

**Boston Medical Center HealthNet Plan Senior Care
Options
2018 Formulary
(List of Covered Drugs)**

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

HPMS Approved Formulary File Submission ID: 18310, Version Number: 16

This formulary was updated on 10/18/2018. For more recent information or other questions, please contact us, Boston Medical Center HealthNet Plan Senior Care Options Member Services, at 855-833-8125 or, for TTY users, 711, Monday – Friday, 8:00 a.m. – 8:00 p.m. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from Oct. 1 – Feb. 14), or visit www.SeniorsGetMore.org.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Boston Medical Center HealthNet Plan, Inc. When it refers to “plan” or “our plan,” it means Boston Medical Center HealthNet Plan Senior Care Options.

This document includes a list of the drugs (formulary) for our plan which is current as of 11/01/2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2019, and from time to time during the year.

What is the Boston Medical Center HealthNet Plan Senior Care Options Formulary?

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 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. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 11/01/2018. To

get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

All updates to the formulary, both maintenance and non-maintenance, will be available on our website at www.SeniorsGetMore.org. You may review or download the latest formulary information for your reference. If you have any questions, please contact our Member Services

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page number 11. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 112. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Boston Medical Center HealthNet Plan Senior Care Options covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Boston Medical Center HealthNet Plan Senior Care Options requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from the plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, Boston Medical Center HealthNet Plan Senior Care Options limits the amount of the drug that we will cover. For example, our plan provides

9 tablets per prescription for *sumatriptan*. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Boston Medical Center HealthNet Plan Senior Care Options requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Boston Medical Center HealthNet Plan Senior Care Options to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the plan’s formulary?” on page 5 for information about how to request an exception.

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Boston Medical Center HealthNet Plan Senior Care Options pays for certain OTC drugs. We will provide these OTC drugs at no cost to you. The cost to the plan of these OTC drugs will not count toward your total Part D drug costs (that is, the amount you pay does not count for the coverage gap. The covered OTC drug list can be found on our website, www.SeniorsGetMore.org.

What if my drug is not on the Formulary?

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

If you learn that the plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by the plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Boston Medical Center HealthNet Plan Senior Care Options.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Boston Medical Center HealthNet Plan Senior Care Options Formulary?

You can ask Boston Medical Center HealthNet Plan Senior Care Options to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, the plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with *up to a 98-day* transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one

refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you have a change in your level of care (e.g., are discharged from a hospital or long term care facility to the home), you may need to have a temporary supply of drugs filled when going from one setting to another. The pharmacy filling your medication may request an override by contacting our pharmacy help desk. We will cover up to a 30-day supply for each medication that is not on our formulary or if your ability to get the drug is limited to allow you time to talk to your doctor and switch to an appropriate drug that we cover or request a formulary exception.

For more information

For more detailed information about your Boston Medical Center HealthNet Plan Senior Care Options prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Boston Medical Center HealthNet Plan Senior Care Options' Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 112.

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

The information in the Requirements/Limits column tells you if Boston Medical Center HealthNet Plan Senior Care Options has any special requirements for coverage of your drug.

Boston Medical Center HealthNet Plan Senior Care Options (List of Covered Drugs)

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Legend

Tier 1: Covered Medications

BvD: Part B vs. Part D-This prescription drug may be covered under Medicare Part B or D depending upon the circumstances.

HRM: High Risk Medication (PA required)

LA: Limited Access-This prescription drug is limited to certain pharmacies.

MO: Mail Order Eligible-This prescription may also be available via mail.

PA1: Prior Authorization-You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

PA2: Prior Authorization (New Starts Only)-You (or your physician) are required to get prior authorization before you fill your prescription for this drug unless you are a previous user of the drug. If you have a history of using this medication, you will not need prior authorization.

QL: Quantity Limit-There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

ST1: Step Therapy-In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

ST2: Step Therapy (New Starts Only)-In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition unless you are a previous user of the drug. If you have a history of using this medication, you will not need to try other medications first.

