

2019 Formulary (List of Covered Drugs)

UCare Individual & Family Plans UCare Individual & Family Plans with Fairview

This formulary may change throughout the year. Please visit ucare.org or call UCare Customer Services for the most current information.

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT
THE DRUGS WE COVER IN THESE PLANS.

UCare Customer Services

UCare Individual & Family Plan members:
1-877-903-0070 toll free

UCare Individual & Family Plans with Fairview members:
1-877-903-0069 toll free

TTY: 1-800-688-2534 toll free

8 am – 6 pm, Monday through Friday

What is the UCare Formulary?

The UCare formulary is a list of generic and brand drugs that are covered by this plan(s). To be covered, the drug must be on our formulary. The most current list of covered drugs can be found on the UCare Individual & Family Plans formulary at ucare.org.

To be covered, you must fill your prescription at a network pharmacy. The Provider Directory and Search Network tool at ucare.org includes in-network pharmacies. You can also visit ucare.org for the most current information.

Over-the-counter (OTC) drugs are usually not covered. They must be prescribed and on our formulary to be covered. This applies to drugs covered as part of the Essential Health Benefits, such as emergency contraception, tobacco cessation and diabetic supplies.

Can the formulary change?

Generally, if you are taking a drug on our formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

How do I use the formulary?

In the formulary, brand name drugs are capitalized (e.g. DILANTIN) and generic drugs are listed in lowercase italics (e.g. *fenofibrate*). UCare covers both brand name drugs and generic drugs. A generic drug is approved by the U.S. Food and Drug Administration (FDA) as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs, but work just as well and are equally as safe as the branded product.

How to find prescription drugs in the formulary?

There are two ways to find your prescription drugs in the formulary. You can search by category of drug or by alphabetical listing.

Search by Drug Category

Drugs listed by drug category begin on page 1. The drugs in this formulary are grouped into drug categories depending on the medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular 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.

Search by Alphabetical Listing

If you are not sure what class to look under, you can look for your drug in the Index. The Index gives an alphabetical list of all of the drugs included in the formulary. Both brand name 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 within the formulary.

Tiers and limitations for prescription drugs

The numbers in the Tier column on the prescription drug formulary indicate the cost share for the medication. Tier 1 indicates drugs that are preferred generic drugs and have a Tier 1 copay. Tier 2 indicates drugs that are primarily brand name, or specialty, or non-preferred generic drugs and have a Tier 2 drug coinsurance. Tier 3 indicates drugs that may be eligible for a zero dollar copay if they are a preventive medication that is part of the Essential Health Benefits. For more detailed information about copays and coinsurance, please review your Member Contract.

The abbreviations/symbols in the Limitations (Notes) column on the formulary tell you if UCare has any special requirements or limits on coverage for that drug. Use the key below to help understand the meaning of each abbreviation/symbol.

- **PA = Prior authorization** – Some drugs require you or your provider to get UCare’s approval before you fill your prescription. If you do not get approval, we may not cover the drug. The formulary states which drugs need approval or authorization.
- **ST = Step therapy** – Even if a drug is on the formulary, we may require you to try one or more alternative drugs on the formulary before this drug will be covered.
- **QL = Quantity limits** – We limit the amount of some covered drugs you can receive each time you fill a prescription.
- **SP = Specialty drugs** – Fairview Specialty Pharmacy (Fairview) is the only network provider of specialty drugs for plan members. Specialty drugs are injectable or oral drugs that often require special handling or monitoring by a pharmacist or nurse. If you use a specialty drug, you or your doctor must contact the specialty pharmacy to order the prescription. Your drug and any needed supplies will be shipped to your home, work or doctor’s office. Fairview also provides clinical support to you and your caregivers. A Fairview pharmacist is on call 24 hours a day if you have an urgent need related to your specialty drug. Call **Fairview Specialty Pharmacy at 1-800-595-7140 toll free.** TTY users may call the **National Relay Center at 711 and ask for 1-800-595-7140.**
- **PV (Tier 3)** = May be considered a Preventive Medication with a zero copay.

Eligible Preventive Medication with no Copay	
Aspirin For prevention or cardiovascular events	Men: 45 to 79 years old Women: 55 to 79 years old
Aspirin (for pregnant women who are at risk for preeclampsia)	Women under 55 years old
Oral Fluoride	Children ages 6 months to 6 years
Folic Acid	Women under 51 years old
Immunizations	Recommended ages per the Advisory Committee on Immunization Practices
Tobacco Cessation	Men and women age 18 and older who use tobacco products. Prescription products have \$0 copay in pharmacy. OTC products available through smoking cessation program.
Bowel Preps	Men and women between the ages of 49 and 76 - limit 2 per 365 days
Breast Cancer Prevention	High risk women age 35 and older with no previous diagnosis of breast cancer. Member must contact ESI for copay override.
Contraceptives	Women under 51 years old: Please see Member Contract/SBC
Statins Low-to Moderate-Dose Statins	Adults 40 -75 years

What if my drug is not on the formulary?

If your drug is not included in this formulary, you should first contact UCare Customer Services and confirm that your drug is not covered. If you learn that UCare does not cover your drug, you can:

- Ask your doctor to prescribe a similar drug that is covered by UCare.
- Ask UCare to make an exception to cover your drug

Requesting a formulary, step therapy or drug restriction exception

You or your doctor can ask UCare to make an exception and cover a non-formulary drug, or remove the step therapy requirements, drug restrictions or requirements. Contact Customer Services at the number listed on the front cover for information on how to request an exception. We generally require you to submit a statement from your doctor supporting your request.

For more information

For more detailed information about your UCare prescription drug coverage, please review your Member Contract and other plan materials.

If you have questions, please call the UCare Customer Services number on the front cover or visit **ucare.org**.

This information is available in other forms to people with disabilities by calling: 612-676-0070 (voice) or toll free at 1-877-903-0070 (voice), 612-676-6810 (TTY) or toll free at 1-800-688-2534.

Notice of Nondiscrimination

UCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. UCare does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

We provide aids and services at no charge to people with disabilities to communicate effectively with us, such as TTY line, or written information in other formats, such as large print.

If you need these services, contact us at **612-676-3200 (voice)** or toll free at **1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY)**.

We provide language services at no charge to people whose primary language is not English, such as qualified interpreters or information written in other languages.

If you need these services, contact us at the **number on the back of your membership card** or **612-676-3200** or toll free at **1-800-203-7225 (voice); 612-676-6810** or toll free at **1 800 688 2534 (TTY)**.

If you believe that UCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file an oral or written grievance.

Oral grievance

If you are a current UCare member, please call the number on the back of your membership card. Otherwise please call 612-676-3200 or toll free at 1-800-203-7225 (voice); 612-676-6810 or toll free at 1 800-688-2534 (TTY). You can also use these numbers if you need assistance filing a grievance.

Written grievance

Mailing Address

UCare
Attn: Appeals and Grievances
PO Box 52
Minneapolis, MN 55440-0052
Email: cag@ucare.org
Fax: 612-884-2021

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

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 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 612-676-3200/1-800-203-7225 (телетайп: 612-676-6810/1-800-688-2534).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶቻችን በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

ဟံသုဂ်ဟံသး-နမုဂ်ကတိံ ကညိ ကျိဂ်အယိ, နမနုဂ် ကျိဂ်အတိံမဇာလၢ တလၢဂ်ဘုဂ်လၢဂ်စူ နိတမံဘၣ်သုနုဂ်လိံ. ဝိ: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាអង់គ្លេស, រសវាជំនួយវេជ្ជកម្មភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បរិវេណ។ ចូរ ទូរស័ព្ទ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 612-676-3200/1-800-203-7225 (رقم هاتف الصم والبكم: 612-676-6810/1-800-688-2534).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 612-676-3200/1-800-203-7225 (ATS : 612-676-6810/1-800-688-2534).

주의: 한국어를 사용하지는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

UCare Individual and Family Plans Comprehensive Formulary (List of Covered Drugs)

Drug Name	Tier	Limitations (Notes)
ANTI-HISTAMINE DRUGS		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral capsule 50 mg</i>	1	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml, 10 mg/5 ml (5 ml)</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	
<i>levocetirizine oral tablet 5 mg</i>	1	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
ANTI-INFECTIVE AGENTS		
<i>abacavir oral solution 20 mg/ml</i>	1	
<i>abacavir oral tablet 300 mg</i>	1	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	1	
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	2	
<i>adefovir oral tablet 10 mg</i>	1	SP
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	2	

Explanation of Limitations can be found on page iii.

Effective: June 1, 2019

Drug Name	Tier	Limitations (Notes)
<i>albendazole oral tablet 200 mg</i>	1	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>amphotericin b injection recon soln 50 mg</i>	1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	
<i>ampicillin sodium intravenous recon soln 2 gram</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram</i>	1	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	1	
APTIVUS ORAL CAPSULE 250 MG	2	
APTIVUS ORAL SOLUTION 100 MG/ML	2	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	2	PA; SP
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	2	
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	
ATRIPLA ORAL TABLET 600-200-300 MG	2	
<i>azithromycin intravenous recon soln 500 mg</i>	1	

Explanation of Limitations can be found on page iii.

Effective: June 1, 2019

Drug Name	Tier	Limitations (Notes)
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	1	
<i>bacitracin intramuscular recon soln 50,000 unit</i>	1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	SP
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	2	
BIKTARVY ORAL TABLET 50-200-25 MG	2	
BILTRICIDE ORAL TABLET 600 MG	2	
CAPASTAT INJECTION RECON SOLN 1 GRAM	2	
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	2	SP; QL (84 ML per 30 days)
<i>cefacloer oral capsule 250 mg, 500 mg</i>	1	
<i>cefacloer oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 20 gram, 300 g, 500 mg</i>	1	
<i>cefazolin intravenous recon soln 1 gram</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefditoren pivoxil oral tablet 200 mg</i>	1	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	
<i>cefotaxime injection recon soln 1 gram, 10 gram, 2 gram, 500 mg</i>	1	
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	1	
<i>cefotetan intravenous recon soln 10 gram</i>	1	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	

Explanation of Limitations can be found on page iii.

Effective: June 1, 2019

Drug Name	Tier	Limitations (Notes)
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	1	
<i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
<i>cidofovir intravenous solution 75 mg/ml</i>	1	
CIMDUO ORAL TABLET 300-300 MG	2	
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	1	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	1	
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 600 mg/4 ml, 900 mg/6 ml</i>	1	

Explanation of Limitations can be found on page iii.

