

2022

Formulary (List of Covered Drugs)

- UCare Individual & Family Plans
- UCare Individual & Family Plans with M Health Fairview

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

PLEASE READ: This document contains information about the drugs we cover in these plans.

UCare Customer Service

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

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

TTY: 1-800-688-2534 toll free

8 am – 6 pm, Monday – Friday



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 በገጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚክሰሎው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534)።

ဟံသုဂ်ဟံသး-နမုာ်ကတိ၊ ကညိ ကျိာ်အယိ၊ နမုာ် ကျိာ်အတိာ်မဇာလ၊ တလက်ဘုဂ်လက်စု နိတမံဘုဂ်သုနုဂ်လိ၊
ကိ: 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: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, រសវាជំនួយវដ្តកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ 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 사용하시는 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).

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 brand drug.

How to find prescription drugs in the formulary?

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

Search by Drug Category

The formulary begins on page 1. The drugs in this formulary are grouped into 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 provides 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 formulary indicates the cost share for the medication.

Tier 1	Preferred generic drugs that have a Tier 1 copay.
Tier 2	Primarily non-preferred generic drugs that have a Tier 2 copay.
Tier 3	Preferred brand name drugs that have a Tier 3 copay.
Tier 4	Primarily non-preferred brand name drugs that have a Tier 4 copay.
Tier 5	Primarily specialty drugs that have a Tier 5 copay.
PV	Preventive drugs that may be eligible for a zero-dollar copay.

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** – Drugs that require you or your provider to get approval from UCare before you fill your prescription in order for UCare to cover the drug.
- **ST = Step therapy** – Drugs that require you to try one or more similar drugs that are on the formulary, before we will cover it.
- **QL = Quantity limits** – There are limits to the amount of drug you can receive each time you fill your prescription.
- **Day Supply Limits** – Certain oral oncology drugs are limited to a 14 or 15 day supply per fill (depending on package size) for the first 90 days of therapy.
- **SP = Specialty drugs** – Fairview Specialty Pharmacy is the only network provider of specialty drugs for UCare 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** = May be considered a preventive medication with a zero copay.
- **Copay review = drugs that require your provider to contact Express Scripts for a copay override in order for the drug to be covered with a zero dollar copay.**
- **\$25 insulin** = You will pay no more than \$25 for a 30-day supply of insulin on the formulary (applies to copay plans and HSA plans).
- **\$25 diabetes drug** = You will pay no more than \$25 for a 30-day supply of these diabetes drugs. (applies to copay plans only and not HSA plans).

Eligible Preventive Medication with no Copay	
Aspirin For prevention or cardiovascular events and colorectal cancer	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 and are at increased risk for breast cancer. Prescriber must contact Express Scripts for review/copay override.
Contraceptives	Women under 51 years old: Please see Member Contract/SBC
Statins Low-to Moderate-Dose Statins	Adults 40 -75 years
HIV Prevention	All FDA-approved drugs for pre-exposure prophylaxis for HIV negative individuals. Descovy, tenofovir disoproxil fumerate and Vemlidy require the prescriber to call Express Scripts for review/copay override.

What if my drug is not on the formulary?

If your drug is not included in this formulary, you should first contact UCare Customer Service 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 limits. For help requesting an exception, call Customer Service at the number on the front cover. Or log in to your UCare member account and complete the Exception Request form.

Your doctor must submit a statement supporting the request. If your request is approved, the drug will be covered at the copay or coinsurance amount, based on the drug's level or tier in the plan formulary. Exception requests for lower cost sharing amounts for drugs on a higher tier will not be granted.

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 Service 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.

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

Drug Name	Tier	Limitations (Notes)
ANTI-HISTAMINE DRUGS		
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	
<i>clemastine oral tablet 1.34 mg, 2.68 mg</i>	2	
<i>desloratadine oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
<i>diphenhydramine hcl oral capsule 50 mg</i>	2	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml</i>	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml, 10 mg/5 ml (5 ml)</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>levocetirizine oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	2	
ANTI-INFECTIVE AGENTS		
<i>abacavir oral solution 20 mg/ml</i>	5	
<i>abacavir oral tablet 300 mg</i>	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	5	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	5	
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>adefovir oral tablet 10 mg</i>	5	SP
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	4	
<i>albendazole oral tablet 200 mg</i>	5	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	5	

Explanation of Limitations can be found on page v.
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Drug Name	Tier	Limitations (Notes)
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	2	
<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>	2	
<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>	2	
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	5	
<i>ampicillin oral capsule 250 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	2	
<i>ampicillin sodium intravenous recon soln 2 gram</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	2	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	2	
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	PV	Tier 5 for non-PV uses
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	5	
APTIVUS ORAL CAPSULE 250 MG	5	

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Drug Name	Tier	Limitations (Notes)
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5	PA
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	5	
<i>atovaquone oral suspension 750 mg/5 ml</i>	5	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	5	
ATRIPLA ORAL TABLET 600-200-300 MG	5	
<i>azithromycin intravenous recon soln 500 mg</i>	2	
<i>azithromycin oral packet 1 gram</i>	2	
<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>	2	
<i>bacitracin intramuscular recon soln 50,000 unit</i>	2	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	5	QL (1 ML per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	5	QL (1 ML per 365 days)
CAPASTAT INJECTION RECON SOLN 1 GRAM	4	
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	5	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	QL (84 ML per 28 days)
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	

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Drug Name	Tier	Limitations (Notes)
<i>cefadroxil oral tablet 1 gram</i>	2	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 2 gram, 20 gram, 300 g, 500 mg</i>	2	
<i>cefazolin intravenous recon soln 1 gram</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefditoren pivoxil oral tablet 200 mg</i>	2	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	2	
<i>cefixime oral capsule 400 mg</i>	2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	
<i>cefotaxime injection recon soln 1 gram, 10 gram, 2 gram, 500 mg</i>	2	
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	2	
<i>cefotetan intravenous recon soln 10 gram</i>	2	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	2	
<i>ceftriaxone in dextrose, iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	

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Drug Name	Tier	Limitations (Notes)
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
<i>cidofovir intravenous solution 75 mg/ml</i>	5	
CIMDUO ORAL TABLET 300-300 MG	5	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	2	
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 600 mg/4 ml, 900 mg/6 ml</i>	2	
COARTEM ORAL TABLET 20-120 MG	4	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	2	
COMPLERA ORAL TABLET 200-25-300 MG	5	
CRESEMBA ORAL CAPSULE 186 MG	5	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	5	
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	5	
DELSTRIGO ORAL TABLET 100-300-300 MG	5	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	2	
DESCOVY ORAL TABLET 120-15 MG	5	

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Drug Name	Tier	Limitations (Notes)
DESCOVY ORAL TABLET 200-25 MG	PV	Copay Review; Tier 5 for non-PV uses
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	5	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	4	
DIFICID ORAL TABLET 200 MG	4	
DOVATO ORAL TABLET 50-300 MG	5	
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	
E.E.S. 400 ORAL TABLET 400 MG	2	
EDURANT ORAL TABLET 25 MG	5	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	5	
<i>efavirenz oral tablet 600 mg</i>	5	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	5	
<i>efavirenz-lamivu-tenofovir disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	
<i>emtricitabine oral capsule 200 mg</i>	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	PV	
EMTRIVA ORAL SOLUTION 10 MG/ML	5	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	5	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	5	
<i>ertapenem injection recon soln 1 gram</i>	5	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 333 MG	2	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	2	

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Drug Name	Tier	Limitations (Notes)
ERYTHROCIN INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	
<i>etravirine oral tablet 100 mg, 200 mg</i>	5	
EVOTAZ ORAL TABLET 300-150 MG	5	
FACTIVE ORAL TABLET 320 MG	4	
<i>famciclovir oral tablet 125 mg, 500 mg</i>	2	QL (21 EA per 30 days)
<i>famciclovir oral tablet 250 mg</i>	2	QL (60 EA per 30 days)
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL (6 EA Max Qty Per Fill Retail)
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	
<i>fosamprenavir oral tablet 700 mg</i>	5	
<i>fosfomycin tromethamine oral packet 3 gram</i>	2	
<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>	2	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	
<i>gentamicin sulfate (pf) intravenous solution 60 mg/6 ml</i>	2	
GENVOYA ORAL TABLET 150-150-200-10 MG	5	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
<i>hydroxychloroquine oral tablet 200 mg</i>	2	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	2	
INTELENCE ORAL TABLET 25 MG	5	

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Drug Name	Tier	Limitations (Notes)
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	SP
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	5	
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	5	SP
INVIRASE ORAL TABLET 500 MG	5	
ISENTRESS HD ORAL TABLET 600 MG	5	
ISENTRESS ORAL TABLET 400 MG	5	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	5	
<i>isoniazid injection solution 100 mg/ml</i>	2	
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	2	QL (30 EA per 30 days)
<i>ivermectin oral tablet 3 mg</i>	2	PA
JULUCA ORAL TABLET 50-25 MG	5	
<i>ketoconazole oral tablet 200 mg</i>	2	
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	4	
<i>lamivudine oral solution 10 mg/ml</i>	2	
<i>lamivudine oral tablet 100 mg</i>	2	SP
<i>lamivudine oral tablet 150 mg, 300 mg</i>	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	
LAMPIT ORAL TABLET 120 MG	4	QL (270 EA Max Qty Per Fill Retail)
LAMPIT ORAL TABLET 30 MG	4	QL (360 EA Max Qty Per Fill Retail)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	5	PA; SP; QL (28 EA per 28 days)
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	5	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	5	

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Drug Name	Tier	Limitations (Notes)
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	5	
<i>linezolid oral tablet 600 mg</i>	2	
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	5	
LIVTENCITY ORAL TABLET 200 MG	5	PA
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	5	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	5	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	5	
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	5	PA; SP; QL (168 EA Max Qty Per Fill Retail)
MAVYRET ORAL TABLET 100-40 MG	5	PA; SP
MAVYRET ORAL TABLET 100-40 MG	5	PA; SP; QL (84 EA per 28 days)
<i>mefloquine oral tablet 250 mg</i>	2	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	2	
<i>methenamine hippurate oral tablet 1 gram</i>	2	
METRO I.V. INTRAVENOUS PIGGYBACK 500 MG/100 ML	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	2	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	5	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>molnupiravir oral capsule 200 mg</i>	4	QL (40 EA per 180 days)
<i>moxifloxacin oral tablet 400 mg</i>	2	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	
<i>nafcillin injection recon soln 10 gram</i>	5	
<i>nafcillin intravenous recon soln 1 gram, 2 gram</i>	2	
<i>neomycin oral tablet 500 mg</i>	2	
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	

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Drug Name	Tier	Limitations (Notes)
<i>nevirapine oral tablet 200 mg</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	2	
NORVIR ORAL CAPSULE 100 MG	5	
NORVIR ORAL POWDER IN PACKET 100 MG	5	
NORVIR ORAL SOLUTION 80 MG/ML	5	
<i>nystatin oral suspension 100,000 unit/ml</i>	2	
<i>nystatin oral tablet 500,000 unit</i>	2	
ODEFSEY ORAL TABLET 200-25-25 MG	5	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
<i>oseltamivir oral capsule 30 mg</i>	2	QL (20 EA per 30 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	2	QL (10 EA per 30 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	2	QL (180 ML per 30 days)
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	
<i>oxacillin injection recon soln 1 gram, 2 gram</i>	2	
<i>oxacillin injection recon soln 10 gram</i>	5	
<i>oxacillin intravenous recon soln 1 gram, 2 gram</i>	2	
<i>paramomycin oral capsule 250 mg</i>	2	
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 150-100 MG	4	
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	4	QL (30 EA per 180 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	SP; QL (4 ML per 21 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	SP
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	QL (4 EA per 21 days)
<i>penicillin g potassium injection recon soln 5 million unit</i>	2	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	2	
<i>penicillin g sodium injection recon soln 5 million unit</i>	2	

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Drug Name	Tier	Limitations (Notes)
<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	
<i>pentamidine inhalation recon soln 300 mg</i>	2	
<i>pentamidine injection recon soln 300 mg</i>	2	
PIFELTRO ORAL TABLET 100 MG	5	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	5	
<i>praziquantel oral tablet 600 mg</i>	2	
<i>pretomanid oral tablet 200 mg</i>	3	
PREVMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	5	
PREVMIS ORAL TABLET 240 MG, 480 MG	5	
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	
PREZISTA ORAL SUSPENSION 100 MG/ML	5	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	5	
PRIFTIN ORAL TABLET 150 MG	4	
PYLERA ORAL CAPSULE 140-125-125 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
<i>quinine sulfate oral capsule 324 mg</i>	2	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (20 EA per 30 days)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	5	
<i>ribavirin oral capsule 200 mg</i>	2	SP
<i>ribavirin oral tablet 200 mg</i>	2	SP
<i>rifabutin oral capsule 150 mg</i>	2	
<i>rifampin intravenous recon soln 600 mg</i>	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
RIFATER ORAL TABLET 50-120-300 MG	4	
<i>rimantadine oral tablet 100 mg</i>	2	

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Drug Name	Tier	Limitations (Notes)
<i>ritonavir oral tablet 100 mg</i>	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA; SP; QL (28 EA per 28 days)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>streptomycin intramuscular recon soln 1 gram</i>	4	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	2	
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	5	PA
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	5	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	
TEMIXYS ORAL TABLET 300-300 MG	5	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	PV	Copay Review; Tier 2 for non-PV uses
<i>terbinafine hcl oral tablet 250 mg</i>	2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
<i>tigecycline intravenous recon soln 50 mg</i>	5	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	5	