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of the introduction. Formulary ID: 18310, Ver.#:16 Last Updated:10/18/2018 Effective Date: 11/01/2018

Boston Medical Center HealthNet Plan Senior Care Options (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	Tier 1	PA1
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 1	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Tier 1	
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 1	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	Tier 1	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
OPIOID ANALGESICS, SHORT-ACTING		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 1	PA1
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	Tier 1	
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	Tier 1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	Tier 1	
<i>buprenorphine hcl injection solution 0.3 mg/ml, 0.3 mg/ml (cartridge)</i>	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Tier 1	PA1; QL (360 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Tier 1	PA1; QL (90 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA1; HRM; QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	Tier 1	PA1; HRM; QL (180 EA per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR	Tier 1	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	
<i>duramorph injection solution 0.5 mg/ml, 1 mg/ml</i>	Tier 1	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	Tier 1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	Tier 1	
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	Tier 1	
<i>hydromorphone hcl injection solution 2 mg/ml</i>	Tier 1	
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	Tier 1	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml</i>	Tier 1	PA1; HRM
<i>methadone hcl injection solution 10 mg/ml</i>	Tier 1	
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	Tier 1	
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	Tier 1	
<i>morphine sulfate injection solution 5 mg/ml</i>	Tier 1	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	Tier 1	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>	Tier 1	
<i>oxycodone hcl oral capsule 5 mg</i>	Tier 1	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	Tier 1	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Tier 1	
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	Tier 1	
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	Tier 1	PA1; HRM
<i>tramadol hcl oral tablet 50 mg</i>	Tier 1	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (240 EA per 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %, 2 %</i>	Tier 1	
<i>lidocaine hcl external gel 2 %</i>	Tier 1	
<i>lidocaine hcl injection solution 1 %, 2 %</i>	Tier 1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Tier 1	QL (30 GM per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	Tier 1	MO
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	MO
OPIOID ANTAGONISTS		
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	Tier 1	QL (10 ML per 30 days)
<i>naloxone hcl injection solution 0.4 mg/ml</i>	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	Tier 1	
<i>naltrexone hcl oral tablet 50 mg</i>	Tier 1	
NARCAN NASAL LIQUID 4 MG/0.1ML	Tier 1	QL (2 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG	Tier 1	MO; QL (90 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG	Tier 1	MO; QL (120 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Tier 1	
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	Tier 1	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	Tier 1	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	Tier 1	
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	Tier 1	
NICOTROL INHALATION INHALER 10 MG	Tier 1	
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	Tier 1	BvD
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	Tier 1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	Tier 1	
<i>neomycin sulfate oral tablet 500 mg</i>	Tier 1	
<i>paromomycin sulfate oral capsule 250 mg</i>	Tier 1	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	Tier 1	
TOBI PODHALER INHALATION CAPSULE 28 MG	Tier 1	PA1; MO; QL (224 EA per 56 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Tier 1	PA1; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	Tier 1	
ANTIBACTERIALS, OTHER		
<i>chloramphenicol sod succinate intravenous solution reconstituted 1 gm</i>	Tier 1	BvD
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Tier 1	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	Tier 1	
<i>clindamycin phosphate injection solution 300 mg/2ml, 900 mg/6ml</i>	Tier 1	BvD
<i>clindamycin phosphate injection solution 600 mg/4ml</i>	Tier 1	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	Tier 1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	MO