Effective: June 1, 2019

Drug Name	Tier	Limitations (Notes)
COARTEM ORAL TABLET 20-120 MG	2	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	1	
COMPLERA ORAL TABLET 200-25-300 MG	2	
CRIXIVAN ORAL CAPSULE 200 MG	2	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
DAPTOMYCIN INTRAVENOUS RECON SOLN 500 MG	2	
DELSTRIGO ORAL TABLET 100-300-300 MG	2	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
DESCOVY ORAL TABLET 200-25 MG	2	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg</i>	1	
DIFICID ORAL TABLET 200 MG	2	
<i>doxy-100 intravenous recon soln 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	1	
E.E.S. 400 ORAL TABLET 400 MG	1	
EDURANT ORAL TABLET 25 MG	2	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	2	
<i>efavirenz oral tablet 600 mg</i>	2	
EMTRIVA ORAL CAPSULE 200 MG	2	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	SP
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 333 MG	1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	2	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
EVOTAZ ORAL TABLET 300-150 MG	2	
FACTIVE ORAL TABLET 320 MG	2	

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Drug Name	Tier	Limitations (Notes)
<i>famciclovir oral tablet 125 mg, 500 mg</i>	1	QL (21 EA per 30 days)
<i>famciclovir oral tablet 250 mg</i>	1	QL (60 EA per 30 days)
<i>fluconazole in dextrose(iso-o) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL (2 EA per 30 days)
<i>flucytosine oral capsule 250 mg, 500 mg</i>	2	
<i>fosamprenavir oral tablet 700 mg</i>	2	
<i>foscarnet intravenous solution 24 mg/ml</i>	1	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	1	SP
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	1	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	1	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	
<i>gentamicin sulfate (pf) intravenous solution 60 mg/6 ml</i>	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	2	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
HEPSERA ORAL TABLET 10 MG	2	SP
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	2	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	2	SP
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	2	SP
INVIRASE ORAL CAPSULE 200 MG	2	
INVIRASE ORAL TABLET 500 MG	2	

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Drug Name	Tier	Limitations (Notes)
ISENTRESS HD ORAL TABLET 600 MG	2	
ISENTRESS ORAL TABLET 400 MG	2	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	
<i>isoniazid injection solution 100 mg/ml</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	QL (30 EA per 30 days)
<i>ivermectin oral tablet 3 mg</i>	1	
JULUCA ORAL TABLET 50-25 MG	2	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	2	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	2	PA; SP
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
LEXIVA ORAL SUSPENSION 50 MG/ML	2	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	1	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	1	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	
MAVYRET ORAL TABLET 100-40 MG	2	PA; SP
<i>mefloquine oral tablet 250 mg</i>	1	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	
<i>methenamine hippurate oral tablet 1 gram</i>	1	
METRO I.V. INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	

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Drug Name	Tier	Limitations (Notes)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>nafcillin intravenous recon soln 1 gram, 2 gram</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
NORVIR ORAL CAPSULE 100 MG	2	
NORVIR ORAL SOLUTION 80 MG/ML	2	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	2	
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	2	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
ODEFSEY ORAL TABLET 200-25-25 MG	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<i>oseltamivir oral capsule 30 mg</i>	1	QL (40 EA per 30 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	1	QL (20 EA per 30 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	QL (360 ML per 273 days)
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>oxacillin intravenous recon soln 1 gram, 2 gram</i>	1	
<i>paromomycin oral capsule 250 mg</i>	1	
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML	2	SP; QL (4 ML per 30 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	SP; QL (4 ML per 30 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	2	SP; QL (4 EA per 30 days)

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Drug Name	Tier	Limitations (Notes)
<i>penicillin g potassium injection recon soln 5 million unit</i>	1	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	1	
<i>penicillin g sodium injection recon soln 5 million unit</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
PIFELTRO ORAL TABLET 100 MG	2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	
<i>praziquantel oral tablet 600 mg</i>	1	
PREVMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	2	SP
PREVMIS ORAL TABLET 240 MG, 480 MG	2	SP
PREZCOBIX ORAL TABLET 800-150 MG-MG	2	
PREZISTA ORAL SUSPENSION 100 MG/ML	2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	
PRIFTIN ORAL TABLET 150 MG	2	
PYLERA ORAL CAPSULE 140-125-125 MG	2	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>quinidine gluconate injection solution 80 mg/ml</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>quinine sulfate oral capsule 324 mg</i>	1	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	2	QL (40 EA per 273 days)
RESCRIPTOR ORAL TABLET 200 MG	2	
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	2	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	2	
<i>ribavirin oral capsule 200 mg</i>	1	SP
<i>ribavirin oral tablet 200 mg</i>	1	SP
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin intravenous recon soln 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	

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Drug Name	Tier	Limitations (Notes)
RIFATER ORAL TABLET 50-120-300 MG	2	
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	2	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	2	PA; SP
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>stavudine oral recon soln 1 mg/ml</i>	1	
<i>streptomycin intramuscular recon soln 1 gram</i>	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	2	
STROMECTOL ORAL TABLET 3 MG	2	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	2	SP
SYMFI LO ORAL TABLET 400-300-300 MG	2	
SYMFI ORAL TABLET 600-300-300 MG	2	
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	2	SP
SYNERCID INTRAVENOUS RECON SOLN 500 MG	2	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	2	QL (360 ML per 273 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
<i>tigecycline intravenous recon soln 50 mg</i>	2	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	2	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	2	SP; QL (280 ML per 30 days)

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Drug Name	Tier	Limitations (Notes)
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
TRECTOR ORAL TABLET 250 MG	2	
<i>trimethoprim oral tablet 100 mg</i>	1	
TRIUMEQ ORAL TABLET 600-50-300 MG	2	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	2	
TRUVADA ORAL TABLET 200-300 MG	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	QL (30 EA per 30 days)
VALGANCICLOVIR ORAL RECON SOLN 50 MG/ML	2	
<i>valganciclovir oral tablet 450 mg</i>	1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	
VEMLIDY ORAL TABLET 25 MG	2	SP
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	SP
<i>voriconazole intravenous solution 200 mg</i>	1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	PA
VOSEVI ORAL TABLET 400-100-100 MG	2	PA; SP
XOFLUZA ORAL TABLET 20 MG, 40 MG	2	
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 10 mg/ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
ANTINEOPLASTIC AGENTS		
<i>abiraterone oral tablet 250 mg</i>	2	PA; SP; QL (120 EA per 30 days)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	2	PA; SP
ALECENSA ORAL CAPSULE 150 MG	2	PA; SP; QL (240 EA per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	2	SP
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	2	SP
ALUNBRIG ORAL TABLET 180 MG, 90 MG	2	PA; SP

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Drug Name	Tier	Limitations (Notes)
ALUNBRIG ORAL TABLET 30 MG	2	PA; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	2	PA; SP
<i>anastrozole oral tablet 1 mg</i>	1	
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	2	SP
<i>azacitidine injection recon soln 100 mg</i>	2	SP
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	2	
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	2	
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	2	SP
<i>bicalutamide oral tablet 50 mg</i>	1	
BLINCYTO INTRAVENOUS KIT 35 MCG	2	
<i>bortezomib intravenous recon soln 3.5 mg</i>	2	SP
BOSULIF ORAL TABLET 100 MG	2	PA; SP
BOSULIF ORAL TABLET 400 MG	2	PA
BOSULIF ORAL TABLET 500 MG	2	PA; SP; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	2	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	2	PA; SP
CALQUENCE ORAL CAPSULE 100 MG	2	PA; SP
<i>capecitabine oral tablet 150 mg, 500 mg</i>	2	SP
CAPRELSA ORAL TABLET 100 MG	2	PA; SP; QL (90 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	2	PA; SP; QL (30 EA per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	2	PA; SP
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	2	PA; SP
COTELLIC ORAL TABLET 20 MG	2	PA; SP; QL (63 EA per 28 days)
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	2	
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	2	SP
DAURISMO ORAL TABLET 100 MG, 25 MG	2	PA; SP
<i>diclofenac sodium topical gel 3 %</i>	1	PA
DOCETAXEL INTRAVENOUS SOLUTION 160 MG/16 ML (10 MG/ML), 160 MG/8 ML (20 MG/ML), 20 MG/2 ML (10 MG/ML), 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML), 80 MG/8 ML (10 MG/ML)	2	
<i>docetaxel intravenous solution 20 mg/ml</i>	2	

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Drug Name	Tier	Limitations (Notes)
<i>doxorubicin intravenous recon soln 10 mg, 50 mg</i>	1	
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	
EMCYT ORAL CAPSULE 140 MG	2	
ERIVEDGE ORAL CAPSULE 150 MG	2	PA; SP; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	2	PA
<i>exemestane oral tablet 25 mg</i>	1	
FARYDAK ORAL CAPSULE 10 MG	2	PA; SP; QL (12 EA per 21 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	2	PA; SP; QL (6 EA per 21 days)
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	2	SP
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>flutamide oral capsule 125 mg</i>	1	
GILOTRIF ORAL TABLET 20 MG	2	PA; SP; QL (60 EA per 30 days)
GILOTRIF ORAL TABLET 30 MG	2	PA; SP; QL (40 EA per 30 days)
GILOTRIF ORAL TABLET 40 MG	2	PA; SP; QL (30 EA per 30 days)
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	2	SP
HEXALEN ORAL CAPSULE 50 MG	2	
HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG	2	SP
<i>hydroxyurea oral capsule 500 mg</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	2	PA; SP; QL (21 EA per 28 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	2	PA; SP
<i>imatinib oral tablet 100 mg</i>	2	PA; SP
<i>imatinib oral tablet 400 mg</i>	2	PA; SP; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	2	PA; SP; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	2	PA; QL (240 EA per 30 days)
IMBRUVICA ORAL TABLET 140 MG	2	PA; SP; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 280 MG	2	PA; SP; QL (60 EA per 30 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	2	PA; QL (30 EA per 30 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	2	SP
INLYTA ORAL TABLET 1 MG, 5 MG	2	PA; SP
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	2	SP
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	2	SP
IRESSA ORAL TABLET 250 MG	2	PA; SP; QL (30 EA per 30 days)

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Drug Name	Tier	Limitations (Notes)
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml</i>	1	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	2	PA; SP
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	2	PA; SP
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	2	PA; SP
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	2	PA; SP
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	2	PA
<i>letrozole oral tablet 2.5 mg</i>	1	
LEUKERAN ORAL TABLET 2 MG	2	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	SP
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	2	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG	2	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	2	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	2	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	2	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	2	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	2	PA; SP
LYNPARZA ORAL CAPSULE 50 MG	2	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	PA; SP
LYSODREN ORAL TABLET 500 MG	2	
MATULANE ORAL CAPSULE 50 MG	2	SP
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	1	PA
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	PA
MEKINIST ORAL TABLET 0.5 MG	2	PA; SP; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	2	PA; SP; QL (30 EA per 30 days)

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Drug Name	Tier	Limitations (Notes)
MEKTOVI ORAL TABLET 15 MG	2	PA; SP
<i>melphalan oral tablet 2 mg</i>	2	
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
MYLERAN ORAL TABLET 2 MG	2	
NERLYNX ORAL TABLET 40 MG	2	PA; SP
NEXAVAR ORAL TABLET 200 MG	2	PA; SP; QL (120 EA per 30 days)
<i>nilutamide oral tablet 150 mg</i>	2	
NINLARO ORAL CAPSULE 2.3 MG	2	PA; SP; QL (6 EA per 28 days)
NINLARO ORAL CAPSULE 3 MG	2	PA; SP; QL (4 EA per 28 days)
NINLARO ORAL CAPSULE 4 MG	2	PA; SP; QL (3 EA per 28 days)
PANRETIN TOPICAL GEL 0.1 %	2	
PICATO TOPICAL GEL 0.015 %, 0.05 %	2	
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	2	SP
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	2	PA; SP
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	2	SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	2	PA; SP
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	2	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	2	PA; SP
RYDAPT ORAL CAPSULE 25 MG	2	PA; SP
SIKLOS ORAL TABLET 1,000 MG, 100 MG	2	
SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 80 MG	2	PA; SP
SPRYCEL ORAL TABLET 140 MG	2	PA; SP; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 70 MG	2	PA; SP; QL (60 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	2	PA; SP
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	PA; SP
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	2	SP
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	2	SP