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Drug Name	Tier	Limitations (Notes)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	5	PA; SP; QL (280 ML per 23 days)
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	2	
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	5	PA; SP; QL (224 ML per 28 days)
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	2	
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	5	PA; SP; QL (280 ML per 23 days)
TRECTOR ORAL TABLET 250 MG	4	
<i>trimethoprim oral tablet 100 mg</i>	2	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	5	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	2	QL (30 EA per 23 days)
<i>valganciclovir oral recon soln 50 mg/ml</i>	5	
<i>valganciclovir oral tablet 450 mg</i>	5	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	2	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	2	
VEKLURY INTRAVENOUS RECON SOLN 100 MG	5	
VEMLIDY ORAL TABLET 25 MG	PV	SP; Copay Review; Tier 5 for non-PV uses
VIRACEPT ORAL TABLET 250 MG	5	
VIRACEPT ORAL TABLET 625 MG	4	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	SP
<i>voriconazole intravenous recon soln 200 mg</i>	5	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	5	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	5	
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; SP; QL (28 EA per 28 days)

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XENLETA INTRAVENOUS SOLUTION 150 MG/15 ML	5	PA
XENLETA ORAL TABLET 600 MG	5	PA
XERAIVA INTRAVENOUS RECON SOLN 100 MG, 50 MG	5	
XIFAXAN ORAL TABLET 200 MG, 550 MG	5	PA
XOFLUZA ORAL TABLET 20 MG, 40 MG, 80 MG	3	
<i>zidovudine oral capsule 100 mg</i>	2	
<i>zidovudine oral syrup 10 mg/ml</i>	2	
<i>zidovudine oral tablet 300 mg</i>	2	
ANTINEOPLASTIC AGENTS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; SP; QL (120 EA per 30 days)
<i>abiraterone oral tablet 500 mg</i>	5	PA; SP; QL (60 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA; SP; Day Supply Limits
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; SP
ALUNBRIG ORAL TABLET 30 MG	5	PA; SP; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA; SP
<i>anastrozole oral tablet 1 mg</i>	PV	Copay Review; Tier 2 for non-PV uses
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA; SP; Day Supply Limits
<i>bexarotene oral capsule 75 mg</i>	5	PA; SP; Day Supply Limits
<i>bexarotene topical gel 1 %</i>	5	PA; SP
<i>bicalutamide oral tablet 50 mg</i>	2	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	5	PA
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	5	PA
BRUKINSA ORAL CAPSULE 80 MG	5	PA; SP; Day Supply Limits
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; QL (30 EA Max Qty Per Fill Retail)
CALQUENCE ORAL CAPSULE 100 MG	5	PA; SP; Day Supply Limits; QL (60 EA Max Qty Per Fill Retail)
<i>capecitabine oral tablet 150 mg, 500 mg</i>	5	SP
CAPRELSA ORAL TABLET 100 MG, 300 MG	5	PA

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Drug Name	Tier	Limitations (Notes)
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)	5	PA; SP; Day Supply Limits; QL (1 Carton per 30 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; SP; Day Supply Limits; QL (56 EA per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA; SP; QL (63 EA per 28 days)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	5	
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	5	
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA
<i>diclofenac sodium topical gel 3 %</i>	5	PA; QL (100 GM per 21 days)
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	5	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	5	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	5	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	5	PA; SP
EMCYT ORAL CAPSULE 140 MG	5	SP
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; SP; Day Supply Limits
ERLEADA ORAL TABLET 60 MG	5	PA; SP
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	5	PA; SP; Day Supply Limits
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	5	PA; SP; QL (30 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; SP; Day Supply Limits; QL (30 EA per 30 days)
<i>exemestane oral tablet 25 mg</i>	PV	Copay Review; Tier 2 for non-PV uses
EXKIVITY ORAL CAPSULE 40 MG	5	PA; SP; QL (120 EA per 30 days)
FARYDAK ORAL CAPSULE 10 MG	5	PA; SP; QL (6 EA Max Qty Per Fill Retail)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PA; SP
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	5	SP
<i>fluorouracil topical cream 5 %</i>	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	

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<i>flutamide oral capsule 125 mg</i>	2	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; QL (21 EA Max Qty Per Fill Retail)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	5	SP
GAVRETO ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; QL (30 EA per 30 days)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	5	PA; SP
<i>hydroxyurea oral capsule 500 mg</i>	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA; SP; Day Supply Limits; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA
<i>imatinib oral tablet 100 mg, 400 mg</i>	5	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; QL (324 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG, 5 MG	5	PA
INQOVI ORAL TABLET 35-100 MG	5	PA; QL (5 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	5	PA; SP; Day Supply Limits
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	SP
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	5	
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	5	SP
IRESSA ORAL TABLET 250 MG	5	PA; SP; Day Supply Limits
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; SP; Day Supply Limits
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	5	PA; SP

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Drug Name	Tier	Limitations (Notes)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	5	PA; SP
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA; SP
<i>lapatinib oral tablet 250 mg</i>	5	PA; SP
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; SP; Day Supply Limits; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; SP; Day Supply Limits; QL (90 EA per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; SP; Day Supply Limits; QL (60 EA per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	2	
LEUKERAN ORAL TABLET 2 MG	5	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	5	SP
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	5	PA
LUMAKRAS ORAL TABLET 120 MG	5	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	5	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	PA; SP
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	5	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	5	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; SP; Day Supply Limits
LYSODREN ORAL TABLET 500 MG	5	SP
MATULANE ORAL CAPSULE 50 MG	5	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	2	PA
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	PA

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Drug Name	Tier	Limitations (Notes)
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA; SP
MEKTOVI ORAL TABLET 15 MG	5	PA
<i>melphalan oral tablet 2 mg</i>	5	
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	5	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	5	
<i>methotrexate sodium injection solution 25 mg/ml</i>	5	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	
MYLERAN ORAL TABLET 2 MG	5	SP
NERLYNX ORAL TABLET 40 MG	5	PA; SP; Day Supply Limits
NEXAVAR ORAL TABLET 200 MG	5	PA; SP; Day Supply Limits
<i>nilutamide oral tablet 150 mg</i>	5	PA; SP
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; SP; QL (3 EA Max Qty Per Fill Retail)
NUBEQA ORAL TABLET 300 MG	5	PA; SP
ODOMZO ORAL CAPSULE 200 MG	5	PA; SP; Day Supply Limits; QL (30 EA per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA; SP; QL (14 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	5	PA; SP; QL (30 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; SP; QL (14 EA per 30 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA
QINLOCK ORAL TABLET 50 MG	5	PA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; SP; Day Supply Limits; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; SP; Day Supply Limits; QL (120 EA per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; QL (30 EA per 30 days)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA; SP

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Drug Name	Tier	Limitations (Notes)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; SP; Day Supply Limits; QL (30 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; SP; Day Supply Limits; QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA
RYDAPT ORAL CAPSULE 25 MG	5	PA; SP; QL (224 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA; SP; QL (600 EA Max Qty Per Fill Retail)
SCEMBLIX ORAL TABLET 40 MG	5	PA; SP; QL (300 EA Max Qty Per Fill Retail)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	PV	SP; Copay Review; Tier 5 for non-PV uses
<i>sorafenib oral tablet 200 mg</i>	5	PA; SP; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA; SP; Day Supply Limits
SPRYCEL ORAL TABLET 20 MG	5	PA; SP; Day Supply Limits; QL (90 EA Max Qty Per Fill Retail)
STIVARGA ORAL TABLET 40 MG	5	PA; SP
<i>sunitinib oral capsule 12.5 mg</i>	5	PA; SP; QL (90 EA per 30 days)
<i>sunitinib oral capsule 25 mg, 37.5 mg, 50 mg</i>	5	PA; SP; QL (30 EA per 30 days)
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	5	PA; SP
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	5	PA
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	SP
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; SP; Day Supply Limits; QL (120 EA per 23 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA; SP; Day Supply Limits; QL (30 EA Max Qty Per Fill Retail)
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG	5	PA; QL (30 EA Max Qty Per Fill Retail)
TALZENNA ORAL CAPSULE 1 MG	5	PA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	PV	Copay Review; Tier 2 for non-PV uses
TARGRETIN TOPICAL GEL 1 %	5	PA; SP

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Drug Name	Tier	Limitations (Notes)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA; SP; Day Supply Limits
TAZVERIK ORAL TABLET 200 MG	5	PA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	5	SP
TEPMETKO ORAL TABLET 225 MG	5	PA; SP; Day Supply Limits
TIBSOVO ORAL TABLET 250 MG	5	PA
<i>toremifene oral tablet 60 mg</i>	5	SP
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	SP
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	PA
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)	5	PA; QL (21 EA Max Qty Per Fill Retail)
TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	5	PA; QL (42 EA Max Qty Per Fill Retail)
TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3)	5	PA; QL (63 EA Max Qty Per Fill Retail)
TUKYSA ORAL TABLET 150 MG	5	PA; SP; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; SP; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 200 MG	5	PA
VALCHLOR TOPICAL GEL 0.016 %	5	PA
VENCLEXTA ORAL TABLET 10 MG	5	PA; QL (56 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; QL (28 EA per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA; QL (1 Pack per 180 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; SP; Day Supply Limits
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA
VONJO ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG	5	PA; SP; Day Supply Limits

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Drug Name	Tier	Limitations (Notes)
WELIREG ORAL TABLET 40 MG	5	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA
XOSPATA ORAL TABLET 40 MG	5	PA; QL (90 EA per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA
XTANDI ORAL CAPSULE 40 MG	5	PA; SP; Day Supply Limits; QL (120 EA Max Qty Per Fill Retail)
XTANDI ORAL TABLET 40 MG	5	PA; SP; Day Supply Limits; QL (120 EA Max Qty Per Fill Retail)
XTANDI ORAL TABLET 80 MG	5	PA; SP; Day Supply Limits; QL (60 EA Max Qty Per Fill Retail)
ZEJULA ORAL CAPSULE 100 MG	5	PA; SP; Day Supply Limits; QL (90 EA per 23 days)
ZELBORAF ORAL TABLET 240 MG	5	PA; SP
ZOLINZA ORAL CAPSULE 100 MG	5	PA; SP; Day Supply Limits; QL (120 EA per 30 days)
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA
ZYKADIA ORAL TABLET 150 MG	5	PA; SP; Day Supply Limits; QL (90 EA Max Qty Per Fill Retail)

ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES

ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	PV	Tier 4 for non-PV uses
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	PV	Tier 4 for non-PV uses
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	PV	Tier 4 for non-PV uses
AFLURIA QD 2022-23(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PV	
AFLURIA QUAD 2022-2023(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PV	
<i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i>	PV	Tier 4 for non-PV uses

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Drug Name	Tier	Limitations (Notes)
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	PV	Tier 4 for non-PV uses
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	PV	Tier 4 for non-PV uses
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	PV	Tier 4 for non-PV uses
COMIRNATY TRIS VACCINE(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	PV	Tier 4 for non-PV uses
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	PV	Tier 4 for non-PV uses
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	PV	Tier 4 for non-PV uses
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	PV	Tier 4 for non-PV uses
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	PV	Tier 4 for non-PV uses
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	PV	Tier 4 for non-PV uses
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA; SP
FLUAD QUAD 2022-23(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PV	
FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PV	
FLUBLOK QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	PV	
FLUCELVAX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PV	
FLUCELVAX QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PV	
FLULAVAL QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PV	
FLUMIST QUAD 2022-2023 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	PV	

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Drug Name	Tier	Limitations (Notes)
FLUZONE HIGHDOSE QUAD 22-23 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	PV	
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PV	
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PV	
FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PV	
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	5	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA; SP
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	PV	Tier 4 for non-PV uses
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	PV	Tier 4 for non-PV uses
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	PV	Tier 4 for non-PV uses
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	PV	Tier 4 for non-PV uses
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	PV	Tier 4 for non-PV uses
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	PV	Tier 4 for non-PV uses
HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 UNIT/ML	4	
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 %)	5	PA; SP
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	PV	Tier 4 for non-PV uses
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	PV	Tier 4 for non-PV uses

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Drug Name	Tier	Limitations (Notes)
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	PV	Tier 4 for non-PV uses
IPOLE INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	PV	Tier 4 for non-PV uses
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	PV	Tier 4 for non-PV uses
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	PV	Tier 4 for non-PV uses
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	PV	Tier 4 for non-PV uses
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	PV	Tier 4 for non-PV uses
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	PV	Tier 4 for non-PV uses
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	PV	Tier 4 for non-PV uses
MODERNA COVID BIVAL(6Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	PV	
MODERNA COVID(6-11Y) VAC(DNU) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	PV	
MODERNA COVID(6M-5Y) VACC(EUA) INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	PV	
MODERNA COVID-19 (6-11YR)(EUA) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	PV	
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	PV	
NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	PV	
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	5	PA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	5	PA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	5	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	5	PA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	5	PA

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Drug Name	Tier	Limitations (Notes)
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	5	PA
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	5	PA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	5	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	5	PA
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	5	PA
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	5	PA
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	5	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	5	PA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	PV	Tier 4 for non-PV uses
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	PV	Tier 4 for non-PV uses
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML	PV	Tier 4 for non-PV uses
PFIZER COVID BIVAL(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	PV	
PFIZER COVID BIVAL(5-11YR)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML	PV	
PFIZER COVID BIVAL(6MO-4Y)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.2 ML	PV	
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	PV	
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML, 3 MCG/0.2 ML	PV	
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML	PV	

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Drug Name	Tier	Limitations (Notes)
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	PV	Tier 4 for non-PV uses
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	PV	Tier 4 for non-PV uses
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	PV	Tier 4 for non-PV uses
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	PV	Tier 4 for non-PV uses
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	PV	Tier 4 for non-PV uses
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	PV	
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA; SP
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	PV	Tier 4 for non-PV uses
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	PV	Tier 4 for non-PV uses
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	PV	Tier 4 for non-PV uses
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	PV	Tier 4 for non-PV uses
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	PV	Tier 4 for non-PV uses
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	PV	Tier 4 for non-PV uses
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	PV	Tier 4 for non-PV uses
ROTATEQ VACCINE ORAL SOLUTION 2 ML	PV	Tier 4 for non-PV uses
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	PV	Tier 4 for non-PV uses
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	PV	Tier 4 for non-PV uses
SPIKEVAX (PF) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	4	
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	PV	Tier 4 for non-PV uses

