABLET 200MCG QL 90 each per 30 day(s)	1	QL
LEVOXYL TABLET 25MCG QL 90 each per 30 day(s)	1	QL
LEVOXYL TABLET 50MCG QL 90 each per 30 day(s)	1	QL
LEVOXYL TABLET 75MCG QL 90 each per 30 day(s)	1	QL
LEVOXYL TABLET 88MCG QL 90 each per 30 day(s)	1	QL
<i>liothyronine tablet 25mcg</i>	1	
<i>liothyronine tablet 50mcg</i>	1	
<i>liothyronine tablet 5mcg</i>	1	
<i>methimazole tablet 10mg</i>	1	
<i>methimazole tablet 5mg</i>	1	
<i>propylthiour tablet 50mg</i>	1	
SYNTHROID TABLET 100MCG QL 90 each per 30 day(s)	1	QL
SYNTHROID TABLET 112MCG QL 90 each per 30 day(s)	1	QL
SYNTHROID TABLET 125MCG QL 90 each per 30 day(s)	1	QL

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
SYNTHROID TABLET 137MCG QL 90 each per 30 day(s)	1	QL	TIROSINT-SOL SOLUTION 44MCG/ML	1	
SYNTHROID TABLET 150MCG QL 90 each per 30 day(s)	1	QL	TIROSINT-SOL SOLUTION 50MCG/ML	1	
SYNTHROID TABLET 175MCG QL 90 each per 30 day(s)	1	QL	TIROSINT-SOL SOLUTION 62.5/ML	1	
SYNTHROID TABLET 200MCG QL 90 each per 30 day(s)	1	QL	TIROSINT-SOL SOLUTION 75MCG/ML	1	
SYNTHROID TABLET 25MCG QL 90 each per 30 day(s)	1	QL	TIROSINT-SOL SOLUTION 88MCG/ML	1	
SYNTHROID TABLET 300MCG QL 90 each per 30 day(s)	1	QL	UNITHROID TABLET 100MCG QL 90 each per 30 day(s)	1	QL
SYNTHROID TABLET 50MCG QL 90 each per 30 day(s)	1	QL	UNITHROID TABLET 112MCG QL 90 each per 30 day(s)	1	QL
SYNTHROID TABLET 75MCG QL 90 each per 30 day(s)	1	QL	UNITHROID TABLET 125MCG QL 90 each per 30 day(s)	1	QL
SYNTHROID TABLET 88MCG QL 90 each per 30 day(s)	1	QL	UNITHROID TABLET 137MCG QL 90 each per 30 day(s)	1	QL
TIROSINT-SOL SOLUTION 100MCG	1		UNITHROID TABLET 150MCG QL 90 each per 30 day(s)	1	QL
TIROSINT-SOL SOLUTION 112MCG	1		UNITHROID TABLET 175MCG QL 90 each per 30 day(s)	1	QL
TIROSINT-SOL SOLUTION 125MCG	1		UNITHROID TABLET 200MCG QL 90 each per 30 day(s)	1	QL
TIROSINT-SOL SOLUTION 137MCG	1		UNITHROID TABLET 25MCG QL 90 each per 30 day(s)	1	QL
TIROSINT-SOL SOLUTION 13MCG/ML	1		UNITHROID TABLET 300MCG QL 90 each per 30 day(s)	1	QL
TIROSINT-SOL SOLUTION 150MCG	1		UNITHROID TABLET 50MCG QL 90 each per 30 day(s)	1	QL
TIROSINT-SOL SOLUTION 175MCG	1		UNITHROID TABLET 75MCG QL 90 each per 30 day(s)	1	QL
TIROSINT-SOL SOLUTION 200MCG	1		UNITHROID TABLET 88MCG QL 90 each per 30 day(s)	1	QL
TIROSINT-SOL SOLUTION 25MCG/ML	1		<b>LOCAL ANESTHETICS</b>		
TIROSINT-SOL SOLUTION 37.5/ML	1		<b>LOCAL ANESTHETICS</b> <i>lido/prilocn cre 2.5-2.5%</i>	1	