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Drug Name	Tier	Limitations (Notes)
TAFINLAR ORAL CAPSULE 50 MG	2	PA; SP; QL (180 EA per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	2	PA; SP; QL (120 EA per 30 days)
TAGRISSE ORAL TABLET 40 MG	2	PA; SP; QL (60 EA per 30 days)
TAGRISSE ORAL TABLET 80 MG	2	PA; SP; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	2	PA; SP
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	3	PV
TARCEVA ORAL TABLET 100 MG, 25 MG	2	PA; SP
TARCEVA ORAL TABLET 150 MG	2	PA; SP; QL (30 EA per 30 days)
TARGRETIN TOPICAL GEL 1 %	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	2	PA; SP
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	2	SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	2	SP
TIBSOVO ORAL TABLET 250 MG	2	PA; SP
<i>topotecan intravenous recon soln 4 mg</i>	2	
TOPOTECAN INTRAVENOUS SOLUTION 4 MG/4 ML (1 MG/ML)	2	
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	2	
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 22.5 MG/2 ML	2	SP
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML	2	
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	2	
TYKERB ORAL TABLET 250 MG	2	PA; SP; QL (180 EA per 30 days)
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	2	
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	2	SP
VELCADE INJECTION RECON SOLN 3.5 MG	2	SP
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	2	PA; SP
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	2	PA; SP; QL (42 EA per 180 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	2	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML	2	PA; SP

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Drug Name	Tier	Limitations (Notes)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	2	PA; SP
VOTRIENT ORAL TABLET 200 MG	2	PA; SP; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	PA; SP
XOSPATA ORAL TABLET 40 MG	2	PA; SP
XTANDI ORAL CAPSULE 40 MG	2	PA; SP; QL (120 EA per 30 days)
YONDELIS INTRAVENOUS RECON SOLN 1 MG	2	PA
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	2	SP
ZEJULA ORAL CAPSULE 100 MG	2	PA; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	2	PA; SP; QL (240 EA per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	2	SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	2	PA
ZYKADIA ORAL CAPSULE 150 MG	2	PA; SP; QL (150 EA per 30 days)
ZYTIGA ORAL TABLET 500 MG	2	PA; SP
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	PV
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	PV
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	PV
AFLURIA 2018-2019 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	3	
AFLURIA 2018-2019 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	3	
AFLURIA QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	3	
AFLURIA QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	SP; PV
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	PV
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	PV

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Drug Name	Tier	Limitations (Notes)
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM	2	PA; SP
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	PV
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PV
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PV
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PV
EZ FLU 2018-19(FLUCELVAX)(PF) INTRAMUSCULAR SYRINGE KIT 60 MCG (15 MCG X 4)/0.5 ML	3	
FLUAD 2018-2019 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	3	
FLUARIX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	3	
FLUBLOK QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	3	
FLUCELVAX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	3	
FLUCELVAX QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	3	
FLULAVAL QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	3	
FLULAVAL QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	3	
FLUMIST QUAD 2018-2019 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	3	
FLUZONE HIGH-DOSE 2018-19 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	3	
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	3	
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	3	

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Drug Name	Tier	Limitations (Notes)
FLUZONE QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	3	
FLUZONE QUAD PEDI 2018-19 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	3	
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	2	SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	2	PA; SP
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	PV
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	PV
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION 20 MCG/0.5 ML	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	PV
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	2	PA; SP
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PV
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	3	PV
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	PV
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	PV
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	PV
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	PV
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	PV
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	PV
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	PV
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	2	PA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	PV
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	PV

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Drug Name	Tier	Limitations (Notes)
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	3	PV
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5 ML	3	PV
PNEUMOVAX 23 INJECTION SYRINGE 25 MCG/0.5 ML	3	PV
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	PV
PRIVIGEN INTRAVENOUS SOLUTION 10 %	2	PA; SP
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	PV
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PV
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PV
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PV
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	PV
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	PV
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	3	
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	PV
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	PV
<i>tetanus-diphtheria toxoids-td intramuscular suspension 2-2 lf unit/0.5 ml</i>	3	PV
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	PV
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	PV

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Drug Name	Tier	Limitations (Notes)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	PV
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	3	PV
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	3	PV
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	PV
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	3	
VIVOTIF ORAL CAPSULE, DELAYED RELEASE(DR/EC) 2 BILLION UNIT	3	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	3	PV
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	3	PV
AUTONOMIC DRUGS		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 5 mg/ml</i>	1	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>atropine injection solution 0.4 mg/ml, 1 mg/ml</i>	1	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL (26 GM per 30 days)
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>benztropine injection solution 2 mg/2 ml</i>	1	

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Drug Name	Tier	Limitations (Notes)
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>cevimeline oral capsule 30 mg</i>	1	
CHANTIX ORAL TABLET 0.5 MG	3	PV
<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	QL (4 EA per 30 days)
CLOPRES ORAL TABLET 0.1-15 MG, 0.2-15 MG	2	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (8 GM per 30 days)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>dihydroergotamine injection solution 1 mg/ml</i>	2	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	QL (60 EA per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	2	QL (13 GM per 30 days)
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	2	PA; SP
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	2	QL (2 EA per 30 days)

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Drug Name	Tier	Limitations (Notes)
<i>epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	2	QL (2 EA per 30 days)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	2	QL (2 EA per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	2	QL (2 EA per 30 days)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	2	
<i>ergoloid oral tablet 1 mg</i>	1	
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	2	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine oral solution 4 mg/ml</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>guanidine oral tablet 125 mg</i>	1	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	
<i>labetalol intravenous solution 5 mg/ml</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
<i>methyl dopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyl dopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	
<i>methyl dopate intravenous solution 250 mg/5 ml</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
NICOTROL INHALATION CARTRIDGE 10 MG	3	PV

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Drug Name	Tier	Limitations (Notes)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	3	PV
<i>orphenadrine citrate injection solution 30 mg/ml</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>propranolol intravenous solution 1 mg/ml</i>	1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
REGONOL INJECTION SOLUTION 5 MG/ML	2	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL (30 EA per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	QL (11 GM per 30 days)
<i>tamsulosin oral capsule 0.4 mg</i>	1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	

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Drug Name	Tier	Limitations (Notes)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (17 GM per 30 days)
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	2	PA; SP
BLOOD FORMATION, COAGULATION, THROMBOSIS		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML	2	SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	2	PA; SP
<i>argatroban in 0.9 % sod chlor intravenous parenteral solution 250 mg/250 ml (1 mg/ml)</i>	2	
<i>argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml</i>	2	
<i>argatroban in nacl (iso-os) intravenous solution 50 mg/50 ml (1 mg/ml)</i>	2	
<i>argatroban intravenous solution 100 mg/ml</i>	2	
<i>aspirin oral tablet 325 mg</i>	3	PV
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	3	PV
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1	
<i>desmopressin injection solution 4 mcg/ml</i>	2	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	2	SP
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	2	SP
<i>enteric coated aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	3	PV

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Drug Name	Tier	Limitations (Notes)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; SP
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	2	SP
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	2	SP
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	2	SP
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	2	PA; SP
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	2	SP
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	SP
LEUKINE INJECTION RECON SOLN 250 MCG	2	SP
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	2	SP

Explanation of Limitations can be found on page iii.

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Drug Name	Tier	Limitations (Notes)
<i>multi-vit with fluoride-iron oral drops 0.25mg fluoride -10 mg iron/ml</i>	1	
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	2	PA; SP; QL (2 ML per 30 days)
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	2	PA; SP; QL (2 ML per 30 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	PA; SP
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA; SP
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	2	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG	1	
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA; SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG	2	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	2	PA; SP
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 500 (+/-) UNIT	2	SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA; SP
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>	1	
<i>tranexamic acid oral tablet 650 mg</i>	1	
TRI-VIT WITH FLUORIDE AND IRON ORAL DROPS 0.25-10 MG/ML	1	PV
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP; QL (2 ML per 30 days)
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	

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Drug Name	Tier	Limitations (Notes)
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA; SP
CARDIOVASCULAR DRUGS		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
<i>ambriasant oral tablet 10 mg, 5 mg</i>	2	PA; SP
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amiodarone intravenous solution 50 mg/ml</i>	1	
<i>amiodarone oral tablet 200 mg, 400 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	3	PV; QL (60 EA per 30 days)
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	

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Drug Name	Tier	Limitations (Notes)
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	1	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	1	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	QL (4 EA per 30 days)
CLORPRES ORAL TABLET 0.1-15 MG, 0.2-15 MG	2	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	2	PA
<i>digoxin injection solution 250 mcg/ml</i>	1	
<i>digoxin injection syringe 250 mcg/ml</i>	1	
<i>digoxin oral solution 50 mcg/ml</i>	1	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	
DILANTIN ORAL CAPSULE 30 MG	2	
<i>diltiazem hcl intravenous recon soln 100 mg</i>	1	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)

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Drug Name	Tier	Limitations (Notes)
<i>doxazosin oral tablet 8 mg</i>	1	QL (60 EA per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>hydralazine injection solution 20 mg/ml</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	

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Drug Name	Tier	Limitations (Notes)
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>labetalol intravenous solution 5 mg/ml</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>lidocaine (pf) intravenous solution 20 mg/ml (2 %)</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>lovastatin oral tablet 10 mg</i>	3	PV; QL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	3	PV; QL (60 EA per 30 days)
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	1	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	1	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	1	
<i>methyclothiazide oral tablet 5 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	
<i>methyldopate intravenous solution 250 mg/5 ml</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide oral tablet 15-25 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	2	

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Drug Name	Tier	Limitations (Notes)
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
<i>nicardipine intravenous solution 25 mg/10 ml</i>	1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	1	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	1	
<i>nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	
OPSUMIT ORAL TABLET 10 MG	2	PA
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; SP; QL (2 ML per 28 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML	2	PA; SP; QL (4 ML per 28 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	3	PV; QL (60 EA per 30 days)
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
PREVALITE ORAL POWDER 4 GRAM	1	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	

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Drug Name	Tier	Limitations (Notes)
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>propranolol intravenous solution 1 mg/ml</i>	1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>quinidine gluconate injection solution 80 mg/ml</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; SP
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	3	PV; QL (30 EA per 30 days)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>sildenafil (antihypertensive) intravenous solution 10 mg/12.5 ml</i>	2	PA; SP
<i>sildenafil (antihypertensive) oral tablet 20 mg</i>	2	PA; SP; QL (90 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	3	PV; QL (60 EA per 30 days)
<i>simvastatin oral tablet 80 mg</i>	1	QL (60 EA per 30 days)
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
<i>tadalafil (antihypertensive) oral tablet 20 mg</i>	2	PA; SP
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	QL (60 EA per 30 days)

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Drug Name	Tier	Limitations (Notes)
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
TRACLEER ORAL TABLET 125 MG, 62.5 MG	2	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	2	PA; SP
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg, 50-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	2	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	2	PA
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	2	PA
<i>verapamil intravenous solution 2.5 mg/ml</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
CENTRAL NERVOUS SYSTEM AGENTS		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	1	
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	1	QL (4500 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (180 EA per 30 days)
AIMOVIG AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	2	PA; QL (1 ML per 30 days)

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Drug Name	Tier	Limitations (Notes)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	2	PA; QL (1 ML per 30 days)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	2	PA; QL (2 ML per 30 days)
AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	ST; QL (30 EA per 30 days)
<i>aspirin oral tablet 325 mg</i>	3	PV
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	3	PV
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	2	PA
BANZEL ORAL SUSPENSION 40 MG/ML	2	
BANZEL ORAL TABLET 200 MG, 400 MG	2	
<i>benztropine injection solution 2 mg/2 ml</i>	1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	1	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	PA; QL (4 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	1	QL (180 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL (360 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (90 EA per 30 days)