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Drug Name	Tier	Limitations (Notes)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	PV	Tier 4 for non-PV uses
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	PV	Tier 4 for non-PV uses
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	PV	Tier 4 for non-PV uses
<i>tetanus,diphtheria tox ped(pf) intramuscular suspension 5-25 lf unit/0.5 ml</i>	PV	Tier 4 for non-PV uses
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	PV	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	PV	Tier 4 for non-PV uses
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	PV	Tier 4 for non-PV uses
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	PV	Tier 4 for non-PV uses
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	PV	Tier 4 for non-PV uses
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	PV	Tier 4 for non-PV uses
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	PV	Tier 4 for non-PV uses
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	PV	Tier 4 for non-PV uses
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	PV	Tier 4 for non-PV uses
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	PV	Tier 4 for non-PV uses
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	PV	Tier 4 for non-PV uses
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	PV	Tier 4 for non-PV uses
VAXNEUVANCE INTRAMUSCULAR SYRINGE 0.5 ML	PV	Tier 4 for non-PV uses
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	PV	Tier 4 for non-PV uses

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Drug Name	Tier	Limitations (Notes)
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	5	PA
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	PV	Tier 4 for non-PV uses
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	PV	Tier 4 for non-PV uses
AUTONOMIC DRUGS		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	2	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	
<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>	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 EA per 30 days)
<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>atracurium intravenous solution 10 mg/ml</i>	5	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (26 GM per 30 days)
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	2	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	

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Drug Name	Tier	Limitations (Notes)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	5	QL (120 ML per 30 days)
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	2	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	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>	2	
<i>chlorzoxazone oral tablet 500 mg</i>	2	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	2	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	2	QL (4 EA per 21 days)
CLORPRES ORAL TABLET 0.1-15 MG, 0.2-15 MG	4	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 GM per 30 days)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	2	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>dicyclomine oral capsule 10 mg</i>	2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>dihydroergotamine injection solution 1 mg/ml</i>	5	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
<i>donepezil oral tablet 10 mg, 23 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, 8 mg</i>	2	QL (30 EA per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	3	QL (2 inhalers per 30 days)
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	2	

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Drug Name	Tier	Limitations (Notes)
<i>epinephrine hcl (pf) injection solution 1 mg/ml (1 ml)</i>	2	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	3	QL (2 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	QL (2 EA per 30 days)
<i>epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	2	
<i>epinephrine injection syringe 0.1 mg/ml</i>	2	
<i>ergoloid oral tablet 1 mg</i>	2	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	5	
<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>	2	
<i>galantamine oral solution 4 mg/ml</i>	2	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>guanidine oral tablet 125 mg</i>	2	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	QL (1 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	
<i>labetalol intravenous solution 5 mg/ml</i>	2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i>	2	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	2	
<i>metaxalone oral tablet 800 mg</i>	2	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	2	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	2	

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Drug Name	Tier	Limitations (Notes)
<i>methyldopate intravenous solution 250 mg/5 ml</i>	2	
<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>	2	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	2	
<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>	2	
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	PV	Tier 2 for non-PV uses
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	PV	Tier 2 for non-PV uses
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	PV	Tier 2 for non-PV uses
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	PV	Tier 2 for non-PV uses
NICOTROL INHALATION CARTRIDGE 10 MG	PV	Tier 4 for non-PV uses
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	PV	Tier 4 for non-PV uses
<i>orphenadrine citrate injection solution 30 mg/ml</i>	2	
<i>phenoxybenzamine oral capsule 10 mg</i>	5	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>propranolol intravenous solution 1 mg/ml</i>	2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<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>	2	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
QUIT 2 BUCCAL GUM 2 MG	PV	Tier 2 for non-PV uses
QUIT 2 BUCCAL LOZENGE 2 MG	PV	Tier 2 for non-PV uses

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Drug Name	Tier	Limitations (Notes)
QUIT 4 BUCCAL GUM 4 MG	PV	Tier 2 for non-PV uses
QUIT 4 BUCCAL LOZENGE 4 MG	PV	Tier 2 for non-PV uses
REGONOL INJECTION SOLUTION 5 MG/ML	2	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	2	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (1 EA Max Qty Per Fill Retail)
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	QL (30 EA per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 GM per 30 days)
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG	PV	Tier 2 for non-PV uses
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	QL (2 inhalers 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 23 days)
<i>terazosin oral capsule 10 mg</i>	1	QL (60 EA per 23 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>tizanidine oral capsule 4 mg, 6 mg</i>	2	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	PV	Tier 2 for non-PV uses
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	2	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	

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Drug Name	Tier	Limitations (Notes)
BLOOD FORMATION, COAGULATION, THROMBOSIS		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	PV	Tier 2 for non-PV uses
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	PV	Tier 2 for non-PV uses
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	5	SP
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	5	SP
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	5	SP
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	2	
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	5	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 150 MCG/0.75 ML, 300 MCG/ML	5	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 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	5	PA; SP
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	PV	Tier 2 for non-PV uses
<i>aspirin oral tablet 325 mg</i>	PV	Tier 2 for non-PV uses
<i>aspirin oral tablet,chewable 81 mg</i>	PV	Tier 2 for non-PV uses
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	PV	Tier 2 for non-PV uses
<i>aspirin,buffd-calcium carb-mag oral tablet 325 mg</i>	PV	Tier 2 for non-PV uses
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	PV	Tier 2 for non-PV uses
<i>bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	PV	Tier 2 for non-PV uses

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Drug Name	Tier	Limitations (Notes)
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	PV	Tier 2 for non-PV uses
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	5	SP
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
BUFFERED ASPIRIN ORAL TABLET 325 MG	PV	Tier 2 for non-PV uses
CABLIVI INJECTION KIT 11 MG	5	PA; SP
CABLIVI INJECTION RECON SOLN 11 MG	5	PA
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	PV	Tier 2 for non-PV uses
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
CLASSIC PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	PV	Tier 2 for non-PV uses
<i>clopidogrel oral tablet 300 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i>	1	
DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG	PV	Tier 4 for non-PV uses
<i>desmopressin injection solution 4 mcg/ml</i>	5	
<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>	2	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	5	PA; SP; QL (15 EA Max Qty Per Fill Retail)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA; SP; QL (15 EA Max Qty Per Fill Retail)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5	PA; SP; QL (15 EA Max Qty Per Fill Retail)
ECOTRIN LOW STRENGTH ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	PV	Tier 2 for non-PV uses
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	2	
<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	

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Drug Name	Tier	Limitations (Notes)
ENTERIC COATED ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG	PV	Tier 2 for non-PV uses
<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>	5	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	5	
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	5	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	5	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>	2	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	2	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml</i>	2	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	5	SP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	5	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	5	SP
LITE COAT ASPIRIN ORAL TABLET 325 MG	PV	Tier 2 for non-PV uses
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	5	SP

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Drug Name	Tier	Limitations (Notes)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; SP; QL (1.2 ML per 23 days)
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; SP; QL (1.2 ML per 23 days)
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	5	SP
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	5	SP
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	5	SP
ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG	PV	Tier 4 for non-PV uses
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
PERRY PRENATAL ORAL CAPSULE 13.5-0.4 MG	PV	Tier 2 for non-PV uses
<i>pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg</i>	PV	Tier 2 for non-PV uses
<i>prasugrel oral tablet 10 mg, 5 mg</i>	2	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG	PV	Tier 2 for non-PV uses
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG	PV	Tier 2 for non-PV uses
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG	PV	Tier 2 for non-PV uses
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	PV	Tier 2 for non-PV uses
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	PV	Tier 2 for non-PV uses
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	PV	Tier 2 for non-PV uses
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG	PV	Tier 2 for non-PV uses
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg</i>	PV	Tier 2 for non-PV uses
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	PV	Tier 2 for non-PV uses
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	5	PA; SP

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Drug Name	Tier	Limitations (Notes)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; SP
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 500 (+/-) UNIT	5	SP
RETACRIT 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	5	PA; SP
STRESS FORMULA WITH IRON ORAL TABLET 500 MG-400 MCG- 18 MG IRON	PV	Tier 2 for non-PV uses
STRESS FORMULA WITH IRON(SULF) ORAL TABLET 500 MG-400 MCG- 27 MG IRON	PV	Tier 2 for non-PV uses
<i>tranexamic acid oral tablet 650 mg</i>	2	
TRI-BUFFERED ASPIRIN ORAL TABLET 325 MG	PV	Tier 2 for non-PV uses
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; SP; QL (2 syringes 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	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; SP; QL (2 syringes per 30 days)
CARDIOVASCULAR DRUGS		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; SP; QL (30 EA Max Qty Per Fill Retail)
<i>amiloride oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>amiodarone intravenous solution 50 mg/ml</i>	2	
<i>amiodarone oral tablet 200 mg, 400 mg</i>	2	

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Drug Name	Tier	Limitations (Notes)
<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>	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>atorvastatin oral tablet 10 mg, 20 mg</i>	PV	Tier 2 for non-PV uses
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
<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>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	2	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; QL (60 EA Max Qty Per Fill Retail)
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; QL (30 EA Max Qty Per Fill Retail)
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	
<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	
CARTIA XT ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	2	

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Drug Name	Tier	Limitations (Notes)
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	2	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	2	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	2	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	2	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	2	QL (4 EA per 21 days)
CLORPRES ORAL TABLET 0.1-15 MG, 0.2-15 MG	4	
<i>colestipol oral packet 5 gram</i>	2	
<i>colestipol oral tablet 1 gram</i>	2	
CORLANOR ORAL SOLUTION 5 MG/5 ML	4	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA
<i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i>	2	
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	2	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
DILANTIN ORAL CAPSULE 30 MG	4	
<i>diltiazem hcl intravenous recon soln 100 mg</i>	2	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	2	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	

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Drug Name	Tier	Limitations (Notes)
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	2	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	2	QL (30 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	3	QL (60 EA per 30 days)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
<i>ethacrynic acid oral tablet 25 mg</i>	5	
<i>ezetimibe oral tablet 10 mg</i>	2	QL (30 EA per 22 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	QL (30 EA per 30 days)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg</i>	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	PV	Tier 2 for non-PV uses; QL (60 EA per 23 days)

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Drug Name	Tier	Limitations (Notes)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	PV	Tier 2 for non-PV uses; QL (30 EA per 23 days)
<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>	2	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<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>	2	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
<i>hydralazine injection solution 20 mg/ml</i>	2	
<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</i>	2	
<i>isosorbide dinitrate oral tablet 30 mg, 5 mg</i>	1	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	2	
<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>	2	
<i>labetalol intravenous solution 5 mg/ml</i>	2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>lidocaine (pf) intravenous solution 20 mg/ml (2 %)</i>	2	

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Drug Name	Tier	Limitations (Notes)
<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>	PV	Tier 2 for non-PV uses; QL (30 EA per 23 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	PV	Tier 2 for non-PV uses; QL (60 EA per 23 days)
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	2	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	2	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	2	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	2	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	2	
<i>methyldopate intravenous solution 250 mg/5 ml</i>	2	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<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>	2	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	4	

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Drug Name	Tier	Limitations (Notes)
NEXLETOL ORAL TABLET 180 MG	4	PA
<i>niacin oral tablet 250 mg, 500 mg</i>	2	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	
<i>nicardipine intravenous solution 25 mg/10 ml</i>	2	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	2	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	2	
<i>nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	2	
<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>	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	2	
OPSUMIT ORAL TABLET 10 MG	5	PA; QL (30 EA Max Qty Per Fill Retail)
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	5	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PV	Tier 2 for non-PV uses
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	2	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	2	

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Drug Name	Tier	Limitations (Notes)
<i>propafenone oral capsule,extended release 12 hr 225 mg, 425 mg</i>	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>propranolol intravenous solution 1 mg/ml</i>	2	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<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>	2	
<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>	2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
<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>	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	QL (3.5 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	PA; QL (2 ML per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	PA; QL (2 ML per 28 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	PV	Tier 2 for non-PV uses; QL (30 EA per 23 days)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL (30 EA per 23 days)
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	5	PA; SP; QL (112 ML Max Qty Per Fill Retail)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	5	PA; SP; QL (90 EA per 23 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PV	Tier 2 for non-PV uses
<i>simvastatin oral tablet 80 mg</i>	1	

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Drug Name	Tier	Limitations (Notes)
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	5	PA; SP; QL (60 EA Max Qty Per Fill Retail)
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30 EA per 23 days)
<i>terazosin oral capsule 10 mg</i>	1	QL (60 EA per 23 days)
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 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	5	PA; QL (60 EA Max Qty Per Fill Retail)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; QL (1 pack Max Qty Per Fill Retail)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	

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Drug Name	Tier	Limitations (Notes)
<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	
<i>verapamil intravenous solution 2.5 mg/ml</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	2	
<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	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	QL (30 EA per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	4	
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	2	
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	2	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QL (180 EA per 30 days)
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	PV	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	PV	
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 ML per 23 days)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	3	PA; QL (2 ML per 23 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	3	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	3	PA
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	

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<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>	2	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	2	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>asenapine maleate sublingual tablet 10 mg, 5 mg</i>	5	QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet 2.5 mg</i>	5	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	PV	
<i>aspirin oral tablet 325 mg</i>	PV	
<i>aspirin oral tablet,chewable 81 mg</i>	PV	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	PV	
<i>aspirin,buffd-calcium carb-mag oral tablet 325 mg</i>	PV	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	PV	
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	2	
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	5	PA; SP
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	PV	
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	4	PA
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
BRIVIACT ORAL SOLUTION 10 MG/ML	4	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	
<i>bromocriptine oral capsule 5 mg</i>	2	

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Drug Name	Tier	Limitations (Notes)
<i>bromocriptine oral tablet 2.5 mg</i>	2	
BUFFERED ASPIRIN ORAL TABLET 325 MG	PV	
<i>buprenorphine hcl buccal film 750 mcg, 900 mcg</i>	2	PA; QL (60 EA per 30 days)
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	2	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	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>	2	PA; QL (4 EA per 28 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg</i>	2	
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	2	QL (180 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	2	QL (30 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	QL (360 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	QL (90 EA per 28 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	PV	Tier 2 for non-PV uses; 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, 200 mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg</i>	PV	Tier 2 for non-PV uses; QL (60 EA per 30 days)
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>cabergoline oral tablet 0.5 mg</i>	2	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	5	QL (30 EA Max Qty Per Fill Retail)
CAPLYTA ORAL CAPSULE 42 MG	5	
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	