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
<b>MISCELLANEOUS THERAPEUTIC</b>			<i>alendronate tablet 35mg</i>	1	QL
<b>5-ALPHA-REDUCTASE INHIBITOR</b>			QL 4 each per 28 day(s)		
<i>dutast/tamsu capsule 0.5-0.4</i>		QL	<i>alendronate tablet 70mg</i>	1	QL
QL 30 each per 30 day(s)			QL 4 each per 28 day(s)		
<i>dutasteride capsule 0.5mg</i>		QL	<i>ibandronate tablet 150mg</i>	1	QL
QL 30 each per 30 day(s)			QL 1 each per 28 day(s)		
<b>ALCOHOL DETERRENTS</b>			PROLIA SOLUTION 60MG/ML	1	QL; BvsD
<i>disulfiram tablet 250mg</i>			QL 1 milliliter(s) 180 day(s)		
<i>disulfiram tablet 500mg</i>			RISEDRON SOD TABLET 35MG	1	QL; ST
<b>ANTIDOTES</b>			DR		
<i>acetylcyst solution 10%</i>		BvsD	QL 4 each per 28 day(s)		
<i>acetylcyst solution 20%</i>		BvsD	<i>risedronate tablet 150mg</i>	1	QL; ST
<i>leucovor ca tablet 10mg</i>			QL 1 each per 28 day(s)		
<i>leucovor ca tablet 15mg</i>			<i>risedronate tablet 30mg</i>	1	QL; ST
<i>leucovor ca tablet 25mg</i>			QL 30 each per 30 day(s)		
<i>leucovor ca tablet 5mg</i>			<i>risedronate tablet 35mg</i>	1	QL; ST
XURIDEN POW 2GM		QL; PA	QL 4 each per 28 day(s)		
QL 120 each per 30 day(s)			<i>risedronate tablet 35mg</i>	1	QL; ST
<b>ANTIGOUT AGENTS</b>			QL 12 each per 84 day(s)		
<i>allopurinol tablet 100mg</i>			<i>risedronate tablet 5mg</i>	1	QL; ST
<i>allopurinol tablet 300mg</i>			QL 30 each per 30 day(s)		
COLCHICINE CAPSULE 0.6MG		QL	XGEVA INJECTABLE	1	PA
QL 120 each per 30 day(s)			<b>CARBONIC ANHYDRASE INHIBITORS</b>		
COLCHICINE TABLET 0.6MG	1	QL	KEVEYIS TABLET 50MG	1	QL; PA
QL 120 each per 30 day(s)			QL 120 each per 30 day(s)		
<i>febuxostat tablet 40mg</i>	1	QL	<b>COMPLEMENT INHIBITORS</b>		
QL 30 each per 30 day(s)			HAEGARDA INJECTABLE	1	QL; PA
<i>febuxostat tablet 80mg</i>	1	QL	2000UNIT		
QL 30 each per 30 day(s)			QL 16 each per 28 day(s)		
<b>ANTISENSE OLIGONUCLEOTIDES</b>			HAEGARDA INJECTABLE	1	QL; PA
TEGSEDI INJECTABLE 284/1.5	1	QL; PA	3000UNIT		
QL 6 each per 28 day(s)			QL 16 each per 28 day(s)		
<b>BONE ANABOLIC AGENTS</b>			<i>icatibant injectable 30mg/3ml</i>	1	QL; PA
EVENITY INJECTABLE 105MG	1	QL; PA	QL 18 milliliter(s) 30 day(s)		
QL 2.40 each per 30 day(s)			ORLADEYO CAPSULE 110MG	1	QL; PA
<b>BONE RESORPTION INHIBITORS</b>			QL 30 each per 30 day(s)		
<i>alendronate tablet 10mg</i>	1	QL	ORLADEYO CAPSULE 150MG	1	QL; PA
QL 30 each per 30 day(s)			QL 30 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
TAKHZYRO INJECTABLE 300/2ML	1	QL; PA QL 4 milliliter(s) 28 day(s)
TAVNEOS CAPSULE 10MG	1	QL; PA QL 180 each per 30 day(s)
<b>DISEASE-MODIFYING ANTIRHEUMATIC AGENTS</b>		
SKYRIZI INJECTABLE 150DOSE	1	QL; PA QL 2 each per 30 day(s)
SKYRIZI INJECTABLE 150MG/ML	1	QL; PA QL 2 milliliter(s) 28 day(s)
SKYRIZI PEN INJECTABLE 150MG/ML	1	QL; PA QL 2 milliliter(s) 28 day(s)
<b>DISEASE-MODIFYING ANTIRHEUMATIC DRUGS</b>		
ACTEMRA INJECTABLE 162/0.9	1	QL; PA QL 3.60 each per 28 day(s)
ACTEMRA INJECTABLE ACTPEN	1	QL; PA QL 3.60 each per 28 day(s)
CIMZIA KIT 200MG	1	QL; PA QL 6 each per 28 day(s)
CIMZIA PREFL KIT 200MG/ML	1	QL; PA QL 6 milliliter(s) 28 day(s)
ENBREL INJECTABLE 25/0.5ML	1	QL; PA QL 8 milliliter(s) 28 day(s)
ENBREL INJECTABLE 25MG	1	QL; PA QL 8 each per 28 day(s)
ENBREL INJECTABLE 25MG	1	QL; PA QL 8 each per 28 day(s)
ENBREL INJECTABLE 50MG/ML	1	QL; PA QL 8 milliliter(s) 28 day(s)
ENBREL MINI INJECTABLE 50MG/ML	1	QL; PA QL 8 milliliter(s) 28 day(s)
ENBREL SRCLK INJECTABLE 50MG/ML	1	QL; PA QL 8 milliliter(s) 28 day(s)
HUMIRA INJECTABLE 10/0.1ML	1	QL; PA QL 2 milliliter(s) 28 day(s)

Drug	Tier	Requirements /Limits
HUMIRA INJECTABLE 20/0.2ML	1	QL; PA QL 2 milliliter(s) 28 day(s)
HUMIRA INJECTABLE 40/0.4ML	1	QL; PA QL 2 milliliter(s) 28 day(s)
HUMIRA KIT 40MG/0.8	1	QL; PA QL 6 each per 28 day(s)
HUMIRA PEDIA INJECTABLE CROHNS	1	QL; PA QL 2 each per 28 day(s)
HUMIRA PEDIA INJECTABLE CROHNS	1	QL; PA QL 2 each per 28 day(s)
HUMIRA PEN INJECTABLE 40/0.4ML	1	QL; PA QL 2 milliliter(s) 28 day(s)
HUMIRA PEN INJECTABLE 40MG/0.8	1	QL; PA QL 2 each per 28 day(s)
HUMIRA PEN INJECTABLE 80/0.8ML	1	QL; PA QL 2 milliliter(s) 28 day(s)
HUMIRA PEN INJECTABLE CD/UC/HS	1	QL; PA QL 6 each per 28 day(s)
HUMIRA PEN INJECTABLE PS/UV	1	QL; PA QL 4 each per 28 day(s)
HUMIRA PEN KIT CD/UC/HS	1	QL; PA QL 3 each per 28 day(s)
HUMIRA PEN KIT PED UC	1	QL; PA QL 4 each per 28 day(s)
HUMIRA PEN KIT PS/UV	1	QL; PA QL 3 each per 28 day(s)
KEVZARA INJECTABLE 150/1.14	1	PA