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Drug Name	Tier	Limitations (Notes)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	PV; QL (60 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	1	
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	QL (180 EA per 30 days)
<i>cabergoline oral tablet 0.5 mg</i>	1	
CAPITAL WITH CODEINE ORAL SUSPENSION 120-12 MG/5 ML	2	QL (4500 ML per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 400 mg</i>	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	
<i>chlorpromazine injection solution 25 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	

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Drug Name	Tier	Limitations (Notes)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	1	ST
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	QL (180 EA per 30 days)
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	2	
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	2	
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>diazepam injection solution 5 mg/ml</i>	1	
<i>diazepam injection syringe 5 mg/ml</i>	1	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical gel 1 %</i>	1	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
<i>dihydroergotamine injection solution 1 mg/ml</i>	2	
DILANTIN ORAL CAPSULE 30 MG	2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	

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Drug Name	Tier	Limitations (Notes)
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	1	QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	1	QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	2	
<i>entacapone oral tablet 200 mg</i>	1	
<i>enteric coated aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	3	PV
EPIDIOLEX ORAL SOLUTION 100 MG/ML	2	PA; SP
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
EVZIO INJECTION AUTO-INJECTOR 0.4 MG/0.4 ML	2	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
<i>fenoprofen oral tablet 600 mg</i>	1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL (30 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	1	PA; QL (90 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (10 EA per 30 days)

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Drug Name	Tier	Limitations (Notes)
<i>fluoxetine oral capsule 10 mg</i>	1	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule 40 mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	1	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	
<i>fluvoxamine oral tablet 100 mg</i>	1	QL (90 EA per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	QL (30 EA per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	QL (60 EA per 30 days)
<i>fosphenytoin injection solution 500 mg pe/10 ml</i>	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	QL (5400 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	QL (360 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i>	1	QL (270 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	QL (150 EA per 30 days)
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	1	QL (120 ML per 30 days)

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Drug Name	Tier	Limitations (Notes)
<i>hydromorphone injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone oral tablet 2 mg</i>	1	QL (180 EA per 30 days)
<i>hydromorphone oral tablet 4 mg</i>	1	QL (150 EA per 30 days)
<i>hydromorphone oral tablet 8 mg</i>	1	QL (60 EA per 30 days)
<i>hydroxyzine hcl intramuscular solution 25 mg/ml</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml, 10 mg/5 ml (5 ml)</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	1	QL (50 EA per 30 days)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	2	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	2	
<i>ketorolac injection cartridge 30 mg/ml</i>	1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1	
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 EA per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	2	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	2	ST; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	2	ST; QL (60 EA per 30 days)

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Drug Name	Tier	Limitations (Notes)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 400 MCG/SPRAY	2	PA; QL (23 EA per 30 days)
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	1	
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	2	PA; QL (90 EA per 30 days)
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	1	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	1	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	1	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	1	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	
<i>memantine oral solution 2 mg/ml</i>	2	
<i>memantine oral tablet 10 mg, 5 mg</i>	1	
<i>memantine oral tablets, dose pack 5-10 mg</i>	1	
<i>methadone oral concentrate 10 mg/ml</i>	1	PA; QL (60 ML per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; QL (300 ML per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; QL (600 ML per 30 days)
<i>methadone oral tablet 10 mg</i>	1	PA; QL (60 EA per 30 days)

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Drug Name	Tier	Limitations (Notes)
<i>methadone oral tablet 5 mg</i>	1	PA; QL (120 EA per 30 days)
<i>methamphetamine oral tablet 5 mg</i>	1	PA
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	1	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	PA
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml, 30 mg/30 ml</i>	1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	QL (135 ML per 30 days)
<i>morphine injection solution 15 mg/ml, 8 mg/ml</i>	1	
<i>morphine injection syringe 10 mg/ml, 2 mg/ml, 8 mg/ml</i>	1	
<i>morphine injection syringe 4 mg/ml</i>	1	QL (500 ML per 30 days)
<i>morphine intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	1	
<i>morphine intravenous solution 10 mg/ml, 100 mg/4 ml, 25 mg/ml, 250 mg/10 ml, 4 mg/ml, 50 mg/ml</i>	1	
<i>morphine intravenous syringe 2 mg/ml</i>	1	
<i>morphine intravenous syringe 4 mg/ml</i>	1	QL (500 ML per 30 days)
<i>morphine oral capsule,extend.release pellets 100 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; QL (30 EA per 30 days)
<i>morphine oral capsule,extend.release pellets 20 mg</i>	1	PA; QL (120 EA per 30 days)
<i>morphine oral capsule,extend.release pellets 30 mg</i>	1	PA; QL (90 EA per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	1	QL (900 ML per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	QL (675 ML per 30 days)
<i>morphine oral tablet 15 mg</i>	1	QL (180 EA per 30 days)

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Drug Name	Tier	Limitations (Notes)
<i>morphine oral tablet 30 mg</i>	1	QL (90 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i>	1	PA; QL (30 EA per 30 days)
<i>morphine oral tablet extended release 15 mg</i>	1	PA; QL (120 EA per 30 days)
<i>morphine oral tablet extended release 30 mg</i>	1	PA; QL (90 EA per 30 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	1	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naltrexone oral tablet 50 mg</i>	1	
<i>naproxen oral suspension 125 mg/5 ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (18 EA per 30 days)
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA; QL (60 EA per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	ST; QL (30 EA per 30 days)
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1	
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>oxycodone oral concentrate 20 mg/ml</i>	1	QL (90 ML per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	1	QL (1200 ML per 30 days)
<i>oxycodone oral tablet 10 mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone oral tablet 15 mg</i>	1	QL (120 EA per 30 days)
<i>oxycodone oral tablet 20 mg</i>	1	QL (90 EA per 30 days)
<i>oxycodone oral tablet 30 mg</i>	1	QL (60 EA per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	1	QL (360 EA per 30 days)

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Drug Name	Tier	Limitations (Notes)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	QL (240 EA per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	QL (360 EA per 30 days)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 5 mg, 7.5 mg</i>	1	PA; QL (90 EA per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 15 mg</i>	1	PA; QL (60 EA per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 20 mg, 30 mg, 40 mg</i>	1	PA; QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 20 mg, 30 mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	QL (60 EA per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>phenelzine oral tablet 15 mg</i>	1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG, 50 MG	2	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>propranolol intravenous solution 1 mg/ml</i>	1	

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Drug Name	Tier	Limitations (Notes)
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	ST; QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	ST; QL (60 EA per 30 days)
<i>riluzole oral tablet 50 mg</i>	1	
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	2	
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	ST; QL (60 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (36 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (36 EA per 30 days)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
ROZEREM ORAL TABLET 8 MG	2	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 5 MG	2	ST; QL (60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET 2.5 MG	2	ST
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	QL (45 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG	2	QL (60 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	2	QL (360 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	2	QL (180 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG	2	QL (90 EA per 30 days)

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Drug Name	Tier	Limitations (Notes)
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (18 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	2	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	2	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	2	QL (8 ML per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	2	PA; SP
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>tolcapone oral tablet 100 mg</i>	1	
<i>tolmetin oral capsule 400 mg</i>	1	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>tramadol oral tablet 50 mg</i>	1	QL (240 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	QL (30 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (240 EA per 30 days)
<i>tranylcypromine oral tablet 10 mg</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	2	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml)</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	1	QL (30 EA per 30 days)

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Drug Name	Tier	Limitations (Notes)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL (90 EA per 30 days)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	2	QL (30 EA per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	2	QL (30 EA per 30 days)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	2	
VIMPAT ORAL SOLUTION 10 MG/ML	2	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	
<i>zaleplon oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	QL (18 EA per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	QL (30 EA per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG, 5 MG	2	QL (18 EA per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
DEVICES		
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2"	2	
1ST TIER UNILET COMFORTOUCH 28 GAUGE	2	
ACCU-CHEK SOFTCLIX LANCET DEV	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
ACE AEROSOL CLOUD ENHANCER SPACER	2	
ACTI-LANCE LANCETS 23 GAUGE	2	
ACTI-LANCE LANCETS 28 GAUGE	1	
ADJUSTABLE LANCING DEVICE	2	
ADVANCED LANCING DEVICE KIT	2	
ADVANCED TRAVEL LANCETS 28 GAUGE	2	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	2	
AEROCHAMBER PLUS Z STAT MD MSK SPACER	2	
AEROCHAMBER WITH FLOWSIGNAL SPACER	2	
AEROTRACH PLUS SPACER	2	
AGAMATRIX CONTROL HIGH SOLUTION	2	

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Drug Name	Tier	Limitations (Notes)
ALKALINE BATTERIES	2	
ALTERNATE SITE LANCET 26 GAUGE	2	
ALTERNATE SITE LANCING DEVICE	2	
AQUA LANCE LANCING DEVICE	2	
ASSURE DOSE NORMAL CONTROL SOLUTION	2	
ASSURE HAEMOLANCE PLUS 1.2 MM	2	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	
ASSURE LANCE 25 GAUGE	2	
AUTO-LANCET MINI	2	
AUTOLET IMPRESSION LANC DEV KIT	2	
AUTOLET LANCING DEVICE	2	
BD BULK LUER-LOK NON-STERILE SYRINGE 60 ML	2	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML	2	
BD ECLIPSE NEEDLE 25 GAUGE X 1"	2	
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"	2	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	2	
BD INTEGRA SYRINGE SYRINGE 3 ML 25 GAUGE X 5/8"	2	
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML	2	
BD LUER-LOK SYRINGE SYRINGE 20 ML, 3 ML 22 X 1 1/2"	2	
BD MAGNI-GUIDE SYRINGE MAGNIFI	2	
BD MICROTAINER LANCET 30 GAUGE	2	
BD NOKOR ADMIX NEEDLE NEEDLE 18 GAUGE X 1 1/2"	2	
BD PRECISIONGLIDE NEEDLE 27 GAUGE X 1 1/2"	2	
BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2"	2	
BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE	1	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 27 X 1/2"	2	
BD SAFETYGLIDE NEEDLE NEEDLE 22 GAUGE X 1 1/2"	2	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8"	2	

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Drug Name	Tier	Limitations (Notes)
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8", 5 ML 22 GAUGE X 1 1/2"	2	
BD SAFETY-LOK TUBERCULIN SYRINGE 1 ML 27 GAUGE X 1/2"	2	
BD SAFETY-LOK WITH LUER-LOK SYRINGE 5 ML	2	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8"	2	
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE	2	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1"	2	
BD ULTRA FINE LANCETS 33 GAUGE	2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	2	
<i>blood glucose control, normal solution</i>	2	
<i>blunt needle, disposable needle 18 x 1 1/2 "</i>	2	
BREATHERITE VALVED MDI CHAMBER SPACER	2	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE	2	
CAREONE THIN LANCET	2	
CARESENS CONTROL A NORMAL SOLUTION	2	
CHEMSTRIP BG LOG BOOK	2	
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	2	
COAGUCHEK LANCETS	2	
COLOR LANCETS 21 GAUGE	2	
DAVOL IRRIGATION SYRINGE SYRINGE	2	
DEVILBISS COMPACT COMPRESSOR DEVICE	2	
DROPLET LANCETS 30 GAUGE	2	
DROPLET LANCING DEVICE	2	
EASIVENT HOLDING CHAMBER SPACER	2	
EASY TOUCH FLURINGE FLU TRAY TRAY 1 ML 25 GAUGE X 1"	2	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 5/8"	2	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	