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<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	2	
<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</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	2	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	
CELONTIN ORAL CAPSULE 300 MG	4	
CHILDREN'S ASPIRIN ORAL TABLET, CHEWABLE 81 MG	PV	
<i>citalopram oral solution 10 mg/5 ml</i>	2	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>clobazam oral suspension 2.5 mg/ml</i>	2	
<i>clobazam oral tablet 10 mg</i>	2	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	2	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	
<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>	2	
DAYVIGO ORAL TABLET 10 MG, 5 MG	4	QL (15 EA per 23 days)

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<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	2	
<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>	2	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	2	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	2	
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	2	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	5	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	5	PA
<i>diazepam injection solution 5 mg/ml</i>	2	
<i>diazepam injection syringe 5 mg/ml</i>	2	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	2	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	2	
<i>diclofenac sodium topical drops 1.5 %</i>	2	QL (150 ML per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	2	QL (500 GM per 21 days)

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Drug Name	Tier	Limitations (Notes)
<i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	2	
<i>diflunisal oral tablet 500 mg</i>	2	
<i>dihydroergotamine injection solution 1 mg/ml</i>	5	
DILANTIN ORAL CAPSULE 30 MG	4	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<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>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	2	
<i>doxepin oral tablet 3 mg, 6 mg</i>	2	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	2	QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	
ECOTRIN LOW STRENGTH ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG	PV	
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	3	PA
<i>entacapone oral tablet 200 mg</i>	2	
ENTERIC COATED ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG	PV	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA; SP
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	5	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	QL (30 EA per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5 ml</i>	2	

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Drug Name	Tier	Limitations (Notes)
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	2	
<i>felbamate oral suspension 600 mg/5 ml</i>	5	
<i>felbamate oral tablet 400 mg, 600 mg</i>	5	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; QL (30 EA per 23 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	5	PA; QL (90 EA per 23 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr</i>	2	PA; QL (10 EA per 23 days)
<i>fentanyl transdermal patch 72 hour 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	PA; QL (10 EA per 30 days)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA
<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>	2	
<i>fluoxetine oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	2	QL (15 EA per 23 days)
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	2	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	2	QL (60 EA per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	2	QL (90 EA per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	QL (30 EA per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	QL (60 EA per 30 days)
<i>fosphenytoin injection solution 500 mg pe/10 ml</i>	2	

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<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	2	
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml)</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
HETLIOZ ORAL CAPSULE 20 MG	5	PA
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	QL (5400 ML per 23 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	2	QL (270 EA per 23 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	QL (360 EA per 23 days)
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	2	QL (120 ML per 23 days)
<i>hydromorphone injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	2	
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	2	
<i>hydromorphone oral liquid 1 mg/ml</i>	2	QL (675 ML per 23 days)
<i>hydromorphone oral tablet 2 mg</i>	2	QL (180 EA per 23 days)
<i>hydromorphone oral tablet 4 mg</i>	2	QL (150 EA per 23 days)
<i>hydromorphone oral tablet 8 mg</i>	2	QL (60 EA per 23 days)
<i>hydroxyzine hcl intramuscular solution 25 mg/ml</i>	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml, 10 mg/5 ml (5 ml)</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	

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Drug Name	Tier	Limitations (Notes)
IBU ORAL TABLET 600 MG, 800 MG	2	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>indomethacin oral capsule, extended release 75 mg</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	4	
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	4	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	4	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	
<i>ketorolac injection cartridge 30 mg/ml</i>	2	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	2	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	2	
<i>ketorolac oral tablet 10 mg</i>	2	QL (20 EA per 30 days)
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; SP; QL (150 EA per 23 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	5	PA
<i>lacosamide oral solution 10 mg/ml</i>	2	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<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>	2	

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Drug Name	Tier	Limitations (Notes)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	4	QL (60 EA per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 400 MCG/SPRAY	5	PA
<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>	2	
LITE COAT ASPIRIN ORAL TABLET 325 MG	PV	
<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>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	2	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	2	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	2	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	2	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	2	
MARPLAN ORAL TABLET 10 MG	4	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	2	QL (300 ML Max Qty Per Fill Retail)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	QL (30 EA Max Qty Per Fill Retail)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	2	
<i>memantine oral solution 2 mg/ml</i>	2	
<i>memantine oral tablet 10 mg, 5 mg</i>	2	
<i>memantine oral tablets, dose pack 5-10 mg</i>	4	

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Drug Name	Tier	Limitations (Notes)
<i>meprobamate oral tablet 200 mg, 400 mg</i>	5	
<i>methadone oral concentrate 10 mg/ml</i>	2	PA; QL (60 ML per 23 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; QL (300 ML per 23 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; QL (600 ML per 23 days)
<i>methadone oral tablet 10 mg</i>	2	PA; QL (60 EA per 23 days)
<i>methadone oral tablet 5 mg</i>	2	PA; QL (120 EA per 23 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	2	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	2	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	2	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	2	
<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>	2	
<i>modafinil oral tablet 100 mg, 200 mg</i>	2	
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml, 30 mg/30 ml (1 mg/ml)</i>	2	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	QL (135 ML per 23 days)
<i>morphine oral capsule,extend.release pellets 100 mg, 50 mg, 60 mg, 80 mg</i>	2	PA; QL (30 EA per 23 days)
<i>morphine oral capsule,extend.release pellets 20 mg</i>	2	PA; QL (120 EA per 23 days)
<i>morphine oral capsule,extend.release pellets 30 mg</i>	2	PA; QL (90 EA per 23 days)
<i>morphine oral solution 10 mg/5 ml</i>	2	QL (900 ML per 23 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	QL (675 ML per 23 days)
<i>morphine oral tablet 15 mg</i>	2	QL (180 EA per 23 days)
<i>morphine oral tablet 30 mg</i>	2	QL (90 EA per 23 days)

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Drug Name	Tier	Limitations (Notes)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i>	2	PA; QL (30 EA per 23 days)
<i>morphine oral tablet extended release 15 mg</i>	2	PA; QL (120 EA per 23 days)
<i>morphine oral tablet extended release 30 mg</i>	2	PA; QL (90 EA per 23 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naloxone injection auto-injector 2 mg/0.4 ml</i>	3	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i>	2	
<i>naltrexone oral tablet 50 mg</i>	2	
<i>naproxen oral suspension 125 mg/5 ml</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	3	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	5	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	4	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA; QL (60 EA per 22 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; QL (60 EA per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	4	PA; QL (16 EA per 28 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	2	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (30 EA per 23 days)

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Drug Name	Tier	Limitations (Notes)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	2	QL (30 EA per 23 days)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	5	PA
<i>oxaprozin oral tablet 600 mg</i>	2	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	
<i>oxycodone oral concentrate 20 mg/ml</i>	2	QL (90 ML per 23 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	2	QL (1200 ML per 23 days)
<i>oxycodone oral tablet 10 mg</i>	2	QL (180 EA per 23 days)
<i>oxycodone oral tablet 15 mg</i>	2	QL (120 EA per 23 days)
<i>oxycodone oral tablet 20 mg</i>	2	QL (90 EA per 23 days)
<i>oxycodone oral tablet 30 mg</i>	2	QL (60 EA per 23 days)
<i>oxycodone oral tablet 5 mg</i>	2	QL (360 EA per 23 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	2	QL (180 EA per 23 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	2	QL (360 EA per 23 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	2	QL (240 EA per 23 days)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (30 EA per 23 days)
<i>paroxetine hcl oral tablet 20 mg, 30 mg</i>	1	QL (60 EA per 23 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	2	QL (60 EA per 23 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>phenelzine oral tablet 15 mg</i>	2	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	
<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>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	

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<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	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>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	2	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	2	
<i>propranolol intravenous solution 1 mg/ml</i>	2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<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>	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (90 EA per 23 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (60 EA per 23 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	QL (30 EA per 23 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	QL (60 EA per 23 days)
<i>ramelteon oral tablet 8 mg</i>	2	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	2	
<i>riluzole oral tablet 50 mg</i>	5	

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Drug Name	Tier	Limitations (Notes)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	4	
<i>risperidone oral solution 1 mg/ml</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (60 EA per 23 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL (60 EA per 23 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	2	
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	2	
<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>	2	
<i>rufinamide oral suspension 40 mg/ml</i>	5	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	5	PA
<i>salsalate oral tablet 500 mg, 750 mg</i>	2	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	4	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	4	QL (55 EA Max Qty Per Fill Retail)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	QL (30 EA per 30 days)
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>sertraline oral concentrate 20 mg/ml</i>	2	
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	QL (60 EA per 23 days)
<i>sertraline oral tablet 25 mg</i>	1	QL (45 EA per 23 days)
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG	5	PA
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA; SP
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	2	

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Drug Name	Tier	Limitations (Notes)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	2	
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	2	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	2	
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	5	PA; SP
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>tolcapone oral tablet 100 mg</i>	5	
<i>tolmetin oral capsule 400 mg</i>	2	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>tramadol oral tablet 50 mg</i>	2	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL (240 EA per 30 days)
<i>tranylcypromine oral tablet 10 mg</i>	2	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	
TRI-BUFFERED ASPIRIN ORAL TABLET 325 MG	PV	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	2	

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Drug Name	Tier	Limitations (Notes)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml)</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	5	
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	2	QL (30 EA per 23 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL (90 EA per 23 days)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	QL (30 EA per 23 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	4	QL (30 EA per 23 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	4	QL (30 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	5	SP
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	4	QL (1 EA Max Qty Per Fill Retail)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	4	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	
<i>zaleplon oral capsule 10 mg</i>	2	QL (60 EA per 23 days)
<i>zaleplon oral capsule 5 mg</i>	2	QL (30 EA per 23 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	3	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (60 EA per 23 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	2	

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Drug Name	Tier	Limitations (Notes)
<i>zolmitriptan nasal spray, non-aerosol 2.5 mg, 5 mg</i>	2	QL (18 sprays per 21 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	QL (18 EA per 21 days)
<i>zolpidem oral tablet 10 mg</i>	2	QL (30 EA per 23 days)
<i>zolpidem oral tablet 5 mg</i>	2	
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i>	2	QL (30 EA per 23 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
DEVICES		
BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE	2	
DEXCOM G6 RECEIVER	3	PA; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE	3	PA; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	3	PA; QL (1 EA per 90 days)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	PV	
FREESTYLE LIBRE 14 DAY READER	3	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	3	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	3	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	3	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	3	PA; QL (2 EA per 28 days)
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	2	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	4	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	4	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	4	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	4	PA; QL (1 EA per 275 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	4	PA; QL (15 EA per 23 days)
OMNIPOD CLASSIC PDM KIT (GEN 3)	4	PA; QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	4	PA; QL (15 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	4	PA; QL (1 EA per 275 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	4	PA; QL (15 EA per 30 days)

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Drug Name	Tier	Limitations (Notes)
ONETOUCH DELICA LANC DEVICE KIT	3	
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE	3	
ONETOUCH DELICA PLUS LANC DEV KIT	3	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	3	
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE	3	
ONETOUCH ULTRA CONTROL SOLUTION	3	
ONETOUCH ULTRA2 METER	3	
ONETOUCH ULTRA2 METER KIT	3	
ONETOUCH ULTRAMINI KIT	3	
ONETOUCH ULTRASOFT LANCETS	3	
ONETOUCH VERIO FLEX METER	3	
ONETOUCH VERIO FLEX START KIT	3	
ONETOUCH VERIO HIGH CONTROL SOLUTION	3	
ONETOUCH VERIO IQ METER	3	
ONETOUCH VERIO IQ METER KIT	3	
ONETOUCH VERIO METER	3	
ONETOUCH VERIO MID CONTROL SOLUTION	3	
ONETOUCH VERIO REFLECT METER	3	
ONETOUCH VERIO REFLECT START KIT	3	
REJUVENESS TOPICAL COMBO PACK	4	
DIAGNOSTIC AGENTS		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA
DIASTIX STRIP	3	
<i>glucagon hcl injection recon soln 1 mg/ml</i>	3	
ONETOUCH ULTRA TEST STRIP	3	
ONETOUCH VERIO TEST STRIPS STRIP	3	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>amiloride oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	

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Drug Name	Tier	Limitations (Notes)
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE	2	
<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>	2	
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	2	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	
CLOPRES ORAL TABLET 0.1-15 MG, 0.2-15 MG	4	
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; QL (14 ML per 28 days)
CRYSVITA SUBCUTANEOUS SOLUTION 20 MG/ML	5	PA; QL (8 ML per 28 days)
CRYSVITA SUBCUTANEOUS SOLUTION 30 MG/ML	5	PA; QL (12 ML per 28 days)
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	

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Drug Name	Tier	Limitations (Notes)
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG	PV	
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	2	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	2	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	5	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>generlac oral solution 10 gram/15 ml</i>	2	
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	4	
<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 %	4	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	4	
JYNARQUE ORAL TABLET 15 MG, 30 MG	5	PA

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Drug Name	Tier	Limitations (Notes)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	5	PA
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	2	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	2	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	2	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	2	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	2	
KLOR-CON ORAL PACKET 20 MEQ	2	
K-PHOS-NEUTRAL ORAL TABLET 250 MG	2	
<i>lactated ringers irrigation solution</i>	2	
<i>lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml)</i>	2	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	5	QL (90 EA per 30 days)
<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>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	2	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
MONOJECT 0.9% SODIUM CHLORIDE INJECTION SYRINGE	2	
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	4	
NORMAL SALINE FLUSH INJECTION SYRINGE	2	
ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG	PV	
PERRY PRENATAL ORAL CAPSULE 13.5-0.4 MG	PV	