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Drug	Tier	Requirements /Limits
KEVZARA INJECTABLE 150/1.14	1	PA
KEVZARA INJECTABLE 200/1.14	1	PA
KEVZARA INJECTABLE 200/1.14	1	PA
KINERET INJECTABLE	1	QL; PA
QL 20.10 each per 30 day(s)		
<i>leflunomide tablet 10mg</i>	1	
<i>leflunomide tablet 20mg</i>	1	
OLUMIANT TABLET 1MG	1	PA
OLUMIANT TABLET 2MG	1	PA
ORENCIA INJECTABLE 125MG/ML	1	QL; PA
QL 4 milliliter(s) 28 day(s)		
ORENCIA INJECTABLE 50/0.4ML	1	QL; PA
QL 1.60 milliliter(s) 28 day(s)		
ORENCIA INJECTABLE 87.5/0.7	1	QL; PA
QL 2.80 each per 28 day(s)		
ORENCIA CLCK INJECTABLE	1	QL; PA
125MG/ML		
QL 4 milliliter(s) 28 day(s)		
OTEZLA TABLET 10/20/30	1	QL; PA
QL 55 each per 30 day(s)		
OTEZLA TABLET 30MG	1	QL; PA
QL 60 each per 30 day(s)		
RINVOQ TABLET 15MG ER	1	QL; PA
QL 30 each per 30 day(s)		
RINVOQ TABLET 30MG ER	1	QL; PA
QL 30 each per 30 day(s)		
RINVOQ TABLET 45MG ER	1	QL; PA
QL 56 each per 180 day(s)		
STELARA INJECTABLE 45MG/0.5	1	QL; PA
QL 2 each per 28 day(s)		
STELARA INJECTABLE 45MG/0.5	1	QL; PA
QL 2 each per 84 day(s)		
STELARA INJECTABLE 90MG/ML	1	QL; PA
QL 2 milliliter(s) 84 day(s)		
XELJANZ SOLUTION 1MG/ML	1	QL; PA
QL 600 milliliter(s) 30 day(s)		
XELJANZ TABLET 10MG	1	QL; PA
QL 60 each per 30 day(s)		

Drug	Tier	Requirements /Limits
XELJANZ TABLET 5MG	1	QL; PA
QL 60 each per 30 day(s)		
XELJANZ XR TABLET 11MG	1	QL; PA
QL 30 each per 30 day(s)		
XELJANZ XR TABLET 22MG	1	QL; PA
QL 30 each per 30 day(s)		
<b>IMMUNOMODULATORY AGENTS</b>		
ACTIMMUNE INJECTABLE	1	PA
2MU/0.5		
AVONEX PEN KIT 30MCG	1	QL; PA
QL 4 each per 30 day(s)		
AVONEX PREFL KIT 30MCG	1	QL; PA
QL 4 each per 30 day(s)		
BESREMI SOLUTION 500MCG	1	QL; PA
QL 2 each per 28 day(s)		
<i>dimethyl fum capsule 120mg</i>	1	QL; PA
<i>dr</i>		
QL 60 each per 30 day(s)		
<i>dimethyl fum capsule 240mg</i>	1	QL; PA
<i>dr</i>		
QL 60 each per 30 day(s)		
<i>dimethyl fum mis starter</i>	1	QL; PA
QL 60 each per 30 day(s)		
EXTAVIA INJECTABLE 0.3MG	1	QL; PA
QL 28 each per 30 day(s)		
GILENYA CAPSULE 0.5MG	1	QL; PA
QL 30 each per 30 day(s)		
<i>glatiramer injectable 20mg/ml</i>	1	QL; PA
QL 30 milliliter(s) 30 day(s)		
<i>glatiramer injectable 40mg/ml</i>	1	QL; PA
QL 30 milliliter(s) 30 day(s)		
<i>glatopa injectable 20mg/ml</i>	1	QL; PA
QL 30 milliliter(s) 30 day(s)		
<i>glatopa injectable 40mg/ml</i>	1	QL; PA
QL 30 milliliter(s) 30 day(s)		
PLEGRIDY INJECTABLE	1	QL; PA
QL 2 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
PLEGRIDY INJECTABLE PEN QL 2 each per 30 day(s)	1	QL; PA
THALOMID CAPSULE 100MG QL 30 each per 30 day(s)	1	QL
THALOMID CAPSULE 150MG QL 60 each per 30 day(s)	1	QL
THALOMID CAPSULE 200MG QL 30 each per 30 day(s)	1	QL
THALOMID CAPSULE 50MG QL 30 each per 30 day(s)	1	QL
ZEPOSIA CAPSULE .92MG QL 30 each per 30 day(s)	1	QL; PA
ZEPOSIA CAPSULE STR KIT QL 37 each per 180 day(s)	1	QL; PA
ZEPOSIA 7DAY CAPSULE STR PACK QL 7 each per 180 day(s)	1	QL; PA
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
ASTAGRAF XL CAPSULE 0.5MG	1	BvsD
ASTAGRAF XL CAPSULE 1MG	1	BvsD
ASTAGRAF XL CAPSULE 5MG	1	BvsD
<i>azathioprine tablet 100mg</i>	1	BvsD
<i>azathioprine tablet 50mg</i>	1	BvsD
<i>azathioprine tablet 75mg</i>	1	BvsD
BENLYSTA INJECTABLE 200MG/ML	1	PA
BENLYSTA INJECTABLE 200MG/ML	1	PA
<i>cyclosporine capsule 100mg</i>	1	BvsD
<i>cyclosporine capsule 100mg md</i>	1	BvsD
<i>cyclosporine capsule 25mg</i>	1	BvsD
<i>cyclosporine capsule 25mg mod</i>	1	BvsD
<i>cyclosporine capsule 50mg mod</i>	1	BvsD
<i>cyclosporine solution modified</i>	1	BvsD
ENSPRYNG INJECTABLE QL 7 each per 168 day(s)	1	QL; PA
<i>gengraf capsule 100mg</i>	1	BvsD