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Drug Name	Tier	Limitations (Notes)
EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16	2	
EASY TOUCH LANCING DEVICE	2	
EASY TOUCH SYR ALLERGY TRAY TRAY 1 ML 26 GAUGE X 3/8"	2	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 5/8"	2	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 21 GAUGE X 1"	2	
ELEMENT COMPACT NORMAL CONTROL SOLUTION	2	
ELEMENT NORMAL CONTROL SOLUTION	2	
EVOLUTION NORMAL CONTROL SOLUTION	2	
EXCEL SYRINGE SYRINGE 3 ML 23 X 1"	2	
EXEL HYPODERMIC NEEDLES NEEDLE 27 GAUGE X 1/2"	2	
EZ SMART LANCETS 28 GAUGE	2	
E-Z SPACER SPACER	2	
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE	2	
FINE 30 UNIVERSAL LANCETS 30 GAUGE	2	
FINGERSTIX LANCETS	2	
FREESTYLE LIBRE 10 DAY READER	2	
FREESTYLE LIBRE 10 DAY SENSOR KIT	2	
FREESTYLE LIBRE 14 DAY READER	2	
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	
GE100 CONTROL SOLUTION NORMAL SOLUTION	2	
GLUCOCARD 01 NORMAL CONTROL SOLUTION	2	
GLUCOCOM AUTOLINK	2	
GLUCOCOM CONTROL NORMAL SOLUTION	2	
GLUCOCOM LANCETS 28 GAUGE, 33 GAUGE	2	
GLUCOSE CONTROL SOLUTION	2	
HEALTHY ACCENTS AUTOLET	2	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2"	2	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE	2	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	1	
<i>huber safety needles (disp.) needle 22 x 3/4 "</i>	1	

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Drug Name	Tier	Limitations (Notes)
HUMAPEN LUXURA HD SUBCUTANEOUS INSULIN PEN	2	
HYPOLANCE AST LANCING KIT	2	
IN-CHECK DIAL TRAINING DEVICE DEVICE	2	
IN-CHECK NASAL WITH MASK DEVICE	2	
IN-CHECK ORAL FLOW METER DEVICE	2	
INCONTROL LANCING DEVICE	2	
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 32 GAUGE X 5/32"	2	
INCONTROL SUPER THIN LANCETS 30 GAUGE	2	
INCONTROL ULTRA THIN LANCETS 28 GAUGE	2	
INFINITY CONTROL SOLUTION NORM SOLUTION	2	
INJECT-EASE DEVICE	2	
<i>insulin syringe needleless syringe 1 ml</i>	2	
<i>insulin syringe-needle u-100 syringe 0.5 ml 29 gauge x 1/2"</i>	2	
INSUPEN NEEDLE 29 GAUGE X 1/2"	2	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML	2	
INVACARE LANCETS 30 GAUGE	2	
<i>lancets</i>	2	
LANCETS, THIN 28 GAUGE	2	
LANCING DEVICE WITH LANCETS	2	
LITE TOUCH INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE	2	
LITE TOUCH LANCING DEVICE	2	
LITEAIRE MDI CHAMBER SPACER	2	
LITETOUCH-SMALL MASK DEVICE	2	
LUER LOCK SYRINGE SYRINGE 30 ML	2	
LUER-LOK TIP SYRINGE 30 ML	2	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 1 ML 29 GAUGE X 1/2"	2	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 1 ML 27 GAUGE X 1/2"	2	
MEDISENSE COMBO PACK	2	
MEDISENSE GLUCOSE KETONE COMBO PACK	2	
MEDISENSE THIN LANCETS 28 GAUGE	2	
MEDLANCE PLUS LANCETS 25 GAUGE	1	

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Drug Name	Tier	Limitations (Notes)
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	2	
MICRO THIN LANCETS 33 GAUGE	2	
MICROCHAMBER SPACER	2	
MICROLET LANCET	2	
MICROSPACER SPACER	2	
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	2	
MONOJECT 0.9% SODIUM CHLORIDE INJECTION SYRINGE	1	
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1"	2	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML	2	
MONOJECT HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1"	2	
MONOJECT INSULIN SYRINGE SYRINGE 1 ML	2	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 20 GAUGE X 1"	2	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML	2	
MONOJECT PREFILL ADVANCED NS INJECTION SYRINGE	1	
MONOJECT PREFILL SALINE FLUSH INJECTION SYRINGE	1	
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML	2	
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 21 GAUGE X 1"	2	
MONOJECT SYRINGE CATHETER SYRINGE 60 ML	2	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML	2	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	2	
MONOJECT TB LUER LOK SYRINGE 1 ML	2	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2"	2	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML	2	
MONOLET THIN LANCETS 28 GAUGE	2	
MULTI-DRAW NEEDLE NEEDLE 20 GAUGE X 1"	2	
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION	2	

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Drug Name	Tier	Limitations (Notes)
MYGLUCOHEALTH LANCETS 30 GAUGE	2	
<i>needles, huber disposable needle 22 x 1 "</i>	2	
NOKOR NEEDLE NEEDLE 16 GAUGE X 1"	2	
NOVA MAX GLUCOSE CONTROL SOLUTION	2	
NOVA SAFETY LANCETS 28 GAUGE	2	
NOVA SUREFLEX LANCETS	2	
NOVAMAX PLUS GLU-KET SOLUTION	2	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	2	
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3"	2	
ONE WAY VALVED MOUTHPIECE DEVICE	2	
ONETOUCH DELICA LANC DEVICE KIT	2	
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE	2	
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE	2	
ONETOUCH ULTRA CONTROL SOLUTION	2	
ONETOUCH ULTRA2 KIT	2	
ONETOUCH ULTRAMINI KIT	2	
ONETOUCH ULTRASOFT LANCETS	2	
ONETOUCH VERIO FLEX	2	
ONETOUCH VERIO FLEX START KIT	2	
ONETOUCH VERIO HIGH CONTROL SOLUTION	2	
ONETOUCH VERIO IQ METER	2	
ONETOUCH VERIO MID CONTROL SOLUTION	2	
OPTICHAMBER DIAMOND VHC SPACER	2	
PANDA MASK DEVICE	2	
PEDIATRIC PANDA MASK DEVICE	2	
PEDIATRIC SMALL MASK DEVICE	2	
PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	2	
PFLEX INSPIRATORY TRAINER DEVICE	2	
POCKET CHAMBER SPACER	2	
PRESSURE ACTIVATED LANCETS 21 GAUGE	2	
PRIMEAIRE SPACER	2	
PROCHAMBER SPACER	2	
PRODIGY CONTROL SOLUTION, LOW SOLUTION	2	
PRODIGY INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2"	2	
PRODIGY LANCING DEVICE	2	

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Drug Name	Tier	Limitations (Notes)
PRODIGY TWIST TOP LANCET 28 GAUGE	2	
QUAKE VIBRATORY PEP DEVICE	2	
REFUAH PLUS GLUCOSE CONTROL SOLUTION	2	
REJUVENESS TOPICAL COMBO PACK	2	
RELIAMED MINI LANCING DEVICE	2	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE	2	
RELION NEEDLES NEEDLE 31 GAUGE X 1/4"	2	
RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32"	2	
RELION ULTRA THIN PLUS LANCETS	2	
RESTORE WOUND CLEANSER TOPICAL CLEANSER	2	
RIGHTEST CONTROL SOLUTION HIGH SOLUTION	2	
RIGHTEST GD500 LANCING DEVICE	2	
RIGHTEST GL300 LANCETS 30 GAUGE	2	
RITEFLO AEROCHAMBER SPACER	2	
SAFE-CLIP BY MAIL DEVICE	2	
SAFE-CLIP NEEDLE STORAGE DEV DEVICE	2	
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16"	2	
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 3 ML, 5 ML 22 GAUGE X 1"	2	
SAFETY LANCETS 21 GAUGE	2	
SAFETY SEAL LANCETS 28 GAUGE	2	
SAFETY-LET LANCETS 30 GAUGE	2	
SIDESTREAM PEDIATRIC FACE MASK DEVICE	2	
SILICONE MASK - INFANT DEVICE	2	
SINGLE-LET	2	
SMART SENSE LANCETS 26 GAUGE, 33 GAUGE	2	
SMARTDIABETES VANTAGE	2	
SMARTEST CONTROL SOLUTION	2	
SMARTEST LANCET	2	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	1	
SOFT TOUCH LANCETS	2	
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION	2	

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Drug Name	Tier	Limitations (Notes)
SOLUS V2 LANCETS 30 GAUGE	2	
SOLUS V2 LANCING DEVICE KIT	2	
STERILANCE TL 30 GAUGE	2	
SUPER THIN LANCETS 30 GAUGE	2	
SUPOR SYRINGE FILTER 25-0.2 MM-MICRON	2	
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2"	2	
SUREFLEX LANCING DEVICE	2	
SURE-JECT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2"	2	
SURE-LANCE 28 GAUGE	2	
SURE-PEN LANCING DEVICE	2	
SURE-TOUCH LANCET	2	
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1"	2	
SYREX SODIUM CHLORIDE 0.9 % INJECTION SYRINGE	1	
<i>syringe filter 50-0.22 mm-micron</i>	2	
<i>syringe with needle syringe 1 ml 25 gauge x 1"</i>	2	
<i>syringe with needle, safety syringe 1 ml 25 gauge x 5/8", 3 ml 22 gauge x 1"</i>	2	
TECHLITE LANCETS 25 GAUGE	2	
TELCARE CONTROL SOLUTION	2	
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2"	2	
TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 21 GAUGE X 1 1/2"	2	
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8"	2	
TERUMO SYRINGE SYRINGE 3 ML 23 X 1"	2	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2"	1	
THRESHOLD IMT TRAINER DEVICE	2	
THRESHOLD PEP DEVICE DEVICE	2	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2"	2	
TOPCARE UNIVERSAL1 LANCET	2	
TRUECONTROL LEVEL 0 SOLUTION	2	
TRUEPLUS INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"	2	
TRUEPLUS LANCETS 28 GAUGE	2	

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Drug Name	Tier	Limitations (Notes)
TUBERCULIN SYRINGE SYRINGE 1 ML 27 X 1/2"	2	
<i>tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"</i>	2	
ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2"	1	
ULTI-LANCE KIT	2	
ULTILET BASIC LANCETS 30 GAUGE	2	
ULTILET CLASSIC LANCETS	2	
ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE	2	
ULTILET LANCETS 30 GAUGE	2	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE	1	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2"	2	
ULTRA THIN LANCETS 28 GAUGE	2	
ULTRA THIN PLUS LANCETS 33 GAUGE	2	
ULTRALANCE LANCETS 26 GAUGE	2	
ULTRA-THIN II LANCETS 28 GAUGE	2	
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2"	2	
UNIFINE PENTIPS PLUS NEEDLE 31 GAUGE X 5/16"	2	
UNILET COMFORTOUCH LANCET	2	
UNILET EXCELITE II LANCET	2	
UNILET EXCELITE LANCET	2	
UNILET LANCET 28 GAUGE	2	
UNISTIK 2 DEVICE KIT	2	
UNISTIK 2 NORMAL LANCET,DEVICE KIT	2	
UNISTIK 3 EXTRA LANCET 21 GAUGE	2	
UNISTIK 3 KIT	2	
UNISTIK CZT LANCET 23 GAUGE	2	
UNIVERSAL 1 LANCETS 26 GAUGE	2	
VANISHPOINT SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	2	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 27 X 1/2"	2	
WAVESENSE CONTROL SOLUTION SOLUTION	2	
WINDMILL TRAINER DEVICE	2	
DIAGNOSTIC AGENTS		
CHEMSTRIP UGK STRIP	2	
DIASTIX STRIP	2	