<i>daptomycin intravenous solution reconstituted 500 mg</i>	Tier 1	BvD
<i>lincomycin hcl injection solution 300 mg/ml</i>	Tier 1	
<i>linezolid intravenous solution 600 mg/300ml</i>	Tier 1	PA1
<i>linezolid oral tablet 600 mg</i>	Tier 1	PA1
<i>methenamine hippurate oral tablet 1 gm</i>	Tier 1	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	Tier 1	BvD
<i>metronidazole oral capsule 375 mg</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
MONUROL ORAL PACKET 3 GM	Tier 1	QL (2 EA per 30 days)
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	Tier 1	BvD; MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG	Tier 1	
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED 150-350 MG	Tier 1	BvD
<i>tigecycline intravenous solution reconstituted 50 mg</i>	Tier 1	BvD
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
<i>vancomycin hcl intravenous solution reconstituted 10 gm, 1000 mg, 500 mg</i>	Tier 1	BvD
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	Tier 1	
XIFAXAN ORAL TABLET 200 MG	Tier 1	
XIFAXAN ORAL TABLET 550 MG	Tier 1	MO
BETA-LACTAM, CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral tablet 1 gm</i>	Tier 1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	Tier 1	
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	Tier 1	
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	Tier 1	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	Tier 1	BvD
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	Tier 1	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>ceftazidime injection solution reconstituted 2 gm, 6 gm</i>	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	Tier 1	BvD
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	Tier 1	BvD
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	Tier 1	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg</i>	Tier 1	
SUPRAX ORAL CAPSULE 400 MG	Tier 1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	Tier 1	BvD
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM	Tier 1	BvD
BETA-LACTAM, OTHER		
AZACTAM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	Tier 1	BvD
<i>aztreonam injection solution reconstituted 1 gm</i>	Tier 1	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	Tier 1	PA1
<i>doripenem intravenous solution reconstituted 500 mg</i>	Tier 1	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	Tier 1	BvD
INVANZ INJECTION SOLUTION RECONSTITUTED 1 GM	Tier 1	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	Tier 1	BvD
BETA-LACTAM, PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	Tier 1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	Tier 1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 15 (10-5) gm</i>	Tier 1	BvD
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	Tier 1	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	Tier 1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	Tier 1	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	Tier 1	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	Tier 1	
<i>oxacillin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm</i>	Tier 1	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	Tier 1	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	Tier 1	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	Tier 1	BvD
MACROLIDES		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	Tier 1	BvD
<i>azithromycin oral packet 1 gm</i>	Tier 1	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 1	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	Tier 1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
DIFICID ORAL TABLET 200 MG	Tier 1	ST1
ERY-TAB ORAL TABLET DELAYED RELEASE 500 MG	Tier 1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 1	BvD
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Tier 1	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	Tier 1	
<i>erythromycin base oral tablet 250 mg</i>	Tier 1	
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	Tier 1	BvD
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)</i>	Tier 1	
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg</i>	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	Tier 1	BvD
<i>levofloxacin intravenous solution 25 mg/ml</i>	Tier 1	BvD
<i>levofloxacin oral solution 25 mg/ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	Tier 1	BvD
<i>moxifloxacin hcl oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
SULFONAMIDES		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	Tier 1	BvD
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	
TETRACYCLINES		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 1	BvD
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	Tier 1	PA2