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Drug Name	Tier	Limitations (Notes)
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	4	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	
<i>potassium chloride oral packet 20 meq</i>	2	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i>	2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	2	
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG	PV	
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG	PV	
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	PV	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	PV	
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG	PV	
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg</i>	PV	
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	PV	
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	
<i>ringer's irrigation solution</i>	2	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	5	
<i>sevelamer carbonate oral tablet 800 mg</i>	2	

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Drug Name	Tier	Limitations (Notes)
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	5	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	2	
<i>sodium chloride 0.9 % injection solution</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i>	2	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	5	PA; SP
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	PA; SP
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	
<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	
<i>water for irrigation, sterile irrigation solution</i>	2	
ENZYMES		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	PA; SP

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Drug Name	Tier	Limitations (Notes)
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; SP
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	PA; SP
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	5	PA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	5	PA; SP
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	5	PA; SP
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG	5	PA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; QL (30 syringes Max Qty Per Fill Retail)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; QL (8 syringes Max Qty Per Fill Retail)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; QL (60 syringes Max Qty Per Fill Retail)
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	SP
REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	PA; SP
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	PA; SP
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>acetic acid otic (ear) solution 2 %</i>	2	
ALOCRILOPHthalmic (EYE) DROPS 2 %	4	
ALOMIDOPHthalmic (EYE) DROPS 0.1 %	4	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
AZASITEOPHthalmic (EYE) DROPS 1 %	4	

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Drug Name	Tier	Limitations (Notes)
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	2	QL (60 ML per 22 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	2	QL (60 ML per 22 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	4	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	4	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	4	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	2	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	4	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	2	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	2	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	2	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i>	3	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	4	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	

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Drug Name	Tier	Limitations (Notes)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	2	
<i>doxycycline hyclate oral tablet 20 mg</i>	2	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	4	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	2	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	2	QL (16 GM per 30 days)
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	2	QL (30 ML per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	2	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	2	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	2	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	2	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	4	

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Drug Name	Tier	Limitations (Notes)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	4	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	2	QL (31 GM per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	2	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	5	PA
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	

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Drug Name	Tier	Limitations (Notes)
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	2	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	4	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	2	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	4	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	2	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	2	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	4	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	2	
<i>triamcinolone acetate nasal aerosol,spray 55 mcg</i>	2	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	5	PA; QL (120 EA Max Qty Per Fill Retail)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 EA per 30 days)

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Drug Name	Tier	Limitations (Notes)
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	4	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	4	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	4	
GASTROINTESTINAL DRUGS		
ALOPHEN (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG	PV	Tier 2 for non-PV uses
<i>aprepitant oral capsule 125 mg, 40 mg</i>	2	QL (1 EA per 23 days)
<i>aprepitant oral capsule 80 mg</i>	2	
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	2	QL (3 EA per 23 days)
<i>balsalazide oral capsule 750 mg</i>	2	
<i>bisacodyl oral tablet,delayed release (dr/ec) 5 mg</i>	PV	Tier 2 for non-PV uses
BISA-LAX (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG	PV	Tier 2 for non-PV uses
CARAFATE ORAL SUSPENSION 100 MG/ML	4	
CARAFATE ORAL TABLET 1 GRAM	4	
CHENODAL ORAL TABLET 250 MG	5	PA
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	2	
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; SP; QL (1 Kit per 21 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; SP; QL (1 Kit Max Qty Per Fill Retail)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; SP; QL (1 Kit per 21 days)
CITRATE OF MAGNESIA ORAL SOLUTION	PV	Tier 2 for non-PV uses
CITROMA ORAL SOLUTION	PV	Tier 2 for non-PV uses
CLEARLAX ORAL POWDER 17 GRAM/DOSE	PV	Tier 2 for non-PV uses
CLEARLAX ORAL POWDER IN PACKET 17 GRAM	PV	Tier 2 for non-PV uses

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Drug Name	Tier	Limitations (Notes)
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, 36,000-114,000- 180,000 UNIT, 6,000-19,000 - 30,000 UNIT	5	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	2	
DIPENTUM ORAL CAPSULE 250 MG	5	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	2	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	4	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
FLEET LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG	PV	Tier 2 for non-PV uses
GAVILAX ORAL POWDER 17 GRAM/DOSE	PV	Tier 2 for non-PV uses
GAVILAX ORAL POWDER IN PACKET 17 GRAM, 8.5 GRAM	PV	Tier 2 for non-PV uses
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	PV	Tier 2 for non-PV uses
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	PV	Tier 2 for non-PV uses
GAVILYTE-N ORAL RECON SOLN 420 GRAM	PV	Tier 2 for non-PV uses
GENTLE LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG	PV	Tier 2 for non-PV uses
GENTLELAX ORAL POWDER 17 GRAM/DOSE	PV	Tier 2 for non-PV uses
GLYCOLAX ORAL POWDER 17 GRAM/DOSE	PV	Tier 2 for non-PV uses
<i>granisetron hcl oral tablet 1 mg</i>	2	QL (6 EA per 30 days)

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Drug Name	Tier	Limitations (Notes)
HEALTHYLAX ORAL POWDER IN PACKET 17 GRAM	PV	Tier 2 for non-PV uses
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; SP; QL (6 EA per 365 days)
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; SP; QL (4 EA per 365 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; SP; QL (2 EA per 21 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; QL (2 EA per 21 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; SP; QL (2 EA per 21 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; SP; QL (3 EA per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; SP; QL (2 EA per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; SP; QL (3 EA per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; SP; QL (4 Pens per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; SP; QL (3 EA per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; SP; QL (2 EA per 21 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; SP; QL (2 EA per 21 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i>	2	QL (30 EA per 30 days)
LAXACLEAR ORAL POWDER 17 GRAM/DOSE	PV	Tier 2 for non-PV uses
LAXATIVE (BISACODYL) ORAL TABLET 5 MG	PV	Tier 2 for non-PV uses
LAXATIVE (BISACODYL) ORAL TABLET, DELAYED RELEASE (DR/EC) 5 MG	PV	Tier 2 for non-PV uses

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Drug Name	Tier	Limitations (Notes)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 EA per 30 days)
<i>loperamide oral capsule 2 mg</i>	2	
<i>loperamide oral liquid 1 mg/7.5 ml</i>	2	
<i>loperamide oral tablet 2 mg</i>	2	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	4	QL (60 EA per 30 days)
<i>magnesium citrate oral solution</i>	PV	Tier 2 for non-PV uses
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	2	
<i>mesalamine oral capsule, extended release 500 mg</i>	4	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	2	
<i>mesalamine rectal enema 4 gram/60 ml</i>	2	
<i>mesalamine rectal suppository 1,000 mg</i>	2	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	2	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
MILK OF MAGNESIA CONCENTRATED ORAL SUSPENSION 2,400 MG/10 ML	PV	Tier 2 for non-PV uses
MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5 ML	PV	Tier 2 for non-PV uses
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	4	QL (30 EA per 30 days)
MOTOFEN ORAL TABLET 1-0.025 MG	4	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	4	QL (30 EA per 30 days)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>nizatidine oral solution 150 mg/10 ml</i>	2	
OICALIVA ORAL TABLET 10 MG, 5 MG	5	PA
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>	2	QL (30 EA per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg</i>	2	QL (30 EA Max Qty Per Fill Retail)

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Drug Name	Tier	Limitations (Notes)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	2	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	
ORAL SALINE LAXATIVE ORAL LIQUID 7.2-2.7 GRAM/15 ML	PV	Tier 2 for non-PV uses
ORAL SALINE LAXATIVE ORAL SOLUTION	PV	Tier 2 for non-PV uses
OSMOPREP ORAL TABLET 1.5 GRAM	PV	Tier 4 for non-PV uses
<i>palonosetron intravenous solution 0.25 mg/2 ml, 0.25 mg/5 ml</i>	5	
<i>palonosetron intravenous syringe 0.25 mg/5 ml</i>	5	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	2	QL (30 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	PV	Tier 2 for non-PV uses
PEG-3350 WITH FLAVOR PACKS ORAL RECON SOLN 420 GRAM	PV	Tier 2 for non-PV uses
<i>peg-electrolyte soln oral recon soln 420 gram</i>	PV	Tier 2 for non-PV uses
PEG-PREP ORAL KIT 5-210 MG-GRAM	PV	Tier 2 for non-PV uses
PHOSPHATE LAXATIVE ORAL LIQUID 7.2-2.7 GRAM/15 ML	PV	Tier 2 for non-PV uses
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	PV	Tier 2 for non-PV uses
<i>polyethylene glycol 3350 oral powder in packet 17 gram, 4 gram, 4.25 gram</i>	PV	Tier 2 for non-PV uses
POWDERLAX ORAL POWDER 17 GRAM/DOSE	PV	Tier 2 for non-PV uses
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	2	
PURELAX ORAL POWDER IN PACKET 17 GRAM	PV	Tier 2 for non-PV uses
PYLERA ORAL CAPSULE 140-125-125 MG	4	

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Drug Name	Tier	Limitations (Notes)
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i>	2	QL (30 EA per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	2	QL (30 EA per 30 days)
SMOOTHLAX ORAL POWDER 17 GRAM/DOSE	PV	Tier 2 for non-PV uses
SMOOTHLAX ORAL POWDER IN PACKET 17 GRAM	PV	Tier 2 for non-PV uses
SOOTHE (BISMUTH SUBSALICYLATE) ORAL TABLET, CHEWABLE 262 MG	2	
<i>sucrafate oral suspension 100 mg/ml</i>	2	
<i>sucrafate oral tablet 1 gram</i>	2	
TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN 420 GRAM	PV	Tier 2 for non-PV uses
<i>trimethobenzamide oral capsule 300 mg</i>	2	
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
VIBERZI ORAL TABLET 100 MG, 75 MG	5	PA
WOMAN'S LAXATIVE (BISACODYL) ORAL TABLET 5 MG	PV	Tier 2 for non-PV uses
WOMEN'S GENTLE LAXATIVE (BISAC) ORAL TABLET, DELAYED RELEASE (DR/EC) 5 MG	PV	Tier 2 for non-PV uses
WOMEN'S LAXATIVE (BISACODYL) ORAL TABLET 5 MG	PV	Tier 2 for non-PV uses
XERMELO ORAL TABLET 250 MG	5	PA; SP
HEAVY METAL ANTAGONISTS		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	5	PA; SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	5	PA; SP
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	5	PA; SP
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	5	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA
<i>penicillamine oral capsule 250 mg</i>	5	PA; SP
<i>penicillamine oral tablet 250 mg</i>	5	PA; SP
<i>trientine oral capsule 250 mg</i>	5	SP
HORMONES AND SYNTHETIC SUBSTITUTES		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	

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Drug Name	Tier	Limitations (Notes)
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA
A-HYDROCORT INJECTION RECON SOLN 100 MG	2	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	PV	Tier 2 for non-PV uses
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	PV	Tier 2 for non-PV uses
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	PV	Tier 2 for non-PV uses
AMETHIA LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	PV	Tier 2 for non-PV uses
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	PV	Tier 2 for non-PV uses
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	PV	Tier 2 for non-PV uses
ANADROL-50 ORAL TABLET 50 MG	5	PA
<i>anastrozole oral tablet 1 mg</i>	PV	Copay Review
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	4	PA; QL (30 EA per 30 days)
APRI ORAL TABLET 0.15-0.03 MG	PV	Tier 2 for non-PV uses
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	PV	Tier 2 for non-PV uses
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	PV	Tier 2 for non-PV uses
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	PV	Tier 2 for non-PV uses
AUBRA ORAL TABLET 0.1-20 MG-MCG	PV	Tier 2 for non-PV uses
AVIANE ORAL TABLET 0.1-20 MG-MCG	PV	Tier 2 for non-PV uses
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	PV	Tier 2 for non-PV uses
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	PV	Tier 2 for non-PV uses
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	3	
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	\$25 insulin
BEKYREE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	PV	Tier 2 for non-PV uses
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	PV	Tier 2 for non-PV uses
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	PV	Tier 2 for non-PV uses

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Drug Name	Tier	Limitations (Notes)
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	PV	Tier 2 for non-PV uses
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	PV	Tier 2 for non-PV uses
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	2	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	2	QL (60 ML per 30 days)
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	2	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	3	PA; QL (4 ML per 30 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	3	PA; QL (4 EA per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; QL (3 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; QL (2 ML per 30 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	
CAMILA ORAL TABLET 0.35 MG	PV	Tier 2 for non-PV uses
CAMRESE LO ORAL TABLETS, DOSE PACK, 3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	PV	Tier 2 for non-PV uses
CAMRESE ORAL TABLETS, DOSE PACK, 3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	PV	Tier 2 for non-PV uses
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	PV	Tier 2 for non-PV uses
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	PV	Tier 2 for non-PV uses
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	PV	Tier 2 for non-PV uses
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	5	SP
<i>clomiphene citrate oral tablet 50 mg</i>	2	
<i>cortisone oral tablet 25 mg</i>	2	
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	PV	Tier 2 for non-PV uses
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	PV	Tier 2 for non-PV uses
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	PV	Tier 2 for non-PV uses
CYRED EQ ORAL TABLET 0.15-0.03 MG	PV	Tier 2 for non-PV uses

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CYRED ORAL TABLET 0.15-0.03 MG	PV	Tier 2 for non-PV uses
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	PV	Tier 2 for non-PV uses
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	PV	Tier 2 for non-PV uses
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	PV	Tier 2 for non-PV uses
DEBLITANE ORAL TABLET 0.35 MG	PV	Tier 2 for non-PV uses
<i>desmopressin injection solution 4 mcg/ml</i>	5	
<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>	2	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	PV	Tier 2 for non-PV uses
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	PV	Tier 2 for non-PV uses
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	2	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	2	
<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>	2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	2	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	PV	Tier 2 for non-PV uses
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	PV	Tier 2 for non-PV uses
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	3	QL (2 inhalers per 30 days)
ECONTRA EZ ORAL TABLET 1.5 MG	PV	Tier 2 for non-PV uses; QL (1 EA per 30 days)
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	5	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	5	PA; SP