Drug	Tier	Requirements /Limits
<i>gengraf capsule 25mg</i>	1	BvsD
<i>gengraf solution 100mg/ml</i>	1	BvsD
LUPKYNIS CAPSULE 7.9MG QL 180 each per 30 day(s)	1	QL; PA
MAVENCLAD PACKET 10MG(10) QL 40 each per 365 day(s)	1	QL; PA
MAVENCLAD PACKET 10MG(4) QL 16 each per 365 day(s)	1	QL; PA
MAVENCLAD PACKET 10MG(5) QL 20 each per 365 day(s)	1	QL; PA
MAVENCLAD PACKET 10MG(6) QL 24 each per 365 day(s)	1	QL; PA
MAVENCLAD PACKET 10MG(7) QL 28 each per 365 day(s)	1	QL; PA
MAVENCLAD PACKET 10MG(8) QL 32 each per 365 day(s)	1	QL; PA
MAVENCLAD PACKET 10MG(9) QL 36 each per 365 day(s)	1	QL; PA
<i>mycophenolat capsule 250mg</i>	1	BvsD
<i>mycophenolat suspension 200mg/ml</i>	1	BvsD
<i>mycophenolat tablet 500mg</i>	1	BvsD
<i>mycophenolic tablet 180mg dr</i> QL 240 each per 30 day(s)	1	QL; BvsD
<i>mycophenolic tablet 360mg dr</i> QL 120 each per 30 day(s)	1	QL; BvsD
REZUROCK TABLET 200MG QL 30 each per 30 day(s)	1	QL; PA
SANDIMMUNE SOLUTION 100MG/ML	1	BvsD
<i>sirolimus solution 1mg/ml</i>	1	BvsD
<i>sirolimus tablet 0.5mg</i>	1	BvsD
<i>sirolimus tablet 1mg</i>	1	BvsD
<i>sirolimus tablet 2mg</i>	1	BvsD
<i>tacrolimus capsule 0.5mg</i>	1	BvsD
<i>tacrolimus capsule 1mg</i>	1	BvsD

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Drug	Tier	Requirements /Limits
<i>tacrolimus capsule 5mg</i>	1	BvsD
<b>OTHER MISCELLANEOUS THERAPEUTIC AGENTS</b>		
ARCALYST INJECTABLE 220MG	1	PA
<i>betaine anhy pow</i>	1	QL
QL 180 each per 30 day(s)		
CERDELGA CAPSULE 84MG	1	QL; PA
QL 60 each per 30 day(s)		
CYSTADANE POW	1	
CYSTAGON CAPSULE 150MG	1	PA
CYSTAGON CAPSULE 50MG	1	PA
<i>dalfampridin tablet 10mg er</i>	1	QL
QL 60 each per 30 day(s)		
ENDARI POW 5GM	1	QL; PA
QL 180 each per 30 day(s)		
EVRYSDI SOLUTION	1	QL; PA
QL 201 each per 30 day(s)		
FIRDAPSE TABLET 10MG	1	QL; PA
QL 240 each per 30 day(s)		
GALAFOLD CAPSULE 123MG	1	QL; PA
QL 14 each per 28 day(s)		
ISTURISA TABLET 10MG	1	QL; PA
QL 180 each per 30 day(s)		
ISTURISA TABLET 1MG	1	QL; PA
QL 240 each per 30 day(s)		
ISTURISA TABLET 5MG	1	QL; PA
QL 60 each per 30 day(s)		
KORLYM TABLET 300MG	1	QL; PA
QL 120 each per 30 day(s)		
<i>metyrosine capsule 250mg</i>	1	ST
<i>miglustat capsule 100mg</i>	1	QL; PA
QL 90 each per 30 day(s)		
<i>nitisinone capsule 10mg</i>	1	QL; PA
QL 600 each per 30 day(s)		
<i>nitisinone capsule 2mg</i>	1	QL; PA
QL 600 each per 30 day(s)		
<i>nitisinone capsule 5mg</i>	1	QL; PA
QL 600 each per 30 day(s)		

Drug	Tier	Requirements /Limits
NITYR TABLET 10MG	1	QL; PA
QL 600 each per 30 day(s)		
NITYR TABLET 2MG	1	QL; PA
QL 600 each per 30 day(s)		
NITYR TABLET 5MG	1	QL; PA
QL 600 each per 30 day(s)		
ORFADIN CAPSULE 20MG	1	QL; PA
QL 600 each per 30 day(s)		
ORFADIN SUSPENSION	1	QL; PA
4MG/ML		
QL 1500 milliliter(s) 30 day(s)		
PYRUKYND TABLET 20MG	1	QL; PA
QL 56 each per 28 day(s)		
PYRUKYND TABLET	1	QL; PA
20MGX5MG		
QL 56 each per 28 day(s)		
PYRUKYND TABLET 50MG	1	QL; PA
QL 56 each per 28 day(s)		
PYRUKYND TABLET	1	QL; PA
50MGX20M		
QL 56 each per 28 day(s)		
PYRUKYND TABLET 5MG	1	QL; PA
QL 56 each per 28 day(s)		
PYRUKYND TABLET 5MG TP	1	QL; PA
QL 56 each per 28 day(s)		
<i>sapropterin pow 100mg</i>	1	PA
<i>sapropterin pow 500mg</i>	1	PA
<i>sapropterin tablet 100mg</i>	1	PA
TYBOST TABLET 150MG	1	QL; NM
QL 30 each per 30 day(s)		
VOXZOGO INJECTABLE 0.4MG	1	QL; PA
QL 30 each per 30 day(s)		
VOXZOGO INJECTABLE	1	QL; PA
0.56MG		
QL 30 each per 30 day(s)		
VOXZOGO INJECTABLE 1.2MG	1	QL; PA
QL 30 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
<b>PROTECTIVE AGENTS</b>		
ELMIRON CAPSULE 100MG	1	
MESNEX TABLET 400MG	1	
<b>RESPIRATORY TRACT AGENTS</b>		
<b>ANTIFIBROTIC AGENTS</b>		
ESBRIET CAPSULE 267MG	1	QL; PA
QL 270 each per 30 day(s)		
ESBRIET TABLET 267MG	1	QL; PA
QL 270 each per 30 day(s)		
ESBRIET TABLET 801MG	1	QL; PA
QL 90 each per 30 day(s)		
OFEV CAPSULE 100MG	1	QL; PA
QL 60 each per 30 day(s)		
OFEV CAPSULE 150MG	1	QL; PA
QL 60 each per 30 day(s)		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sod con 100/5ml</i>	1	PA
<i>cromolyn sod solution 4% op</i>	1	
FASENRA INJECTABLE 30MG/ML	1	QL; PA
QL 1 milliliter(s) 28 day(s)		
FASENRA PEN INJECTABLE 30MG/ML	1	QL; PA
QL 1 milliliter(s) 28 day(s)		
<i>montelukast chw 4mg</i>	1	QL
QL 60 each per 30 day(s)		
<i>montelukast chw 5mg</i>	1	QL
QL 60 each per 30 day(s)		
<i>montelukast gra 4mg</i>	1	QL
QL 30 each per 30 day(s)		
<i>montelukast tablet 10mg</i>	1	QL
QL 60 each per 30 day(s)		
NUCALA INJECTABLE 100MG/ML	1	QL; PA
QL 3 milliliter(s) 28 day(s)		
NUCALA INJECTABLE 100MG/ML	1	QL; PA
QL 3 milliliter(s) 28 day(s)		
<i>zafirlukast tablet 10mg</i>	1	QL
QL 60 each per 30 day(s)		