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Drug Name	Tier	Limitations (Notes)
GLUCAGON HCL INJECTION RECON SOLN 1 MG	2	
KETO-DIASTIX STRIP	2	
ONETOUCH ULTRA BLUE TEST STRIP STRIP	2	
ONETOUCH VERIO STRIP	2	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
AMINOSYN 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	2	
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	2	
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	2	
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	2	
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	2	
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	2	
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	2	
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	2	
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	2	
<i>ammonium chloride intravenous solution 5 meq/ml</i>	2	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE	1	

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Drug Name	Tier	Limitations (Notes)
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>calcium acetate oral capsule 667 mg</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	2	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	1	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	
CLINIMIX 2.75%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	2	
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	
CLINIMIX 4.25%-D20W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	2	
CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	2	
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	2	
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	

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Drug Name	Tier	Limitations (Notes)
CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	2	
CLOPRES ORAL TABLET 0.1-15 MG, 0.2-15 MG	2	
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	2	PA; SP
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	1	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	1	
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	1	
<i>dextrose 30 % in water (d30w) intravenous parenteral solution</i>	1	
<i>dextrose 40 % in water (d40w) intravenous parenteral solution 40 %</i>	1	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	1	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	1	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	1	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	1	

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Drug Name	Tier	Limitations (Notes)
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	1	
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	2	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
INTRALIPID INTRAVENOUS EMULSION 20 %	1	
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	2	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	2	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	2	
JYNARQUE ORAL TABLET 15 MG, 30 MG	2	SP
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	2	PA; SP
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML	1	
KIONEX ORAL POWDER	1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	1	
KLOR-CON M15 ORAL TABLET, ER PARTICLES/CRYSTALS 15 MEQ	1	

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Drug Name	Tier	Limitations (Notes)
KLOR-CON M20 ORAL TABLET, ER PARTICLES/CRYSTALS 20 MEQ	1	
<i>lactated ringers intravenous parenteral solution</i>	1	
<i>lactated ringers irrigation solution</i>	1	
<i>lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml)</i>	1	
LIPOSYN III INTRAVENOUS EMULSION 10 %, 20 %, 30 %	2	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>methyclothiazide oral tablet 5 mg</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>moexipril-hydrochlorothiazide oral tablet 15-25 mg</i>	1	
MONOJECT 0.9% SODIUM CHLORIDE INJECTION SYRINGE	1	
MONOJECT PREFILL ADVANCED NS INJECTION SYRINGE	1	
MONOJECT PREFILL SALINE FLUSH INJECTION SYRINGE	1	
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	2	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	2	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	2	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	2	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	2	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	2	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	

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Drug Name	Tier	Limitations (Notes)
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in Ir-d5 intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 5 meq (540 mg)</i>	1	
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION 6 %	2	
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG	1	
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	2	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	2	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ringer's intravenous parenteral solution</i>	1	

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Drug Name	Tier	Limitations (Notes)
<i>ringer's irrigation solution</i>	1	
SAMSCA ORAL TABLET 15 MG	2	PA; SP; QL (30 EA per 30 days)
SAMSCA ORAL TABLET 30 MG	2	PA; SP; QL (60 EA per 30 days)
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	2	
<i>sevelamer carbonate oral tablet 800 mg</i>	2	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	2	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	1	
<i>sodium chloride 0.9 % injection solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	1	
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	1	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i>	1	
<i>sodium lactate intravenous solution 5 meq/ml</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	2	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	2	
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	1	
SYREX SODIUM CHLORIDE 0.9 % INJECTION SYRINGE	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>torseמידe oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	

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Drug Name	Tier	Limitations (Notes)
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg, 50-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %	2	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	2	SP
<i>water for irrigation, sterile irrigation solution</i>	1	
ENZYMES		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	2	SP
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	2	PA; SP
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	2	PA; SP
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	2	PA; SP
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	2	PA; SP
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	2	SP
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	2	PA; SP
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	2	PA; SP
MYOZYME INTRAVENOUS RECON SOLN 50 MG	2	PA; SP
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	2	PA; SP
PULMOZYME INHALATION SOLUTION 1 MG/ML	2	SP
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	2	PA; SP
STRENSIQ SUBCUTANEOUS SOLUTION 100 MG/ML, 40 MG/ML	2	PA
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	2	PA; SP

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Drug Name	Tier	Limitations (Notes)
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT	2	
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	2	PA; SP
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	1	QL (60 ML per 30 days)
<i>azelastine nasal spray, non-aerosol 0.15 % (205.5 mcg)</i>	1	QL (60 ML per 30 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
CIPRODEX OTIC (EAR) DROPS, SUSPENSION 0.3-0.1 %	2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	

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Drug Name	Tier	Limitations (Notes)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	QL (16 GM per 30 days)
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	1	QL (30 ML per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	

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Drug Name	Tier	Limitations (Notes)
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	1	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	2	PA; SP
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	1	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	2	
<i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i>	1	QL (17 ML per 30 days)
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
TYZINE NASAL DROPS 0.05 %, 0.1 %	2	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	2	

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Drug Name	Tier	Limitations (Notes)
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	2	
ZYMAXID OPHTHALMIC (EYE) DROPS 0.5 %	2	
GASTROINTESTINAL DRUGS		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	2	
<i>aprepitant oral capsule 125 mg, 40 mg</i>	2	QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	2	QL (2 EA per 30 days)
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	2	QL (3 EA per 30 days)
<i>balsalazide oral capsule 750 mg</i>	1	
CHENODAL ORAL TABLET 250 MG	2	PA; SP
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	2	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	1	
<i>famotidine intravenous solution 10 mg/ml</i>	1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
GAVILYTE-C ORAL RECON SOLN 240-22.72- 6.72 -5.84 GRAM	3	
GAVILYTE-G ORAL RECON SOLN 236-22.74- 6.74 -5.86 GRAM	3	
GAVILYTE-N ORAL RECON SOLN 420 GRAM	3	
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	1	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	1	QL (6 EA per 30 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; SP; QL (3 EA per 28 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; QL (3 EA per 28 days)

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Drug Name	Tier	Limitations (Notes)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; QL (2 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; SP; QL (3 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; SP; QL (3 EA per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; SP; QL (2 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; SP; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; SP; QL (2 EA per 28 days)
<i>karaya gum (bulk) powder</i>	2	
LAXATIVE PEG 3350 ORAL POWDER 17 GRAM/DOSE	3	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	2	
<i>loperamide oral capsule 2 mg</i>	1	
<i>loperamide oral liquid 1 mg/5 ml, 1 mg/7.5 ml</i>	1	
<i>loperamide oral tablet 2 mg</i>	1	
<i>magnesium citrate oral solution</i>	3	PV
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
MOTOFEN ORAL TABLET 1-0.025 MG	2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>nizatidine oral solution 150 mg/10 ml</i>	1	
OCALIVA ORAL TABLET 10 MG, 5 MG	2	PA; SP

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Drug Name	Tier	Limitations (Notes)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>	1	QL (30 EA per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	1	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1	
<i>palonosetron intravenous solution 0.25 mg/2 ml, 0.25 mg/5 ml</i>	1	
<i>pantoprazole intravenous recon soln 40 mg</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL (30 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	
<i>paregoric oral liquid 2 mg/5 ml</i>	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram, 240-22.72-6.72 -5.84 gram</i>	3	
PEG-3350 WITH FLAVOR PACKS ORAL RECON SOLN 420 GRAM	3	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	3	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	2	
PERTZYE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 8,000-28,750-30,250 UNIT	2	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	3	PV
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
PYLERA ORAL CAPSULE 140-125-125 MG	2	
<i>ranitidine hcl injection solution 25 mg/ml</i>	1	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	1	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	2	
<i>sucralfate oral tablet 1 gram</i>	1	

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Drug Name	Tier	Limitations (Notes)
<i>sulfasalazine oral tablet 500 mg</i>	1	
TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN 420 GRAM	3	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VIBERZI ORAL TABLET 100 MG, 75 MG	2	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	
XERMELO ORAL TABLET 250 MG	2	PA
HEAVY METAL ANTAGONISTS		
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	2	PA; SP
FERRIPROX ORAL TABLET 500 MG	2	PA; SP
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	2	PA; SP
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	2	PA
<i>trientine oral capsule 250 mg</i>	2	
HORMONES AND SYNTHETIC SUBSTITUTES		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>a-hydrocort injection recon soln 100 mg</i>	1	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	3	PV
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	3	PV
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	3	PV
AMETHIA LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	3	PV; QL (84 EA per 84 days)
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	3	PV; QL (84 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	3	PV
<i>anastrozole oral tablet 1 mg</i>	1	
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	2	PA
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	2	PA
ANDROXY ORAL TABLET 10 MG	2	
APRI ORAL TABLET 0.15-0.03 MG	3	PV
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	3	PV
<i>aubra oral tablet 0.1-20 mg-mcg</i>	3	PV

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Drug Name	Tier	Limitations (Notes)
AVIANE ORAL TABLET 0.1-20 MG-MCG	3	PV
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	3	PV
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	3	PV
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	3	PV
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	3	PV
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	3	PV
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	3	PV
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	2	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	PA
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	2	PA; QL (4 EA per 28 days)
BYDUREON SUBCUTANEOUS SUSPENSION, EXTENDED REL RECON 2 MG	2	PA; QL (4 EA per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML	2	PA; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; QL (1.2 ML per 30 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	
CAMILA ORAL TABLET 0.35 MG	3	PV
CAMRESE LO ORAL TABLETS, DOSE PACK, 3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	3	PV; QL (84 EA per 84 days)
<i>camrese oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	3	PV; QL (84 EA per 84 days)
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	3	PV
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	3	PV
<i>cortisone oral tablet 25 mg</i>	1	
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	3	PV
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	PV
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	3	PV

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Drug Name	Tier	Limitations (Notes)
<i>cyred oral tablet 0.15-0.03 mg</i>	3	PV
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	3	PV
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	3	PV
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	3	PV; QL (84 EA per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	3	PV
<i>delyla (28) oral tablet 0.1-20 mg-mcg</i>	3	PV
<i>desmopressin injection solution 4 mcg/ml</i>	2	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	3	PV
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	3	PV
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	3	PV
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	2	QL (13 GM per 30 days)
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	2	
EGRIFTA SUBCUTANEOUS RECON SOLN 2 MG	2	SP
<i>elinest oral tablet 0.3-30 mg-mcg</i>	3	PV
ELLA ORAL TABLET 30 MG	3	PV; QL (1 EA per 30 days)
EMOQUETTE ORAL TABLET 0.15-0.03 MG	3	PV
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	3	PV
<i>enskyce oral tablet 0.15-0.03 mg</i>	3	PV
ERRIN ORAL TABLET 0.35 MG	3	PV
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	3	PV

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Drug Name	Tier	Limitations (Notes)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr</i>	1	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	1	
<i>estropipate oral tablet 0.75 mg, 1.5 mg</i>	1	
<i>exemestane oral tablet 25 mg</i>	1	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	3	PV
FARXIGA ORAL TABLET 10 MG, 5 MG	2	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>fluoxymesterone oral tablet 10 mg</i>	1	
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	2	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	2	PA; SP
GIANVI (28) ORAL TABLET 3-0.02 MG	3	PV
<i>glimepiride oral tablet 1 mg</i>	1	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	2	
GLUCAGON HCL INJECTION RECON SOLN 1 MG	2	
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (240 EA per 30 days)