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Drug Name	Tier	Limitations (Notes)
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	5	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	5	PA; SP
ELINEST ORAL TABLET 0.3-30 MG-MCG	PV	Tier 2 for non-PV uses
ELLA ORAL TABLET 30 MG	PV	Tier 4 for non-PV uses; QL (1 EA per 30 days)
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	PV	Tier 2 for non-PV uses
EMOQUETTE ORAL TABLET 0.15-0.03 MG	PV	Tier 2 for non-PV uses
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	PV	Tier 2 for non-PV uses
ENSKYCE ORAL TABLET 0.15-0.03 MG	PV	Tier 2 for non-PV uses
ERRIN ORAL TABLET 0.35 MG	PV	Tier 2 for non-PV uses
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	PV	Tier 2 for non-PV uses
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<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>	2	
<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, 0.1 mg/24 hr</i>	2	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	2	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	PV	Tier 2 for non-PV uses
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	PV	Tier 2 for non-PV uses
<i>exemestane oral tablet 25 mg</i>	PV	Copay Review; Tier 2 for non-PV uses
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	PV	Tier 2 for non-PV uses
FARXIGA ORAL TABLET 10 MG, 5 MG	3	\$25 diabetes drug (copay plans only); QL (30 EA per 30 days)
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	PV	Tier 2 for non-PV uses

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Drug Name	Tier	Limitations (Notes)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION	3	QL (1 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (4 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	3	QL (60 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (11 GM per 30 days)
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	2	
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	5	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	5	PA; SP
GIANVI (28) ORAL TABLET 3-0.02 MG	PV	Tier 2 for non-PV uses
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	3	
<i>glucagon hcl injection recon soln 1 mg/ml</i>	3	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	

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Drug Name	Tier	Limitations (Notes)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	\$25 diabetes drug (copay plans only)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	QL (2 ML Max Qty Per Fill Retail)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	QL (2 ML Max Qty Per Fill Retail)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	QL (2 ML Max Qty Per Fill Retail)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	QL (2 ML Max Qty Per Fill Retail)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	PV	Tier 2 for non-PV uses
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	PV	Tier 2 for non-PV uses
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	PV	Tier 2 for non-PV uses
HEATHER ORAL TABLET 0.35 MG	PV	Tier 2 for non-PV uses
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	\$25 Insulin
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	\$25 Insulin
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>hydroxyprogesterone (pf)(preg presv) intramuscular oil 250 mg/ml (1 ml)</i>	5	PA; SP
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	5	PA; SP
<i>hydroxyprogesterone capr(bulk) powder 100 %</i>	5	PA; SP
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	5	PA; SP
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	PV	Tier 2 for non-PV uses
ISIBLOOM ORAL TABLET 0.15-0.03 MG	PV	Tier 2 for non-PV uses

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Drug Name	Tier	Limitations (Notes)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	\$25 diabetes drug (copay plans only); QL (30 EA per 30 days)
JENCYCLA ORAL TABLET 0.35 MG	PV	Tier 2 for non-PV uses
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	\$25 diabetes drug (copay plans only)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	3	\$25 diabetes drug (copay plans only)
JINTELI ORAL TABLET 1-5 MG-MCG	2	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	PV	Tier 2 for non-PV uses
JULEBER ORAL TABLET 0.15-0.03 MG	PV	Tier 2 for non-PV uses
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	PV	Tier 2 for non-PV uses
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	PV	Tier 2 for non-PV uses
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	PV	Tier 2 for non-PV uses
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	PV	Tier 2 for non-PV uses
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	PV	Tier 2 for non-PV uses
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	PV	Tier 2 for non-PV uses
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	PV	Tier 2 for non-PV uses
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	PV	Tier 2 for non-PV uses
KELNOR 1-50 (28) ORAL TABLET 1-50 MG-MCG	PV	Tier 2 for non-PV uses

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Drug Name	Tier	Limitations (Notes)
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	5	PA; SP
KURVELO (28) ORAL TABLET 0.15-0.03 MG	PV	Tier 2 for non-PV uses
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	PV	Tier 2 for non-PV uses
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	PV	Tier 2 for non-PV uses
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	PV	Tier 2 for non-PV uses
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	PV	Tier 2 for non-PV uses
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	PV	Tier 2 for non-PV uses
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	PV	Tier 2 for non-PV uses
LARISSIA ORAL TABLET 0.1-20 MG-MCG	PV	Tier 2 for non-PV uses
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	PV	Tier 2 for non-PV uses
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	PV	Tier 2 for non-PV uses
LESSINA ORAL TABLET 0.1-20 MG-MCG	PV	Tier 2 for non-PV uses
<i>letrozole oral tablet 2.5 mg</i>	2	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	5	SP
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	PV	Tier 2 for non-PV uses
<i>levonorgestrel oral tablet 1.5 mg</i>	PV	Tier 2 for non-PV uses; QL (1 EA per 30 days)
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	PV	Tier 2 for non-PV uses
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	PV	Tier 2 for non-PV uses
<i>levonorg-eth estradiol triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	PV	Tier 2 for non-PV uses
LEVORA-28 ORAL TABLET 0.15-0.03 MG	PV	Tier 2 for non-PV uses

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Drug Name	Tier	Limitations (Notes)
LEVO-T 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	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	
LILLOW (28) ORAL TABLET 0.15-0.03 MG	PV	Tier 2 for non-PV uses
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	
LORYNA (28) ORAL TABLET 3-0.02 MG	PV	Tier 2 for non-PV uses
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	PV	Tier 2 for non-PV uses
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	5	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	PA; SP
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	5	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	5	PA; SP
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	PV	Tier 2 for non-PV uses
LYZA ORAL TABLET 0.35 MG	PV	Tier 2 for non-PV uses
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	PV	Tier 2 for non-PV uses
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	PV	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	PV	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	

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<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	2	PA
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	PA
MELODETTA 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	PV	Tier 2 for non-PV uses
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg</i>	2	QL (150 EA per 22 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	
<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>	2	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i>	2	
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	PV	Tier 2 for non-PV uses
MILI ORAL TABLET 0.25-35 MG-MCG	PV	Tier 2 for non-PV uses
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (8 YRS) 52 MG	PV	Tier 4 for non-PV uses
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	PV	Tier 2 for non-PV uses
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; QL (2 units Max Qty Per Fill Retail)
MY CHOICE ORAL TABLET 1.5 MG	PV	Tier 2 for non-PV uses; QL (1 EA per 23 days)
MY WAY ORAL TABLET 1.5 MG	PV	Tier 2 for non-PV uses; QL (1 EA per 23 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA

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Drug Name	Tier	Limitations (Notes)
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	PV	
NEW DAY ORAL TABLET 1.5 MG	PV	Tier 2 for non-PV uses; QL (1 EA per 23 days)
NEXPLANON SUBDERMAL IMPLANT 68 MG	PV	Tier 4 for non-PV uses
NIKKI (28) ORAL TABLET 3-0.02 MG	PV	Tier 2 for non-PV uses
NORA-BE ORAL TABLET 0.35 MG	PV	Tier 2 for non-PV uses
NORDITROPIN FLEXPRO 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)	5	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>	PV	Tier 2 for non-PV uses
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	PV	Tier 2 for non-PV uses
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	PV	Tier 2 for non-PV uses
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1 mg-20 mcg (24)/75 mg (4), 1.5 mg-30 mcg (21)/75 mg (7)</i>	PV	Tier 2 for non-PV uses
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	PV	
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	PV	Tier 2 for non-PV uses
<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>	PV	Tier 2 for non-PV uses
NORLYDA ORAL TABLET 0.35 MG	PV	Tier 2 for non-PV uses
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	PV	Tier 2 for non-PV uses
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	PV	Tier 2 for non-PV uses
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	PV	Tier 2 for non-PV uses
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	PV	Tier 2 for non-PV uses

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Drug Name	Tier	Limitations (Notes)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	\$25 Insulin
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	\$25 Insulin
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	\$25 insulin
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	\$25 Insulin
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	\$25 insulin
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	\$25 Insulin
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	\$25 insulin
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	\$25 insulin
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	\$25 insulin
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	\$25 insulin
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	\$25 insulin
NP THYROID ORAL TABLET 15 MG, 30 MG, 60 MG, 90 MG	2	
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	
OCELLA ORAL TABLET 3-0.03 MG	PV	Tier 2 for non-PV uses
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	5	SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	5	SP
OPCICON ONE-STEP ORAL TABLET 1.5 MG	PV	Tier 2 for non-PV uses; QL (1 EA per 23 days)
OPTION-2 ORAL TABLET 1.5 MG	PV	Tier 2 for non-PV uses; QL (1 EA per 23 days)
ORGOVYX ORAL TABLET 120 MG	5	PA; SP

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Drug Name	Tier	Limitations (Notes)
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	5	PA
ORLISSA ORAL TABLET 150 MG, 200 MG	5	PA
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	PV	Tier 2 for non-PV uses
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	5	PA
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; \$25 diabetes drug (copay plans only); QL (1 Pen Max Qty Per Fill Retail)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	3	PA; \$25 diabetes drug (copay plans only); QL (2 Pens Max Qty Per Fill Retail)
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	PV	Tier 4 for non-PV uses
PHILITH ORAL TABLET 0.4-35 MG-MCG	PV	Tier 2 for non-PV uses
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	PV	Tier 2 for non-PV uses
<i>pioglitazone oral tablet 15 mg</i>	1	QL (90 EA per 23 days)
<i>pioglitazone oral tablet 30 mg, 45 mg</i>	1	QL (30 EA per 23 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	2	QL (90 EA per 23 days)
PIRMELLA ORAL TABLET 0.5/0.75/1 MG-35 MCG, 1-35 MG-MCG	PV	Tier 2 for non-PV uses
PORTIA 28 ORAL TABLET 0.15-0.03 MG	PV	Tier 2 for non-PV uses
<i>prednisolone oral solution 15 mg/5 ml</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 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>	2	
PREDNISON INTENSOL ORAL CONCENTRATE 5 MG/ML	2	
<i>prednisone oral solution 5 mg/5 ml</i>	2	
<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)	4	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	4	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	PV	Tier 2 for non-PV uses
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	2	
<i>propylthiouracil oral tablet 50 mg</i>	2	

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Drug Name	Tier	Limitations (Notes)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	QL (11 GM per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	QL (22 GM per 30 days)
<i>raloxifene oral tablet 60 mg</i>	PV	Copay Review; Tier 2 for non-PV uses
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	PV	Tier 2 for non-PV uses
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; \$25 diabetes drug (copay plans only); QL (30 EA per 30 days)
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	PV	Tier 2 for non-PV uses
SHAROBEL ORAL TABLET 0.35 MG	PV	Tier 2 for non-PV uses
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	PA; QL (15 ML per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	PV	SP
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	4	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	4	
SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML	4	
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 1,000 MG/8 ML, 500 MG/4 ML	4	
SOLU-MEDROL INTRAVENOUS RECON SOLN 1,000 MG, 2 GRAM, 500 MG	4	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	5	PA; SP
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	PV	Tier 2 for non-PV uses
SRONYX ORAL TABLET 0.1-20 MG-MCG	PV	Tier 2 for non-PV uses
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	5	PA; SP

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Drug Name	Tier	Limitations (Notes)
SYEDA ORAL TABLET 3-0.03 MG	PV	Tier 2 for non-PV uses
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	QL (2 inhalers per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	\$25 diabetes drug (copay plans only); QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	3	\$25 diabetes drug (copay plans only); QL (30 EA Max Qty Per Fill Retail)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	\$25 diabetes drug (copay plans only); QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	\$25 diabetes drug (copay plans only); QL (30 EA per 30 days)
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	4	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	PV	Copay Review; Tier 2 for non-PV uses
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	PV	Tier 2 for non-PV uses
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	PV	Tier 2 for non-PV uses
TARPEYO ORAL CAPSULE, DELAYED RELEASE(DR/EC) 4 MG	5	PA
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	5	PA; SP; QL (1 pen per 30 days)
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	2	PA; QL (60 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	2	PA; QL (120 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	2	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	2	PA; QL (75 GM per 30 days)

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Drug Name	Tier	Limitations (Notes)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	2	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	2	PA; QL (30 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	2	PA; QL (60 GM per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	2	PA
THYQUIDITY ORAL SOLUTION 20 MCG/ML	4	
THYROLAR-1 ORAL TABLET 12.5-50 MCG	4	
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG	4	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG	4	
THYROLAR-2 ORAL TABLET 25-100 MCG	4	
THYROLAR-3 ORAL TABLET 37.5-150 MCG	4	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	PV	Tier 2 for non-PV uses
<i>toremifene oral tablet 60 mg</i>	5	SP
TRADJENTA ORAL TABLET 5 MG	3	\$25 diabetes drug (copay plans only)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	5	PA; SP
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	PV	Tier 2 for non-PV uses
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	PV	Tier 2 for non-PV uses
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	3	\$25 diabetes drug (copay plans only)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	\$25 diabetes drug (copay plans only); QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	\$25 diabetes drug (copay plans only); QL (60 EA per 30 days)
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	PV	Tier 4 for non-PV uses
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	PV	Tier 4 for non-PV uses

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Drug Name	Tier	Limitations (Notes)
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	PV	Tier 4 for non-PV uses
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	PV	Tier 4 for non-PV uses
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	PV	Tier 4 for non-PV uses
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	PV	Tier 4 for non-PV uses
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	PV	Tier 4 for non-PV uses
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	PA
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	PV	Tier 4 for non-PV uses
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	PV	Tier 4 for non-PV uses
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	PV	Tier 4 for non-PV uses
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	PV	Tier 4 for non-PV uses
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; \$25 diabetes drug (copay plans only); QL (2 ML per 30 days)
TULANA ORAL TABLET 0.35 MG	PV	Tier 4 for non-PV uses
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	PV	Tier 4 for non-PV uses
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	PA; SP; QL (1 ML per 30 days)
UNITHROID 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	1	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	PV	Tier 4 for non-PV uses
VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML)	2	
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	PA
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	PA
VIENVA ORAL TABLET 0.1-20 MG-MCG	PV	Tier 4 for non-PV uses