Drug	Tier	Requirements /Limits
<i>zafirlukast tablet 20mg</i>	1	QL
QL 60 each per 30 day(s)		
<b>ANTI-INFLAMMATORY AGENTS (RESPIRATORY)</b>		
<i>azel/flutic spr 137-50</i>	1	QL
QL 23 each per 30 day(s)		
<i>cromolyn sod neb 20mg/2ml</i>	1	BvsD
XHANCE MIS 93MCG	1	PA
<b>CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR MODULATORS</b>		
KALYDECO PACKET 25MG	1	QL; PA
QL 60 each per 30 day(s)		
KALYDECO PACKET 50MG	1	QL; PA
QL 60 each per 30 day(s)		
KALYDECO PACKET 75MG	1	QL; PA
QL 60 each per 30 day(s)		
KALYDECO TABLET 150MG	1	PA
ORKAMBI GRA 100-125	1	QL; PA
QL 60 each per 30 day(s)		
ORKAMBI GRA 150-188	1	QL; PA
QL 60 each per 30 day(s)		
ORKAMBI TABLET 100-125	1	QL; PA
QL 112 each per 28 day(s)		
ORKAMBI TABLET 200-125	1	QL; PA
QL 112 each per 28 day(s)		
SYMDEKO TABLET 100-150	1	QL; PA
QL 60 each per 30 day(s)		
SYMDEKO TABLET 50-75MG	1	QL; PA
QL 60 each per 30 day(s)		
TRIKAFTA TABLET	1	QL; PA
QL 90 each per 30 day(s)		
<b>MUCOLYTIC AGENTS</b>		
PULMOZYME SOLUTION 1MG/ML	1	QL; BvsD
QL 150 milliliter(s) 30 day(s)		
<b>PHOSPHODIESTERASE TYPE 4 II HIBITORS</b>		
DALIRESP TABLET 250MCG	1	QL
QL 30 each per 30 day(s)		

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
DALIRESP TABLET 500MCG QL 30 each per 30 day(s)	1	QL	ORENITRAM TABLET 0.125MG QL 300 each per 30 day(s)	1	QL; PA
<b>RESPIRATORY TRACT AGENTS, MISCELLANEOUS</b>			ORENITRAM TABLET 0.25MG QL 300 each per 30 day(s)	1	QL; PA
ARALAST NP INJECTABLE 1000MG	1	PA	ORENITRAM TABLET 1MG QL 300 each per 30 day(s)	1	QL; PA
GLASSIA INJECTABLE	1	PA	ORENITRAM TABLET 2.5MG QL 300 each per 30 day(s)	1	QL; PA
NUEDEXTA CAPSULE 20-10MG QL 60 each per 30 day(s)	1	QL; PA	ORENITRAM TABLET 5MG QL 300 each per 30 day(s)	1	QL; PA
PROLASTIN-C INJECTABLE 1000MG	1	PA	TRACLEER TABLET 32MG QL 120 each per 30 day(s)	1	QL; PA
TRIKAFTA TABLET QL 90 each per 30 day(s)	1	QL; PA	UPTRAVI TABLET 1000MCG QL 60 each per 30 day(s)	1	QL; PA
XOLAIR INJECTABLE 150MG/ML	1	PA	UPTRAVI TABLET 1200MCG QL 60 each per 30 day(s)	1	QL; PA
XOLAIR INJECTABLE 75/0.5	1	PA	UPTRAVI TABLET 1400MCG QL 60 each per 30 day(s)	1	QL; PA
XOLAIR SOLUTION 150MG	1	PA	UPTRAVI TABLET 1600MCG QL 60 each per 30 day(s)	1	QL; PA
ZEMAIRA INJECTABLE 1000MG	1	PA	UPTRAVI TABLET 200/800 QL 200 each per 30 day(s)	1	QL; PA
<b>VASODILATING AGENTS</b>			UPTRAVI TABLET 200MCG QL 60 each per 30 day(s)	1	QL; PA
ADEMPAS TABLET 0.5MG QL 90 each per 30 day(s)	1	QL; PA	UPTRAVI TABLET 400MCG QL 60 each per 30 day(s)	1	QL; PA
ADEMPAS TABLET 1.5MG QL 90 each per 30 day(s)	1	QL; PA	UPTRAVI TABLET 600MCG QL 60 each per 30 day(s)	1	QL; PA
ADEMPAS TABLET 1MG QL 90 each per 30 day(s)	1	QL; PA	UPTRAVI TABLET 800MCG QL 60 each per 30 day(s)	1	QL; PA
ADEMPAS TABLET 2.5MG QL 90 each per 30 day(s)	1	QL; PA	VENTAVIS SOLUTION 10MCG/ML	1	PA
ADEMPAS TABLET 2MG QL 90 each per 30 day(s)	1	QL; PA	VENTAVIS SOLUTION 20MCG/ML	1	PA
<i>ambrisentan tablet 10mg</i> QL 30 each per 30 day(s)	1	QL; PA; LA	<b>SERUMS, TOXOIDS, AND VACCINES</b>		
<i>ambrisentan tablet 5mg</i> QL 30 each per 30 day(s)	1	QL; PA; LA	<b>VACCINES</b>		
<i>bosentan tablet 125mg</i> QL 60 each per 30 day(s)	1	QL; PA	MENQUADFI INJECTABLE	1	
<i>bosentan tablet 62.5mg</i> QL 60 each per 30 day(s)	1	QL; PA			
OPSUMIT TABLET 10MG QL 30 each per 30 day(s)	1	QL; PA; LA			