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Drug Name	Tier	Limitations (Notes)
<i>glyburide micronized oral tablet 3 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	1	
<i>glyburide oral tablet 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	QL (240 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	2	PA; SP
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	2	PA; SP
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>hydroxyprogesterone(pf)(preg presv) intramuscular oil 250 mg/ml (1 ml)</i>	2	PA; SP
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	2	PA; SP
<i>hydroxyprogesterone capr(bulk) powder 100 %</i>	2	PA; SP
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	2	PA; SP
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	2	SP
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	3	PV; QL (84 EA per 84 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	2	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	2	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	
<i>jencycla oral tablet 0.35 mg</i>	3	PV
JINTELI ORAL TABLET 1-5 MG-MCG	2	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	3	PV; QL (84 EA per 84 days)
JOLIVETTE ORAL TABLET 0.35 MG	3	PV
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3	PV
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	3	PV
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	PV

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Drug Name	Tier	Limitations (Notes)
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	PV
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	3	PV
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	3	PV
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	3	PV
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	PV
<i>kimidess (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	3	PV
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	2	PA; SP
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	2	QL (60 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	2	QL (30 EA per 30 days)
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	3	PV
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	3	PV
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	3	PV
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	3	PV
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	3	PV
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	3	PV
<i>larissia oral tablet 0.1-20 mg-mcg</i>	3	PV
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	3	PV
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	3	PV
LESSINA ORAL TABLET 0.1-20 MG-MCG	3	PV
<i>letrozole oral tablet 2.5 mg</i>	1	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	SP
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	3	PV
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	3	PV
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	3	PV; QL (84 EA per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	3	PV
LEVORA-28 ORAL TABLET 0.15-0.03 MG	3	PV

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Drug Name	Tier	Limitations (Notes)
<i>levothyroxine intravenous recon soln 200 mcg, 500 mcg</i>	1	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/24 HRS (5 YRS) 52 MG	2	PV
<i>liothyronine intravenous solution 10 mcg/ml</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
LORYNA (28) ORAL TABLET 3-0.02 MG	3	PV
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	3	PV
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	2	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	2	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	2	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	2	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	2	PA; SP
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	3	PV
<i>lyza oral tablet 0.35 mg</i>	3	PV
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML	2	PA; SP
MAKENA INTRAMUSCULAR OIL 250 MG/ML, 250 MG/ML (1 ML)	2	PA; SP
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	1	PA
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	PA
<i>metformin oral tablet 1,000 mg</i>	1	
<i>metformin oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin oral tablet 850 mg</i>	1	QL (90 EA per 30 days)

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Drug Name	Tier	Limitations (Notes)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	
<i>metformin oral tablet extended release 24hr 500 mg</i>	1	QL (150 EA per 30 days)
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	1	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	1	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3	PV
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	3	PV
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	PV
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	PV
<i>mirena intrauterine intrauterine device 20 mcg/24 hours (5 yrs) 52 mg</i>	3	PV
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	3	PV
MONONESSA (28) ORAL TABLET 0.25-35 MG-MCG	3	PV
<i>my way oral tablet 1.5 mg</i>	3	PV; QL (1 EA per 30 days)
<i>myzilra oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	3	PV
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	2	PA
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	3	PV
NECON 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	3	PV
NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG	3	PV; QL (1 EA per 30 days)
<i>nikki (28) oral tablet 3-0.02 mg</i>	3	PV
NORA-BE ORAL TABLET 0.35 MG	3	PV

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Drug Name	Tier	Limitations (Notes)
NORDITROPIN FLEXPEN SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA; SP
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	3	PV
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	3	PV
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	3	PV
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1 mg-20 mcg (24)/75 mg (4)</i>	3	PV
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	3	PV
<i>norlyroc oral tablet 0.35 mg</i>	3	PV
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	3	PV
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	3	PV
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	PV
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	3	PV
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT	2	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	

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Drug Name	Tier	Limitations (Notes)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
<i>np thyroid oral tablet 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	2	PA; SP
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	3	PV
OCELLA ORAL TABLET 3-0.03 MG	3	PV
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	2	SP
OGESTREL (28) ORAL TABLET 0.5-50 MG-MCG	3	PV
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA; SP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	2	PA; SP
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	2	QL (30 EA per 30 days)
ORLISSA ORAL TABLET 150 MG, 200 MG	2	PA; SP
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	3	PV
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	PA
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML)	2	PA
<i>philith oral tablet 0.4-35 mg-mcg</i>	3	PV
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	3	PV
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	QL (90 EA per 30 days)
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	3	PV
PORTIA 28 ORAL TABLET 0.15-0.03 MG	3	PV

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Drug Name	Tier	Limitations (Notes)
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	3	PV
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
QUASENSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	3	PV; QL (84 EA per 84 days)
QVAR INHALATION AEROSOL 40 MCG/ACTUATION	2	QL (18 GM per 30 days)
QVAR INHALATION AEROSOL 80 MCG/ACTUATION	2	QL (27 GM per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	
<i>raloxifene oral tablet 60 mg</i>	3	PV
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	3	PV
SAIZEN CLICK.EASY SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	2	PA; SP
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG	2	PA; SP
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	2	SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA; SP
<i>sharobel oral tablet 0.35 mg</i>	3	PV
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG	2	SP
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	3	PV
SRONYX ORAL TABLET 0.1-20 MG-MCG	3	PV
SYEDA ORAL TABLET 3-0.03 MG	3	PV

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Drug Name	Tier	Limitations (Notes)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	QL (11 GM per 30 days)
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	2	
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	3	PV
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	3	PV
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA
TESTOSTERONE TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	2	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	2	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	2	PA
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	3	PV
<i>tolazamide oral tablet 250 mg</i>	1	ST; QL (120 EA per 30 days)
<i>tolazamide oral tablet 500 mg</i>	1	QL (60 EA per 30 days)
<i>tolbutamide oral tablet 500 mg</i>	1	
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 22.5 MG/2 ML	2	SP
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	3	PV
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	3	PV
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	3	PV
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	3	PV
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	3	PV

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Drug Name	Tier	Limitations (Notes)
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	3	PV
<i>trinessa lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	3	PV
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	3	PV
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	2	PA; SP
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	3	PV
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	3	PV
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	2	PA
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>unithroid oral tablet 137 mcg</i>	1	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	3	PV
VESTURA (28) ORAL TABLET 3-0.02 MG	3	PV
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	3	PV
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	3	PV
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	3	PV
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	3	PV
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	3	PV
<i>yuvafem vaginal tablet 10 mcg</i>	1	
ZARAH ORAL TABLET 3-0.03 MG	3	PV
<i>zenchent (28) oral tablet 0.4-35 mg-mcg</i>	3	PV
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	2	PA; SP
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	3	PV
LOCAL ANESTHETICS (PARENTERAL)		
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %)</i>	1	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	1	

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Drug Name	Tier	Limitations (Notes)
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	2	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	2	PA; SP
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	2	SP
<i>alendronate oral solution 70 mg/75 ml</i>	1	QL (300 ML per 30 days)
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	SP; QL (4 EA per 30 days)
<i>alendronate oral tablet 70 mg</i>	1	QL (4 EA per 30 days)
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>allopurinol sodium intravenous recon soln 500 mg</i>	1	
<i>amifostine crystalline intravenous recon soln 500 mg</i>	1	
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	2	PA; SP
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	2	SP
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	2	PA; SP; QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	2	PA; SP; QL (4 EA per 30 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	2	PA; SP; QL (4 EA per 28 days)
<i>azathioprine oral tablet 50 mg</i>	1	
<i>azathioprine sodium injection recon soln 100 mg</i>	1	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	2	SP
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	
CERDELGA ORAL CAPSULE 84 MG	2	
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	2	
<i>colchicine oral tablet 0.6 mg</i>	2	
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	2	
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	SP
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	SP

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Drug Name	Tier	Limitations (Notes)
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	2	SP
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	2	PA; SP
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	2	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (0.98 ML)	2	PA; SP
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	2	PA; SP; QL (8 EA per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	2	PA; SP; QL (5 ML per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	2	PA; SP; QL (4 ML per 30 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	2	PA; SP; QL (4 ML per 30 days)
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	1	
EVOTAZ ORAL TABLET 300-150 MG	2	
EVZIO INJECTION AUTO-INJECTOR 0.4 MG/0.4 ML	2	
<i>finasteride oral tablet 5 mg</i>	1	
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	2	PA; SP
FIRDAPSE ORAL TABLET 10 MG	2	PA; SP
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride)</i>	1	
<i>fluoride (sodium) oral tablet,chewable 0.5 mg (1.1 mg sodium fluorid)</i>	3	
FLUORITAB ORAL TABLET,CHEWABLE 0.5 MG (1.1 MG SODIUM FLUORID)	3	
<i>fomepizole intravenous solution 1 gram/ml</i>	1	
GILENYA ORAL CAPSULE 0.5 MG	2	PA; SP
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	2	PA; SP; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	2	PA; SP; QL (12 ML per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	2	PA; SP; QL (30 ML per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	2	PA; SP; QL (12 ML per 28 days)

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Drug Name	Tier	Limitations (Notes)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	2	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; SP; QL (3 EA per 28 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; QL (3 EA per 28 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; QL (2 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; SP; QL (3 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; SP; QL (3 EA per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; SP; QL (2 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; SP; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; SP; QL (2 EA per 28 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
<i>ibandronate intravenous solution 3 mg/3 ml</i>	2	PA; SP
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	2	PA; SP
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	2	SP
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	2	SP
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML	1	
KIONEX ORAL POWDER	1	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	QL (30 EA per 30 days)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	2	PA

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Drug Name	Tier	Limitations (Notes)
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	SP
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	SP
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
LUDENT FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG(0.55 MG SOD. FLUORIDE), 0.5 MG (1.1 MG SODIUM FLUORID)	3	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	1	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	1	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	1	
MEPHYTON ORAL TABLET 5 MG	2	
<i>mercaptapurine oral tablet 50 mg</i>	1	
<i>mesna intravenous solution 100 mg/ml</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
MITIGARE ORAL CAPSULE 0.6 MG	2	
<i>multi-vit with fluoride-iron oral drops 0.25mg fluoride -10 mg iron/ml</i>	1	
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml</i>	3	PV
<i>multi-vitamin with fluoride oral drops 0.5 mg/ml</i>	1	
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG	3	PV
MULTIVITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG	3	PV
<i>multi-vitamin with fluoride oral tablet,chewable 0.5 mg</i>	1	
<i>multivitamins with fluoride oral tablet,chewable 0.25 mg, 0.5 mg</i>	1	
<i>mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg</i>	3	PV
<i>mycophenolate mofetil hcl intravenous recon soln 500 mg</i>	1	SP
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	SP
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	SP

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Drug Name	Tier	Limitations (Notes)
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	SP
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	SP
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naltrexone oral tablet 50 mg</i>	1	
<i>naproxen oral suspension 125 mg/5 ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	2	PA
NULOJIX INTRAVENOUS RECON SOLN 250 MG	2	SP
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	2	PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	2	SP
OTEZLA ORAL TABLET 30 MG	2	PA; SP; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG (19)	2	PA; SP; QL (1 EA per 273 days)
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	1	
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	2	SP
PREZCOBIX ORAL TABLET 800-150 MG-MG	2	
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	2	SP
<i>raloxifene oral tablet 60 mg</i>	3	PV
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; SP; QL (6 ML per 28 days)