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Drug Name	Tier	Limitations (Notes)
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	PV	Tier 4 for non-PV uses
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	PV	Tier 4 for non-PV uses
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	PV	Tier 4 for non-PV uses
WERA (28) ORAL TABLET 0.5-35 MG-MCG	PV	Tier 4 for non-PV uses
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	PV	Tier 4 for non-PV uses
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	\$25 diabetes drug (copay plans only); QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	3	\$25 diabetes drug (copay plans only); QL (60 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-500 MG	3	\$25 diabetes drug (copay plans only); QL (30 EA per 30 days)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	PV	Tier 4 for non-PV uses
YUVAFEM VAGINAL TABLET 10 MCG	2	
ZARAH ORAL TABLET 3-0.03 MG	PV	Tier 4 for non-PV uses
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	3	QL (2 units Max Qty Per Fill Retail)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	QL (2 units Max Qty Per Fill Retail)
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	5	PA; SP
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	PV	Tier 4 for non-PV uses
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	PV	Tier 4 for non-PV uses
LOCAL ANESTHETICS (PARENTERAL)		
<i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml)</i>	2	
<i>bupivacaine hcl injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml)</i>	2	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %)</i>	2	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	2	

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Drug Name	Tier	Limitations (Notes)
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; SP; QL (3.6 ML per 28 days)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; SP; QL (3.6 ML per 28 days)
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	SP
<i>alendronate oral solution 70 mg/75 ml</i>	2	QL (300 ML per 21 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 21 days)
<i>alendronate oral tablet 40 mg</i>	1	QL (30 EA Max Qty Per Fill Retail)
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>allopurinol sodium intravenous recon soln 500 mg</i>	2	
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; SP; QL (30 EA per 30 days)
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	5	PA; QL (4 EA per 21 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; SP; QL (1 EA per 21 days)
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	5	PA; SP; QL (2 ML per 21 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; SP; QL (1 EA per 21 days)
<i>azathioprine oral tablet 50 mg</i>	2	
<i>azathioprine sodium injection recon soln 100 mg</i>	2	
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	3	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; SP
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; SP; QL (4 ML per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; SP; QL (4 ML per 28 days)

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Drug Name	Tier	Limitations (Notes)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; SP; QL (14 EA per 23 days)
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG	5	PA
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; SP; QL (1 Kit per 21 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; SP; QL (1 Kit Max Qty Per Fill Retail)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; SP; QL (1 Kit per 21 days)
<i>colchicine oral capsule 0.6 mg</i>	2	
<i>colchicine oral tablet 0.6 mg</i>	2	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	5	
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	5	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	5	PA; SP
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	5	PA; SP
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	2	
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	5	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; SP
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; SP; QL (8 ML per 30 days)

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Drug Name	Tier	Limitations (Notes)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; SP
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	5	PA; SP
<i>etidronate disodium oral tablet 400 mg</i>	2	
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	PA; SP; QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	5	PA; QL (8 ML per 1 day)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	2	
<i>finasteride oral tablet 5 mg</i>	2	
<i>fingolimod oral capsule 0.5 mg</i>	5	PA; QL (30 EA per 30 days)
FIRDAPSE ORAL TABLET 10 MG	5	PA
<i>fluoride (sodium) dental gel 1.1 %</i>	2	
<i>fluoride (sodium) dental solution 0.2 %</i>	2	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	PV	Tier 2 for non-PV uses
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride)</i>	PV	
<i>fluoride (sodium) oral tablet,chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	PV	Tier 2 for non-PV uses
<i>fomepizole intravenous solution 1 gram/ml</i>	2	
GILENYA ORAL CAPSULE 0.5 MG	5	PA; SP; QL (30 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; SP; QL (30 ML per 23 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; SP; QL (12 ML per 23 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	5	PA; SP
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	QL (2 ML Max Qty Per Fill Retail)

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Drug Name	Tier	Limitations (Notes)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	QL (2 ML Max Qty Per Fill Retail)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	QL (2 ML Max Qty Per Fill Retail)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	QL (2 ML Max Qty Per Fill Retail)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	5	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; SP; QL (6 EA per 365 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; SP; QL (4 EA per 365 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; SP; QL (2 EA per 21 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; QL (2 EA per 21 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; SP; QL (2 EA per 21 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; SP; QL (3 EA per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; SP; QL (2 EA per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; SP; QL (3 EA per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; SP; QL (4 Pens per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; SP; QL (3 EA per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; SP; QL (2 EA per 21 days)

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Drug Name	Tier	Limitations (Notes)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; SP; QL (2 EA per 21 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	2	
<i>ibandronate intravenous solution 3 mg/3 ml</i>	5	PA
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	5	PA
<i>ibandronate oral tablet 150 mg</i>	2	QL (1 EA per 23 days)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	5	PA; SP; QL (9 ML Max Qty Per Fill Retail)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>indomethacin oral capsule, extended release 75 mg</i>	2	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	SP
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	5	
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	5	SP
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; SP; QL (1 ML per 21 days)
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	2	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	5	QL (90 EA per 30 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	QL (30 EA per 30 days)
<i>leflunomide oral tablet 20 mg</i>	2	
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	5	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	5	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet 330 mg</i>	2	
LUDENT FLUORIDE ORAL TABLET, CHEWABLE 0.25 MG (0.55 MG SOD. FLUORIDE), 0.5 MG (1.1 MG SODIUM FLUORID), 1 MG (2.2 MG SOD. FLUORIDE)	PV	Tier 2 for non-PV uses
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	2	

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Drug Name	Tier	Limitations (Notes)
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	2	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	2	
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	5	PA; SP; QL (30 EA Max Qty Per Fill Retail)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	5	PA; SP; QL (7 EA per 180 days)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; SP; QL (12 EA per 180 days)
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>mesna intravenous solution 100 mg/ml</i>	2	
MESNEX ORAL TABLET 400 MG	5	SP
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	5	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	5	
<i>methotrexate sodium injection solution 25 mg/ml</i>	5	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	
MITIGARE ORAL CAPSULE 0.6 MG	3	
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG/ML, 0.5 MG/ML	PV	Tier 2 for non-PV uses
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG	PV	Tier 2 for non-PV uses
MULTIVITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG	PV	Tier 2 for non-PV uses
MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG	PV	Tier 2 for non-PV uses
MVC-FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG	PV	Tier 2 for non-PV uses
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	2	
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	5	
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	

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Drug Name	Tier	Limitations (Notes)
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	2	
<i>naloxone injection auto-injector 2 mg/0.4 ml</i>	3	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	2	
<i>naltrexone oral tablet 50 mg</i>	2	
<i>naproxen oral suspension 125 mg/5 ml</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	5	SP
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	SP
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; SP; QL (20 ML per 180 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA
OTEZLA ORAL TABLET 30 MG	5	PA; SP; QL (60 EA per 23 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; SP; QL (55 EA per 273 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (19)	5	PA; SP; QL (27 EA per 273 days)
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	2	
<i>penicillamine oral capsule 250 mg</i>	5	PA; SP
<i>penicillamine oral tablet 250 mg</i>	5	PA; SP
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	5	
<i>pimecrolimus topical cream 1 %</i>	2	QL (120 GM per 30 days)
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	5	PA; SP; QL (1 ML per 21 days)

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Drug Name	Tier	Limitations (Notes)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; SP; QL (1 ML per 21 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; SP; QL (1 EA per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; SP; QL (1 ML per 21 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; SP; QL (1 EA per 365 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
<i>raloxifene oral tablet 60 mg</i>	PV	Copay Review; Tier 2 for non-PV uses
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; SP; QL (6 ML per 21 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; SP; QL (6 ML per 21 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; SP; QL (5 ML per 21 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA
REZUROCK ORAL TABLET 200 MG	5	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; SP; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; SP; QL (56 EA per 365 days)
<i>risedronate oral tablet 150 mg</i>	2	QL (1 EA per 23 days)
<i>risedronate oral tablet 35 mg</i>	2	QL (4 EA per 21 days)
<i>risedronate oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
RUZURGI ORAL TABLET 10 MG	5	PA
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	5	
<i>sevelamer carbonate oral tablet 800 mg</i>	2	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	5	
<i>sirolimus oral solution 1 mg/ml</i>	5	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	5	

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Drug Name	Tier	Limitations (Notes)
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	2	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; SP
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	2	
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	5	PA; SP; QL (1 pen per 30 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA; QL (30 EA per 30 days)
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	5	SP
<i>tiopronin oral tablet 100 mg</i>	5	PA; SP
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML	PV	Tier 2 for non-PV uses
TRI-VITE WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML	PV	Tier 2 for non-PV uses
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	PA; SP; QL (1 ML per 30 days)
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; SP; QL (15 ML per 30 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	5	PA; QL (28 EA Max Qty Per Fill Retail)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	5	PA; QL (56 EA Max Qty Per Fill Retail)
VITAMINS A,C,D AND FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML	PV	Tier 2 for non-PV uses
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	5	SP
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT	4	

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Drug Name	Tier	Limitations (Notes)
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	5	PA
VUMERITY ORAL CAPSULE, DELAYED RELEASE (DR/EC) 231 MG	5	PA; SP
VYNDAMAX ORAL CAPSULE 61 MG	5	PA
VYNDAQEL ORAL CAPSULE 20 MG	5	PA
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; SP; QL (300 ML per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; SP; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; SP; QL (30 EA per 30 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	5	PA
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	3	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	5	PA; QL (120 EA per 30 days)
<i>zoledronic acid intravenous recon soln 4 mg</i>	5	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	5	
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml, 5 mg/100 ml</i>	5	
<i>zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml</i>	5	
ZORTRESS ORAL TABLET 1 MG	5	PA; SP
NONHORMONAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	PV	Tier 4 for non-PV uses
FC2 FEMALE CONDOM	PV	Tier 4 for non-PV uses
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	PV	Tier 4 for non-PV uses
GYNOL II VAGINAL GEL 3 %	PV	Tier 2 for non-PV uses
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	PV	Tier 4 for non-PV uses
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	PV	Tier 4 for non-PV uses
VAGINAL CONTRACEPTIVE FOAM VAGINAL FOAM 12.5 %	PV	Tier 4 for non-PV uses
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	PV	Tier 4 for non-PV uses
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	PV	Tier 4 for non-PV uses

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Drug Name	Tier	Limitations (Notes)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	PV	Tier 4 for non-PV uses
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	PV	Tier 4 for non-PV uses
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	PV	Tier 4 for non-PV uses
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	PV	Tier 4 for non-PV uses
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	PV	Tier 4 for non-PV uses
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	PV	Tier 4 for non-PV uses
OXYTOCICS		
<i>methylergonovine oral tablet 0.2 mg</i>	5	
<i>mifepristone oral tablet 200 mg</i>	2	
RESPIRATORY TRACT AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	2	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	
<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	
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	4	
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; SP; QL (30 EA Max Qty Per Fill Retail)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (26 GM per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; QL (60 EA Max Qty Per Fill Retail)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	

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Drug Name	Tier	Limitations (Notes)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 GM per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	5	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	2	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	2	QL (60 ML per 30 days)
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	
<i>clemastine oral tablet 1.34 mg, 2.68 mg</i>	2	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 GM per 30 days)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	5	
DALIRESP ORAL TABLET 250 MCG	4	PA; QL (30 EA per 30 days)
DALIRESP ORAL TABLET 500 MCG	4	PA
<i>desloratadine oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
<i>diphenhydramine hcl oral capsule 50 mg</i>	2	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	3	QL (2 inhalers per 30 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; SP; QL (1.34 ML per 28 days)
<i>epinephrine hcl (pf) injection solution 1 mg/ml (1 ml)</i>	2	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	3	QL (2 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	QL (2 EA per 30 days)
<i>epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	2	
<i>epinephrine injection syringe 0.1 mg/ml</i>	2	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; QL (1 ML per 56 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; QL (1 ML per 56 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION	3	QL (1 EA per 30 days)

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Drug Name	Tier	Limitations (Notes)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (4 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	3	QL (60 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (11 GM per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	2	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	
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	
KALYDECO ORAL GRANULES IN PACKET 25 MG	5	PA; SP
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	5	PA; SP; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; SP; QL (60 EA per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i>	2	
<i>levocetirizine oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	2	
<i>montelukast oral tablet 10 mg</i>	2	
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	2	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; SP; QL (1 ML per 21 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; SP; QL (1 EA per 21 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; SP; QL (1 ML per 21 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; SP; QL (1 EA per 21 days)

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Drug Name	Tier	Limitations (Notes)
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; QL (30 EA Max Qty Per Fill Retail)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	5	PA; SP; QL (56 EA per 28 days)
ORKAMBI ORAL GRANULES IN PACKET 75-94 MG	5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; SP; QL (112 EA per 28 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; SP; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; SP; QL (90 EA per 30 days)
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	PA; SP
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	SP
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	QL (11 GM per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	QL (22 GM per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (1 EA Max Qty Per Fill Retail)
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	5	PA; SP; QL (112 ML Max Qty Per Fill Retail)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	5	PA; SP; QL (90 EA per 23 days)
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5	PA; QL (1 vial per 84 Dayss)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; QL (1 unit per 84 Dayss)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 GM per 30 days)

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Drug Name	Tier	Limitations (Notes)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	QL (30 EA per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 GM per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	QL (2 inhalers per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; SP; QL (56 EA per 28 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	5	PA; SP; QL (60 EA Max Qty Per Fill Retail)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	3	QL (30 EA per 30 days)
<i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i>	2	
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; SP; QL (84 EA per 28 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL (60 EA Max Qty Per Fill Retail)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; QL (1 pack Max Qty Per Fill Retail)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; SP; QL (6 EA per 21 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; QL (4 ML per 21 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; SP; QL (2 ML per 21 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	QL (60 EA per 22 days)
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	5	PA