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
YF-VAX INJECTABLE	1		metronidazol gel 0.75%	1	
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>			metronidazol gel 0.75%vag	1	
<b>ANTI-INFECTIVES</b>			metronidazol gel 1%	1	QL
acyclovir oin 5%	1		QL 60 each per 30 day(s)		
ciclopirox cre 0.77%	1		METRONIDAZOL LOT 0.75%	1	
ciclopirox gel 0.77%	1		miconazole 3 sup 200mg	1	
ciclopirox sha 1%	1		mupirocin cre 2%	1	
ciclopirox solution 8%	1	NM	mupirocin oin 2%	1	
ciclopirox suspension 0.77%	1		naftifine cre hcl 2%	1	
CLEOCIN SUP 100MG	1		nyamyc pow 100000	1	
clindam/benz gel 1.2-2.5%	1	ST	nystat/triam cre	1	
clindamy/ben gel 1-5%	1	ST	nystat/triam oin	1	
clindamy/ben gel 1.2-5%	1		nystatin cre 100000	1	
CLINDAMYCIN CRE 2% VAG	1		nystatin oin 100000	1	
CLINDAMYCIN GEL 1%	1		nystatin pow 100000	1	
clindamycin lot 1%	1		nystop pow 100000	1	
clindamycin mis 1%	1		oxiconazole cre nitrate	1	
clindamycin solution 1%	1		permethrin cre 5%	1	
clotrim/beta cre diprop	1		SILVER SULFA CRE 1%	1	
clotrim/beta lot diprop	1		SPINOSAD SUSPENSION 0.9%	1	
clotrimazole cre 1%	1		SSD CRE 1%	1	
clotrimazole solution 1%	1		sulfacetamid lot 10%	1	ST
clotrimazole tro 10mg	1		terconazole cre 0.4%	1	
DENAVIR CRE 1%	1		terconazole cre 0.8%	1	
econazole cre 1%	1		VANDAZOLE GEL 0.75%	1	
ery pad 2%	1		<b>ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)</b>		
ery/benzoyl gel 3-5%	1	ST	terconazole sup 80mg	1	
erythromycin gel 2%	1		<b>ANTI-INFLAMMATORY AGENTS</b>		
erythromycin solution 2%	1		ala-cort cre 2.5%	1	
gentamicin cre 0.1%	1		alclometason cre 0.05%	1	
gentamicin oin 0.1%	1		alclometason oin 0.05%	1	
ivermectin cre 1%	1	QL; ST	amcinonide cre 0.1%	1	
QL 45 each per 30 day(s)			amcinonide lot 0.1%	1	
ketoconazole cre 2%	1		amcinonide oin 0.1%	1	
ketoconazole sha 2%	1		aug betamet cre 0.05%	1	
lindane sha 1%	1		aug betamet gel 0.05%	1	
METRONIDAZOL CRE 0.75%	1				

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<i>aug betamet lot 0.05%</i>	1		ENSTILAR AER	1	
<i>aug betamet oin 0.05%</i>	1		EUCRISA OIN 2%	1	QL
<i>betameth dip cre 0.05%</i>	1		QL 60 each per 30 day(s)		
<i>betameth dip lot 0.05%</i>	1		<i>fluocin acet cre 0.01%</i>	1	
<i>betameth dip oin 0.05%</i>	1		<i>fluocin acet cre 0.025%</i>	1	
<i>betameth val aer 0.12%</i>	1		<i>fluocin acet oil 0.01% sc</i>	1	
<i>betameth val cre 0.1%</i>	1		<i>fluocin acet oin 0.025%</i>	1	
BETAMETH VAL LOT 0.1%	1		<i>fluocin acet solution 0.01%</i>	1	
BETAMETH VAL OIN 0.1%	1		<i>fluocinonide cre 0.05%</i>	1	
CALCIP/BETAM SUSPENSION	1		<i>fluocinonide cre 0.1%</i>	1	
<i>calcipotrien oin betameth</i>	1		<i>fluocinonide cre e 0.05%</i>	1	
CAPEX SHA 0.01%	1	ST	FLUOCINONIDE GEL 0.05%	1	
<i>clobetasol aer 0.05%</i>	1		<i>fluocinonide oin 0.05%</i>	1	
<i>clobetasol gel 0.05%</i>	1		<i>fluocinonide solution 0.05%</i>	1	
<i>clobetasol lot 0.05%</i>	1		<i>fluticasone cre 0.05%</i>	1	
<i>clobetasol oin 0.05%</i>	1		<i>fluticasone lot 0.05%</i>	1	
<i>clobetasol sha 0.05%</i>	1		<i>fluticasone oin 0.005%</i>	1	
<i>clobetasol solution 0.05%</i>	1		<i>halobetasol cre 0.05%</i>	1	
<i>clobetasol spr 0.05%</i>	1	QL	<i>halobetasol oin 0.05%</i>	1	
QL 125 each per 14 day(s)			<i>hc butyrate cre 0.1%</i>	1	
<i>clobetasol e cre 0.05%</i>	1		HC BUTYRATE OIN 0.1%	1	
<i>desonide cre 0.05%</i>	1		<i>hc butyrate solution 0.1%</i>	1	
<i>desonide gel 0.05%</i>	1		<i>hc valerate oin 0.2%</i>	1	
<i>desonide lot 0.05%</i>	1		<i>hydrocort cre 1%</i>	1	
<i>desonide oin 0.05%</i>	1		HYDROCORT ENE 100MG	1	
<i>desoximetas cre 0.05%</i>	1		<i>hydrocort lot 2.5%</i>	1	
<i>desoximetas cre 0.25%</i>	1		<i>hydrocort oin 1%</i>	1	
<i>desoximetas gel 0.05%</i>	1		<i>hydrocort oin 2.5%</i>	1	
<i>desoximetas oin 0.05%</i>	1		<i>hydrocortiso cre 2.5%</i>	1	
<i>desoximetas oin 0.25%</i>	1		<i>hydrocortiso lot 0.1%</i>	1	
<i>diclofenac gel 1%</i>	1	QL	<i>mometasone cre 0.1%</i>	1	
QL 1000 each per 30 day(s)			<i>mometasone oin 0.1%</i>	1	
<i>diclofenac gel 3%</i>	1		<i>mometasone solution 0.1%</i>	1	
<i>diclofenac solution 1.5%</i>	1	QL	<i>prednicarbat oin 0.1%</i>	1	
QL 450 each per 30 day(s)			<i>procto-med cre hc 2.5%</i>	1	
<i>diflorasone cre 0.05%</i>	1		<i>procto-pak cre 1%</i>	1	
<i>diflorasone oin 0.05%</i>	1		<i>proctosol hc cre 2.5%</i>	1	