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Drug Name	Tier	Limitations (Notes)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; SP; QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; SP; QL (4.2 ML per 180 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; SP; QL (4.2 ML per 180 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	2	PA; SP
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	1	
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	PA; SP
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	2	PA; SP
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	2	PA; SP
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	2	PA; SP
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	2	SP
TRI-VIT WITH FLUORIDE AND IRON ORAL DROPS 0.25-10 MG/ML	3	PV
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	3	PV
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	2	PA
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	2	PA; SP
ULORIC ORAL TABLET 40 MG, 80 MG	2	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	2	
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml</i>	3	PV
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT	2	

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Drug Name	Tier	Limitations (Notes)
XELJANZ ORAL TABLET 5 MG	2	PA; SP; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	2	PA; SP; QL (30 EA per 30 days)
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	2	PA; SP
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	2	SP
<i>zoledronic acid intravenous recon soln 4 mg</i>	2	PA; SP
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	2	PA; SP
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; SP
<i>zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml</i>	2	PA; SP
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	2	SP
PHARMACEUTICAL AIDS		
M9 ODOR ELIMINATOR LIQUID	2	
<i>water (bulk) liquid</i>	1	
RESPIRATORY TRACT AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	1	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	2	PA; SP
<i>aminophylline intravenous solution 250 mg/10 ml, 500 mg/20 ml</i>	1	
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	2	SP
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	2	ST
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 110 MCG (7 DOSES), 220 MCG (120 DOSES), 220 MCG (14 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	2	ST; QL (1 EA per 30 days)
<i>atropine injection solution 0.4 mg/ml, 1 mg/ml</i>	1	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	

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Drug Name	Tier	Limitations (Notes)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL (26 GM per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	2	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	QL (180 EA per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (8 GM per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
DALIRESP ORAL TABLET 250 MCG, 500 MCG	2	PA
<i>desloratadine oral tablet 5 mg</i>	1	
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral capsule 50 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	2	QL (13 GM per 30 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; SP
<i>epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	2	QL (2 EA per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	2	QL (2 EA per 30 days)
ESBRIET ORAL CAPSULE 267 MG	2	PA; SP; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 267 MG	2	PA; SP; QL (270 EA per 30 days)

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Drug Name	Tier	Limitations (Notes)
ESBRIET ORAL TABLET 801 MG	2	PA; SP; QL (90 EA per 30 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	2	PA; SP
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	QL (4 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	2	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	2	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	QL (11 GM per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	1	QL (16 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	2	
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	2	SP
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	
KALYDECO ORAL TABLET 150 MG	2	PA; SP
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	
<i>levocetirizine oral tablet 5 mg</i>	1	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	1	
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	2	PA; SP; QL (1 EA per 28 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA; QL (60 EA per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	2	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	2	PA; SP
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	2	SP
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	

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Drug Name	Tier	Limitations (Notes)
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	2	SP
QVAR INHALATION AEROSOL 40 MCG/ACTUATION	2	QL (18 GM per 30 days)
QVAR INHALATION AEROSOL 80 MCG/ACTUATION	2	QL (27 GM per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	
<i>sildenafil (antihypertensive) intravenous solution 10 mg/12.5 ml</i>	2	PA; SP
<i>sildenafil (antihypertensive) oral tablet 20 mg</i>	2	PA; SP; QL (90 EA per 30 days)
SPIRIVA WITH HANDHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL (30 EA per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	QL (11 GM per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	2	PA; SP
<i>tadalafil (antihypertensive) oral tablet 20 mg</i>	2	PA; SP
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
TRACLEER ORAL TABLET 125 MG, 62.5 MG	2	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	2	PA; SP
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	2	
<i>triamcinolone acetonide nasal aerosol, spray 55 mcg</i>	1	QL (17 ML per 30 days)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (17 GM per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	2	PA; SP; QL (6 EA per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	2	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	2	SP
SKIN AND MUCOUS MEMBRANE AGENTS		
ACITRETIN ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	2	SP
<i>adapalene topical cream 0.1 %</i>	1	

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Drug Name	Tier	Limitations (Notes)
<i>adapalene topical gel 0.1 %, 0.3 %</i>	1	
<i>adapalene topical gel with pump 0.3 %</i>	1	
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	2	
ALCOHOL WIPES TOPICAL PADS, MEDICATED	2	
<i>amcinonide topical cream 0.1 %</i>	1	
<i>amcinonide topical lotion 0.1 %</i>	1	
<i>amcinonide topical ointment 0.1 %</i>	1	
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED	2	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i>	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
<i>calcipotriene scalp solution 0.005 %</i>	1	
<i>calcipotriene topical cream 0.005 %</i>	1	
<i>calcipotriene topical ointment 0.005 %</i>	1	
<i>ciclopirox topical cream 0.77 %</i>	1	
<i>ciclopirox topical gel 0.77 %</i>	1	
<i>ciclopirox topical shampoo 1 %</i>	1	
<i>ciclopirox topical solution 8 %</i>	1	
<i>ciclopirox topical suspension 0.77 %</i>	1	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>clindamycin phosphate topical foam 1 %</i>	1	
<i>clindamycin phosphate topical gel 1 %</i>	1	

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Drug Name	Tier	Limitations (Notes)
<i>clindamycin phosphate topical lotion 1 %</i>	1	
<i>clindamycin phosphate topical solution 1 %</i>	1	
<i>clindamycin phosphate topical swab 1 %</i>	1	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	1	
<i>clobetasol scalp solution 0.05 %</i>	2	
<i>clobetasol topical cream 0.05 %</i>	2	
<i>clobetasol topical foam 0.05 %</i>	2	
<i>clobetasol topical gel 0.05 %</i>	2	
<i>clobetasol topical lotion 0.05 %</i>	2	
<i>clobetasol topical ointment 0.05 %</i>	2	
<i>clobetasol topical shampoo 0.05 %</i>	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>clotrimazole topical solution 1 %</i>	1	
<i>clotrimazole vaginal cream 1 %</i>	1	
<i>clotrimazole-7 vaginal cream 1 %</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; SP
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; SP
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED	2	
<i>desonide topical cream 0.05 %</i>	1	
<i>desonide topical lotion 0.05 %</i>	1	
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %</i>	1	
<i>desoximetasone topical cream 0.25 %</i>	2	
<i>desoximetasone topical gel 0.05 %</i>	2	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1	
<i>diclofenac sodium topical gel 1 %</i>	1	
<i>diclofenac sodium topical gel 3 %</i>	1	PA

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Drug Name	Tier	Limitations (Notes)
<i>diflorasone topical cream 0.05 %</i>	1	
<i>diflorasone topical ointment 0.05 %</i>	1	
DRYSOL TOPICAL SOLUTION 20 %	2	
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; SP
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	2	
<i>econazole topical cream 1 %</i>	1	
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (0.98 ML)	2	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	2	PA; SP; QL (8 EA per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	2	PA; SP; QL (5 ML per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	2	PA; SP; QL (4 ML per 30 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	2	PA; SP; QL (4 ML per 30 days)
ERY PADS TOPICAL SWAB 2 %	1	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical gel 0.05 %</i>	1	
<i>fluocinonide topical ointment 0.05 %</i>	1	
<i>fluocinonide topical solution 0.05 %</i>	1	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	1	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i>	1	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
FRESHNET TOPICAL LIQUID	2	
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	

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Drug Name	Tier	Limitations (Notes)
HEX-ON LIGHT ODOR TOPICAL LIQUID	2	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; SP; QL (3 EA per 28 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; QL (3 EA per 28 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; QL (2 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	2	PA; SP; QL (3 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; SP; QL (3 EA per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; SP; QL (2 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; SP; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; SP; QL (2 EA per 28 days)
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	
<i>imiquimod topical cream in packet 5 %</i>	1	
IV PREP WIPES TOPICAL PADS, MEDICATED	2	
<i>ketoconazole topical cream 2 %</i>	1	
<i>ketoconazole topical foam 2 %</i>	1	
<i>ketoconazole topical shampoo 2 %</i>	1	
<i>lidocaine topical ointment 5 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	
<i>lindane topical shampoo 1 %</i>	1	
<i>malathion topical lotion 0.5 %</i>	1	

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Drug Name	Tier	Limitations (Notes)
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	2	
<i>metronidazole topical cream 0.75 %</i>	1	
<i>metronidazole topical gel 0.75 %</i>	1	
<i>metronidazole topical lotion 0.75 %</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	2	QL (3 EA per 30 days)
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>mupirocin topical ointment 2 %</i>	1	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1	
<i>nystatin (bulk) powder 10 billion unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram</i>	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	
ODOR ELIMINATOR DROPS TOPICAL LIQUID	2	
OTEZLA ORAL TABLET 30 MG	2	PA; SP; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	2	PA; SP; QL (1 EA per 273 days)
PANRETIN TOPICAL GEL 0.1 %	2	
<i>permethrin topical cream 5 %</i>	1	
PICATO TOPICAL GEL 0.015 %, 0.05 %	2	
<i>podofilox topical solution 0.5 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i>	1	
PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %	1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	2	
RESTORE SKIN CLEANSER TOPICAL CLEANSER	2	
<i>silver sulfadiazine topical cream 1 %</i>	1	

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Drug Name	Tier	Limitations (Notes)
SSD TOPICAL CREAM 1 %	1	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	PA; SP
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	PA
TARGRETIN TOPICAL GEL 1 %	2	
<i>tazarotene topical cream 0.1 %</i>	2	
<i>terconazole vaginal cream 0.4 %</i>	1	QL (45 GM per 30 days)
<i>terconazole vaginal cream 0.8 %</i>	1	QL (20 GM per 30 days)
<i>terconazole vaginal suppository 80 mg</i>	1	QL (3 EA per 30 days)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED	2	
WEBCOL TOPICAL PADS, MEDICATED	2	
XERESE TOPICAL CREAM 5-1 %	2	
SMOOTH MUSCLE RELAXANTS		
<i>aminophylline intravenous solution 250 mg/10 ml, 500 mg/20 ml</i>	1	
<i>flavoxate oral tablet 100 mg</i>	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	

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Drug Name	Tier	Limitations (Notes)
<i>trosipium oral capsule,extended release 24hr 60 mg</i>	1	
<i>trosipium oral tablet 20 mg</i>	1	
VITAMINS		
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	3	PV
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
<i>cholecalciferol (vitamin d3) oral capsule 50,000 unit</i>	1	
<i>cholecalciferol (vitamin d3) oral tablet 1,000 unit</i>	1	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	
D3-50 CHOLECALCIFEROL ORAL CAPSULE 50,000 UNIT	2	
MEPHYTON ORAL TABLET 5 MG	2	
<i>multi-vit with fluoride-iron oral drops 0.25mg fluoride -10 mg iron/ml</i>	1	
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml</i>	3	PV
<i>multi-vitamin with fluoride oral drops 0.5 mg/ml</i>	1	
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG	3	PV
MULTIVITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG	3	PV
<i>multi-vitamin with fluoride oral tablet,chewable 0.5 mg</i>	1	
<i>multivitamins with fluoride oral tablet,chewable 0.25 mg, 0.5 mg</i>	1	
<i>mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg</i>	3	PV
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG	1	
TRI-VIT WITH FLUORIDE AND IRON ORAL DROPS 0.25-10 MG/ML	3	PV
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	3	PV
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml</i>	3	PV

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