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SKIN AND MUCOUS MEMBRANE AGENTS		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	5	SP
<i>acyclovir topical ointment 5 %</i>	2	QL (30 GM per 30 days)
<i>adapalene topical cream 0.1 %</i>	2	
<i>adapalene topical gel 0.1 %, 0.3 %</i>	2	
<i>adapalene topical gel with pump 0.3 %</i>	2	
<i>alclometasone topical cream 0.05 %</i>	2	
<i>alclometasone topical ointment 0.05 %</i>	2	
<i>amcinonide topical cream 0.1 %</i>	2	
<i>amcinonide topical lotion 0.1 %</i>	2	
<i>ammonium lactate topical cream 12 %</i>	2	
<i>ammonium lactate topical lotion 12 %</i>	2	
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical foam 0.12 %</i>	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i>	2	
<i>bexarotene topical gel 1 %</i>	5	PA; SP
<i>calcipotriene scalp solution 0.005 %</i>	2	
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	5	QL (60 GM per 23 days)
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	5	QL (60 GM per 23 days)
<i>calcitriol topical ointment 3 mcg/gram</i>	2	

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Drug Name	Tier	Limitations (Notes)
<i>ciclopirox topical cream 0.77 %</i>	2	
<i>ciclopirox topical gel 0.77 %</i>	2	QL (100 GM per 28 days)
<i>ciclopirox topical shampoo 1 %</i>	2	
<i>ciclopirox topical solution 8 %</i>	2	
<i>ciclopirox topical suspension 0.77 %</i>	2	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	2	
<i>clindamycin phosphate topical foam 1 %</i>	2	
<i>clindamycin phosphate topical gel 1 %</i>	2	
<i>clindamycin phosphate topical lotion 1 %</i>	2	
<i>clindamycin phosphate topical solution 1 %</i>	2	
<i>clindamycin phosphate topical swab 1 %</i>	2	
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	2	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	QL (120 GM per 23 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
<i>clotrimazole topical solution 1 %</i>	2	QL (60 ML per 28 days)
<i>clotrimazole vaginal cream 1 %</i>	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	QL (90 GM per 28 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	2	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	4	
CORTISPORIN TOPICAL OINTMENT 1 %	4	
CROTAN TOPICAL LOTION 10 %	4	
DENAVIR TOPICAL CREAM 1 %	5	
<i>desonide topical cream 0.05 %</i>	2	
<i>desonide topical lotion 0.05 %</i>	2	
<i>desonide topical ointment 0.05 %</i>	2	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	2	
<i>desoximetasone topical spray, non-aerosol 0.25 %</i>	2	
<i>diclofenac sodium topical drops 1.5 %</i>	2	QL (150 ML per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	2	QL (500 GM per 21 days)
<i>diclofenac sodium topical gel 3 %</i>	5	PA

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Drug Name	Tier	Limitations (Notes)
<i>diflorasone topical cream 0.05 %</i>	5	QL (120 GM per 23 days)
<i>diflorasone topical ointment 0.05 %</i>	5	QL (120 GM per 23 days)
<i>doxepin topical cream 5 %</i>	5	QL (45 GM per 23 days)
DRYSOL TOPICAL SOLUTION 20 %	4	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (2.28 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (4 ML per 28 Dayss)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; SP; QL (2.28 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; SP; QL (4 ML per 28 Dayss)
<i>econazole topical cream 1 %</i>	2	
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; SP; QL (4 ML per 30 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; SP; QL (8 EA per 30 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; SP; QL (8 EA per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	5	PA; SP; QL (8 EA per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	5	PA; SP; QL (4 ML per 30 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; SP; QL (4 ML per 30 days)
ERY PADS TOPICAL SWAB 2 %	2	
<i>erythromycin with ethanol topical gel 2 %</i>	2	
<i>erythromycin with ethanol topical solution 2 %</i>	2	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	2	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	2	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	2	
<i>fluocinolone topical oil 0.01 %</i>	2	
<i>fluocinolone topical ointment 0.025 %</i>	2	
<i>fluocinolone topical solution 0.01 %</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	2	QL (120 GM per 23 days)
<i>fluocinonide topical gel 0.05 %</i>	2	
<i>fluocinonide topical ointment 0.05 %</i>	2	

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Drug Name	Tier	Limitations (Notes)
<i>fluocinonide topical solution 0.05 %</i>	2	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	2	
<i>fluorouracil topical cream 5 %</i>	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
<i>flurandrenolide topical lotion 0.05 %</i>	5	QL (120 ML per 23 days)
<i>fluticasone propionate topical cream 0.05 %</i>	2	
<i>fluticasone propionate topical lotion 0.05 %</i>	2	
<i>fluticasone propionate topical ointment 0.005 %</i>	2	
FRESHNET TOPICAL LIQUID	4	
<i>gentamicin topical cream 0.1 %</i>	2	
<i>gentamicin topical ointment 0.1 %</i>	2	
GYNAZOLE-1 VAGINAL CREAM 2 %	4	QL (6 GM per 30 days)
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
HEX-ON LIGHT ODOR TOPICAL LIQUID	4	
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; SP; QL (6 EA per 365 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; SP; QL (4 EA per 365 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; SP; QL (2 EA per 21 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; QL (2 EA per 21 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; SP; QL (2 EA per 21 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; SP; QL (3 EA per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; SP; QL (3 EA per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; SP; QL (4 Pens per 180 days)

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Drug Name	Tier	Limitations (Notes)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; SP; QL (3 EA per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; SP; QL (2 EA per 21 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; SP; QL (2 EA per 21 days)
<i>hydrocortisone butyrate topical cream 0.1 %</i>	2	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	2	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	2	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 2.5 %</i>	2	
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	2	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	2	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	2	
<i>imiquimod topical cream in packet 5 %</i>	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	4	
<i>ivermectin topical lotion 0.5 %</i>	2	
<i>ketoconazole topical cream 2 %</i>	2	
<i>ketoconazole topical shampoo 2 %</i>	2	
<i>lidocaine topical ointment 5 %</i>	2	QL (50 GM per 21 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	QL (30 GM per 30 days)
<i>lindane topical shampoo 1 %</i>	2	
<i>luliconazole topical cream 1 %</i>	2	QL (60 GM per 21 days)
<i>malathion topical lotion 0.5 %</i>	2	
MENTAX TOPICAL CREAM 1 %	4	QL (30 GM per 21 days)
<i>metronidazole topical cream 0.75 %</i>	2	
<i>metronidazole topical gel 0.75 %, 1 %</i>	2	
<i>metronidazole topical lotion 0.75 %</i>	2	

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Drug Name	Tier	Limitations (Notes)
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	2	QL (3 EA per 2 days)
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>mupirocin topical ointment 2 %</i>	2	
<i>naftifine topical cream 1 %</i>	2	QL (90 GM per 28 days)
<i>naftifine topical cream 2 %</i>	2	QL (60 GM per 28 days)
<i>naftifine topical gel 1 %</i>	2	QL (90 GM per 28 days)
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	2	
<i>nystatin (bulk) powder 10 billion unit</i>	4	
<i>nystatin topical cream 100,000 unit/gram</i>	2	QL (60 GM per 28 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	QL (60 GM per 28 days)
<i>nystatin topical powder 100,000 unit/gram</i>	2	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	
OTEZLA ORAL TABLET 30 MG	5	PA; SP; QL (60 EA per 23 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; SP; QL (55 EA per 273 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; SP; QL (27 EA per 273 days)
<i>permethrin topical cream 5 %</i>	2	
<i>pimecrolimus topical cream 1 %</i>	2	QL (120 GM per 30 days)
<i>podofilox topical solution 0.5 %</i>	2	
<i>prednicarbate topical ointment 0.1 %</i>	2	
PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %	2	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	4	
<i>selenium sulfide topical lotion 2.5 %</i>	2	
<i>silver sulfadiazine topical cream 1 %</i>	2	

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Drug Name	Tier	Limitations (Notes)
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; SP; QL (1 ML per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; QL (1 ML per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE 75 MG/0.83 ML	5	PA; QL (0.83 ML per 42 days)
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	5	PA; SP; QL (1 EA per 84 days)
<i>spinosad topical suspension 0.9 %</i>	2	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; SP; QL (0.5 ML per 63 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; SP; QL (0.5 ML per 63 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; SP; QL (1 ML per 42 days)
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	QL (120 GM per 30 days)
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; SP; QL (1 ML per 30 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; SP; QL (1 ML per 30 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; SP; QL (1 ML per 30 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; SP; QL (1 ML per 30 days)
TARGRETIN TOPICAL GEL 1 %	5	PA; SP
<i>tazarotene topical cream 0.1 %</i>	2	
TAZORAC TOPICAL CREAM 0.05 %	4	
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	4	
<i>terconazole vaginal cream 0.4 %</i>	2	QL (45 GM per 5 days)
<i>terconazole vaginal cream 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	QL (3 EA per 2 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; SP; QL (1 ML per 56 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; SP; QL (1 ML per 56 days)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	2	

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Drug Name	Tier	Limitations (Notes)
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	2	
<i>triamcinolone acetonide dental paste 0.1 %</i>	2	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	2	
ULESFIA TOPICAL LOTION 5 %	4	
VALCHLOR TOPICAL GEL 0.016 %	5	PA
XEPI TOPICAL CREAM 1 %	4	QL (30 GM per 30 days)
XERESE TOPICAL CREAM 5-1 %	4	
SMOOTH MUSCLE RELAXANTS		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	2	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	4	
<i>flavoxate oral tablet 100 mg</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	4	
<i>trospium oral capsule, extended release 24hr 60 mg</i>	2	
<i>trospium oral tablet 20 mg</i>	2	
VITAMINS		
B COMPLEX-VITAMIN B12 ORAL TABLET	PV	Tier 2 for non-PV uses

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Drug Name	Tier	Limitations (Notes)
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	PV	Tier 2 for non-PV uses
B-100 COMPLEX ORAL TABLET EXTENDED RELEASE 100 MG	PV	Tier 2 for non-PV uses
BALANCED B-100 COMPLEX ORAL TABLET EXTENDED RELEASE 100 MG	PV	Tier 2 for non-PV uses
BALANCED B-100 ORAL TABLET 0.4 MG	PV	Tier 2 for non-PV uses
BALANCED B-50 ORAL TABLET	PV	Tier 2 for non-PV uses
B-COMPLEX ORAL TABLET	PV	Tier 2 for non-PV uses
<i>b-complex with vitamin c oral tablet</i>	PV	Tier 2 for non-PV uses
B-COMPLEX WITH VITAMIN C ORAL TABLET 400-500 MCG-MG	PV	Tier 2 for non-PV uses
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>calcitriol oral solution 1 mcg/ml</i>	2	
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit), 25 mcg (1,000 unit)</i>	2	
<i>cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)</i>	2	
CLASSIC PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	PV	Tier 2 for non-PV uses
COMPLEX B-100 ORAL TABLET EXTENDED RELEASE	PV	Tier 2 for non-PV uses
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	2	
DIALYVITE 800 ORAL TABLET 0.8 MG	PV	Tier 2 for non-PV uses
D-VI-SOL ORAL DROPS 10 MCG/ML (400 UNIT/ML)	2	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	2	
<i>folic acid oral tablet 1 mg</i>	2	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	PV	Tier 2 for non-PV uses
FOLTABS 800 ORAL TABLET 0.8-10-115 MG-MG-MCG	PV	Tier 2 for non-PV uses
FULL SPECTRUM B-VITAMIN C ORAL TABLET 0.8 MG	PV	Tier 2 for non-PV uses
KOBEE ORAL TABLET 0.4 MG	PV	Tier 2 for non-PV uses
KPN ORAL TABLET	PV	Tier 2 for non-PV uses
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG/ML, 0.5 MG/ML	PV	Tier 2 for non-PV uses

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Drug Name	Tier	Limitations (Notes)
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG	PV	Tier 2 for non-PV uses
MULTIVITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG	PV	Tier 2 for non-PV uses
MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG	PV	Tier 2 for non-PV uses
MVC-FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG	PV	Tier 2 for non-PV uses
ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG	PV	Tier 2 for non-PV uses
PERRY PRENATAL ORAL CAPSULE 13.5-0.4 MG	PV	Tier 2 for non-PV uses
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	5	
<i>pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg</i>	PV	Tier 2 for non-PV uses
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG	PV	Tier 2 for non-PV uses
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG	PV	Tier 2 for non-PV uses
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG	PV	Tier 2 for non-PV uses
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	PV	Tier 2 for non-PV uses
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	PV	Tier 2 for non-PV uses
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	PV	Tier 2 for non-PV uses
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG	PV	Tier 2 for non-PV uses
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg</i>	PV	Tier 2 for non-PV uses
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	PV	Tier 2 for non-PV uses
RENA-VITE ORAL TABLET 0.8 MG	PV	Tier 2 for non-PV uses
STRESS FORMULA 600 C ORAL TABLET	PV	Tier 2 for non-PV uses
STRESS FORMULA ORAL TABLET	PV	Tier 2 for non-PV uses
STRESS FORMULA WITH IRON ORAL TABLET 500 MG-400 MCG- 18 MG IRON	PV	Tier 2 for non-PV uses
STRESS FORMULA WITH IRON(SULF) ORAL TABLET 500 MG-400 MCG- 27 MG IRON	PV	Tier 2 for non-PV uses

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Drug Name	Tier	Limitations (Notes)
SUPER B MAXI COMPLEX ORAL TABLET 0.4 MG	PV	Tier 2 for non-PV uses
SUPER QUINTS B-50 ORAL TABLET	PV	Tier 2 for non-PV uses
SUPER QUINTS ORAL TABLET 0.4 MG	PV	Tier 2 for non-PV uses
TRIPLE VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML	PV	Tier 2 for non-PV uses
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML	PV	Tier 2 for non-PV uses
TRI-VITE WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML	PV	Tier 2 for non-PV uses
ULTRA B-100 COMPLEX ORAL TABLET EXTENDED RELEASE	PV	Tier 2 for non-PV uses
<i>vitamin b complex oral tablet</i>	PV	Tier 2 for non-PV uses
<i>vitamin b complex-folic acid oral tablet 0.4 mg</i>	PV	Tier 2 for non-PV uses
VITAMINS A,C,D AND FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML	PV	Tier 2 for non-PV uses
VITAMINS B COMPLEX ORAL TABLET	PV	Tier 2 for non-PV uses

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