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<i>proctozone cre -hc 2.5%</i>	1		<i>ammonium lac cre 12%</i>	1	
<i>triamcinolon aer spray</i>	1		<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISC.</b>		
<i>triamcinolon cre 0.025%</i>	1		PANRETIN GEL 0.1%	1	QL; PA
<i>triamcinolon cre 0.1%</i>	1		QL 60 each per 30 day(s)		
<i>triamcinolon cre 0.5%</i>	1		<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS</b>		
<i>triamcinolon lot 0.025%</i>	1		<i>accutane capsule 10mg</i>	1	
<i>triamcinolon lot 0.1%</i>	1		<i>accutane capsule 20mg</i>	1	
<i>triamcinolon oin 0.025%</i>	1		<i>accutane capsule 30mg</i>	1	
<i>triamcinolon oin 0.1%</i>	1		<i>accutane capsule 40mg</i>	1	
<i>triamcinolon oin 0.5%</i>	1		<i>acitretin capsule 10mg</i>	1	QL
<i>triderm cre 0.5%</i>	1		QL 60 each per 30 day(s)		
<i>tritocin oin 0.05%</i>	1		<i>acitretin capsule 17.5mg</i>	1	QL
<b>ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS)</b>			QL 60 each per 30 day(s)		
<i>desoximetaso spr 0.25%</i>	1		<i>acitretin capsule 25mg</i>	1	QL
<i>temovate cre 0.05%</i>	1		QL 60 each per 30 day(s)		
<b>ANTIPRURITICS AND LOCAL ANESTHETICS</b>			ADAPALENE CRE 0.1%	1	ST
<i>hc pramoxine cre 1-1%</i>	1		<i>adapalene gel 0.3%</i>	1	ST
<i>lidocaine oin 5%</i>	1		ADBRY INJECTABLE	1	QL; PA
<i>lidocaine pad 5%</i>	1	PA	150MG/ML		
<i>lidocaine solution 2% visc</i>	1		QL 6 milliliter(s) 28 day(s)		
<i>lidocaine solution 4%</i>	1		<i>amnestem capsule 10mg</i>	1	
<b>CELL STIMULANTS AND PROLIFERANTS</b>			<i>amnestem capsule 20mg</i>	1	
ALTRENO LOT 0.05%	1	QL	<i>amnestem capsule 40mg</i>	1	
QL 45 each per 30 day(s)			<i>azelaic acid gel 15%</i>	1	QL
AVITA CRE 0.025%	1		QL 50 each per 30 day(s)		
AVITA GEL 0.025%	1		AZELEX CRE 20%	1	ST
<i>tretinoin cre 0.025%</i>	1		<i>calcipotrien cre 0.005%</i>	1	
<i>tretinoin cre 0.05%</i>	1		<i>calcipotrien oin 0.005%</i>	1	
<i>tretinoin cre 0.1%</i>	1		<i>calcipotrien solution 0.005%</i>	1	
<i>tretinoin gel 0.01%</i>	1		CIBINQO TABLET 100MG	1	QL; PA
<i>tretinoin gel 0.025%</i>	1		QL 30 each per 30 day(s)		
TRETINOIN GEL 0.04%	1	ST	CIBINQO TABLET 200MG	1	QL; PA
TRETINOIN GEL 0.05%	1	ST	QL 30 each per 30 day(s)		
TRETINOIN GEL 0.1%	1	ST	CIBINQO TABLET 50MG	1	QL; PA
<b>DEPIGMENTING AND PIGMENTING AGENTS</b>			QL 30 each per 30 day(s)		
<i>methoxsalen capsule 10mg</i>	1		<i>claravis capsule 10mg</i>	1	
<b>KERATOLYTIC AGENTS</b>					
<i>adapal/ben p gel 0.1-2.5%</i>	1	ST			

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
<i>claravis capsule 20mg</i>	1		PIMECROLIMUS CRE 1%	1	ST
<i>claravis capsule 30mg</i>	1		PODOFILOX SOLUTION 0.5%	1	
<i>claravis capsule 40mg</i>	1		QBREXZA PAD 2.4%	1	QL; PA
COSENTYX INJECTABLE 300DOSE QL 2 each per 28 day(s)	1	QL; PA	QL 30 each per 30 day(s)		
COSENTYX INJECTABLE 75MG/0.5 QL 2.50 each per 28 day(s)	1	QL; PA	RHOFADE CRE 1%	1	QL
COSENTYX PEN INJECTABLE 300DOSE QL 2 each per 28 day(s)	1	QL; PA	QL 30 each per 30 day(s)		
DAPSONE GEL 5%	1	ST	SANTYL OIN 250/GM	1	
DUPIXENT INJECTABLE 100/0.67 QL 1.34 each per 28 day(s)	1	QL; PA	TACROLIMUS OIN 0.03%	1	QL
DUPIXENT INJECTABLE 200/1.14 QL 3.42 each per 28 day(s)	1	QL; PA	QL 100 each per 30 day(s)		
DUPIXENT INJECTABLE 200MG QL 3.42 each per 28 day(s)	1	QL; PA	<i>tacrolimus oin 0.1%</i>	1	QL
DUPIXENT INJECTABLE 300/2ML QL 6 milliliter(s) 28 day(s)	1	QL; PA	QL 100 each per 30 day(s)		
DUPIXENT INJECTABLE 300/2ML QL 6 milliliter(s) 28 day(s)	1	QL; PA	TARGRETIN GEL 1%	1	PA
FINACEA AER 15%	1		<i>tazarotene cre 0.1%</i>	1	ST
<i>finasteride tablet 5mg</i> QL 30 each per 30 day(s)	1	QL	TAZORAC CRE 0.05%	1	ST
<i>fluorouracil cre 5%</i>	1		TAZORAC GEL 0.05%	1	
<i>fluorouracil solution 2%</i>	1		TAZORAC GEL 0.1%	1	
<i>fluorouracil solution 5%</i>	1		VALCHLOR GEL 0.016%	1	QL; PA
ILUMYA SOLUTION 100MG/ML	1	PA	QL 120 each per 30 day(s)		
<i>imiquimod cre 5%</i>	1		<i>zenatane capsule 10mg</i>	1	
<i>isotretinoin capsule 10mg</i>	1		<i>zenatane capsule 20mg</i>	1	
<i>isotretinoin capsule 20mg</i>	1		<i>zenatane capsule 30mg</i>	1	
<i>isotretinoin capsule 30mg</i>	1		<i>zenatane capsule 40mg</i>	1	
<i>isotretinoin capsule 40mg</i>	1				
<i>myorisan capsule 10mg</i>	1				
<i>myorisan capsule 20mg</i>	1				
<i>myorisan capsule 30mg</i>	1				
<i>myorisan capsule 40mg</i>	1				

**SMOOTH MUSCLE RELAXANTS**  
**GENITOURINARY SMOOTH MUSCLE RELAXANTS**

<i>darifenacin tablet 15mg</i> QL 30 each per 30 day(s)	1	QL
<i>darifenacin tablet 7.5mg</i> QL 30 each per 30 day(s)	1	QL
<i>flavoxate tablet 100mg</i>	1	
GELNIQUE GEL 10%	1	QL; ST
QL 30 each per 30 day(s)		
GEMTESA TABLET 75MG QL 30 each per 30 day(s)	1	QL; ST
MYRBETRIQ SUSPENSION 8MG/ML QL 300 milliliter(s) 30 day(s)	1	QL
MYRBETRIQ TABLET 25MG QL 30 each per 30 day(s)	1	QL

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
MYRBETRIQ TABLET 50MG QL 30 each per 30 day(s)	1	QL	INSULIN PEN NEEDLE QL 200 each per 30 day(s)	1	QL
<i>oxybutynin syrup 5mg/5ml</i> QL 473 milliliter(s) 23 day(s)	1	QL	INSULIN SYRINGE (DISP) U-100 0.3ML QL 200 milliliter(s) 30 day(s)	1	QL
<i>oxybutynin tablet 10mg er</i> QL 60 each per 30 day(s)	1	QL	INSULIN SYRINGE (DISP) U-100 1ML QL 200 milliliter(s) 30 day(s)	1	QL
<i>oxybutynin tablet 15mg er</i> QL 60 each per 30 day(s)	1	QL	INSULIN SYRINGE (DISP) U-100 1/2ML QL 200 milliliter(s) 30 day(s)	1	QL
<i>oxybutynin tablet 5mg</i> QL 120 each per 30 day(s)	1	QL	ISOPROPYL ALCOHOL 0.7ML/ML MEDICATED PAD	1	
<i>oxybutynin tablet 5mg er</i> QL 60 each per 30 day(s)	1	QL	NEEDLES, INSULIN DISP., SAFETY QL 200 each per 30 day(s)	1	QL
<i>solifenacin tablet 10mg</i> QL 30 each per 30 day(s)	1	QL	<b>VITAMINS</b>		
<i>solifenacin tablet 5mg</i> QL 30 each per 30 day(s)	1	QL	<b>VITAMIN D</b>		
<i>tolterodine capsule 2mg er</i> QL 30 each per 30 day(s)	1	QL	<i>calcitriol capsule 0.25mcg</i>	1	
<i>tolterodine capsule 4mg er</i> QL 30 each per 30 day(s)	1	QL	<i>calcitriol capsule 0.5mcg</i>	1	
TOLTERODINE TABLET 1MG QL 60 each per 30 day(s)	1	QL	CALCITRIOL OIN 3MCG/GM	1	
TOLTERODINE TABLET 2MG QL 60 each per 30 day(s)	1	QL	<i>calcitriol solution 1mcg/ml</i>	1	
<i>trospium chl capsule 60mg er</i> QL 30 each per 30 day(s)	1	QL	DOXERCALCIF CAPSULE 0.5MCG	1	
<i>trospium cl tablet 20mg</i> QL 60 each per 30 day(s)	1	QL	DOXERCALCIF CAPSULE 1MCG	1	
<b>RESPIRATORY SMOOTH MUSCLE RELAXANTS</b>			DOXERCALCIF CAPSULE 2.5MCG	1	
<i>theophylline tablet 300mg er</i>	1		PARICALCITOL CAPSULE 1 MCG	1	
<i>theophylline tablet 400mg er</i>	1		PARICALCITOL CAPSULE 2 MCG	1	
<i>theophylline tablet 600mg er</i>	1		<i>paricalcitol capsule 4 mcg</i>	1	
<b>SUPPLIES</b>			<b>VITAMINS</b>		
<b>SUPPLIES</b>			PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8MG ORAL TABLET	1	
GAUZE PADS & DRESSINGS - PADS 2 X 2 QL 100 each per 30 day(s)	1	QL			

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Drug	Tier Requirements /Limits	Drug	Tier Requirements /Limits
SODIUM FLUORIDE 2.2MG (FLUORIDEION 1MG) ORAL TABLET	1		

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**This formulary is for the following plans and service areas:**

**Utah**

SelectHealth Community Advantage (HMO-DSNP) | Wasatch

**P.O. Box 30196**

**Salt Lake City, UT 84130-0196**

**855-442-9900 Toll-Free**

**TTY Users: 711**

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