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 1	PA2; MO
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 1	PA2; MO
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	MO
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml</i>	Tier 1	BvD
<i>levetiracetam intravenous solution 500 mg/5ml</i>	Tier 1	BvD
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 1	MO
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	MO
ROWEEPRA ORAL TABLET 1000 MG, 500 MG, 750 MG	Tier 1	MO
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG	Tier 1	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	Tier 1	MO; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG	Tier 1	MO; QL (120 EA per 30 days)
BARBITURATES		
<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>	Tier 1	PA2; HRM; MO
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	MO
BENZODIAZEPINES		
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MO
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MO
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	Tier 1	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	Tier 1	
<i>diazepam rectal gel 10 mg, 2.5 mg</i>	Tier 1	
ONFI ORAL SUSPENSION 2.5 MG/ML	Tier 1	MO
ONFI ORAL TABLET 10 MG, 20 MG	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN ORAL CAPSULE 300 MG	Tier 1	MO
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	MO
<i>ethosuximide oral solution 250 mg/5ml</i>	Tier 1	MO
LYRICA ORAL CAPSULE 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	Tier 1	MO
LYRICA ORAL SOLUTION 20 MG/ML	Tier 1	MO
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Tier 1	MO
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Tier 1	MO
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Tier 1	MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 1	MO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 1	MO
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	MO
<i>gabapentin oral solution 250 mg/5ml</i>	Tier 1	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	MO
SABRIL ORAL TABLET 500 MG	Tier 1	PA2; MO
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	Tier 1	MO
<i>valproate sodium intravenous solution 100 mg/ml</i>	Tier 1	BvD
<i>valproate sodium oral solution 250 mg/5ml</i>	Tier 1	MO
<i>valproic acid oral capsule 250 mg</i>	Tier 1	MO
<i>vigabatrin oral packet 500 mg</i>	Tier 1	PA2; MO
GLUTAMATE REDUCING AGENTS		
<i>felbamate oral suspension 600 mg/5ml</i>	Tier 1	MO
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LAMICTAL XR ORAL KIT 25 & 50 & 100 MG, 25 (21)-50 (7) MG, 50 & 100 & 200 MG	Tier 1	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	Tier 1	MO
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	MO
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	Tier 1	MO
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>lamotrigine starter kit-blue oral kit 25 (35) mg</i>	Tier 1	
<i>lamotrigine starter kit-green oral kit 25 (84)-100(14) mg</i>	Tier 1	
<i>lamotrigine starter kit-orange oral kit 25 (42)-100 (7) mg</i>	Tier 1	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	Tier 1	MO
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Tier 1	MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	MO
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	Tier 1	MO
SODIUM CHANNEL AGENTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	Tier 1	MO
BANZEL ORAL SUSPENSION 40 MG/ML	Tier 1	MO
BANZEL ORAL TABLET 200 MG, 400 MG	Tier 1	MO
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	MO
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	Tier 1	MO
<i>carbamazepine oral suspension 100 mg/5ml</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	MO
<i>carbamazepine oral tablet chewable 100 mg</i>	Tier 1	MO
DILANTIN ORAL CAPSULE 30 MG	Tier 1	MO
EPITOL ORAL TABLET 200 MG	Tier 1	MO
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	Tier 1	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Tier 1	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1	MO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG	Tier 1	MO
PEGANONE ORAL TABLET 250 MG	Tier 1	MO
<i>phenytoin oral suspension 125 mg/5ml</i>	Tier 1	MO
<i>phenytoin oral tablet chewable 50 mg</i>	Tier 1	MO
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	MO
<i>phenytoin sodium injection solution 50 mg/ml</i>	Tier 1	
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	Tier 1	BvD
VIMPAT ORAL SOLUTION 10 MG/ML	Tier 1	MO
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 1	MO
ANTIDEMENTIA AGENTS		
CHOLINESTERASE INHIBITORS		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 1	MO
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	Tier 1	MO
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Tier 1	MO
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	Tier 1	MO
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	MO
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Tier 1	MO
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 1	MO
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	MO
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	MO
<i>memantine hcl oral tablet 5 (28)-10 (21) mg</i>	Tier 1	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG	Tier 1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	Tier 1	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Tier 1	MO
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	Tier 1	MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Tier 1	MO
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	MO
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	Tier 1	ST2; MO
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	MO
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	Tier 1	MO
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Tier 1	MO
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	MO
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 1	ST2; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 1	ST2; MO
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	Tier 1	ST2
MONOAMINE OXIDASE INHIBITORS		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 1	PA2; MO
MARPLAN ORAL TABLET 10 MG	Tier 1	MO
<i>phenelzine sulfate oral tablet 15 mg</i>	Tier 1	MO
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Tier 1	MO
SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	Tier 1	MO
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	MO
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	Tier 1	MO
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	Tier 1	MO
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Tier 1	MO
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	MO
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	Tier 1	ST2; MO
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	Tier 1	ST2
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1	MO
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	Tier 1	MO
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	Tier 1	MO
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	Tier 1	MO
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	MO
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	Tier 1	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	MO
PAXIL ORAL SUSPENSION 10 MG/5ML	Tier 1	MO
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	ST2; MO
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Tier 1	MO
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	Tier 1	MO
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	MO
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	MO
TRICYCLICS		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	PA2; HRM; MO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	PA2; HRM; MO
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	PA2; HRM; MO
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	MO
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	PA2; HRM; MO
<i>doxepin hcl oral concentrate 10 mg/ml</i>	Tier 1	PA2; HRM; MO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	PA2; HRM; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	PA2; HRM; MO
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	MO
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	Tier 1	MO
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	Tier 1	MO
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	PA2; HRM; MO
ANTIEMETICS		
ANTIEMETICS, OTHER		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 1	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	Tier 1	
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	Tier 1	BvD; QL (8 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	Tier 1	BvD; QL (12 EA per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	BvD; QL (60 EA per 30 days)
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	Tier 1	BvD
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG	Tier 1	BvD
<i>granisetron hcl intravenous solution 0.1 mg/ml, 1 mg/ml, 4 mg/4ml</i>	Tier 1	BvD
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	BvD; QL (60 EA per 30 days)
<i>ondansetron hcl injection solution 4 mg/2ml, 4 mg/2ml (2ml syringe)</i>	Tier 1	BvD
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Tier 1	BvD
<i>ondansetron hcl oral tablet 24 mg</i>	Tier 1	BvD; QL (30 EA per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	BvD; QL (60 EA per 30 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Tier 1	BvD; QL (60 EA per 30 days)
VARUBI ORAL TABLET 90 MG	Tier 1	BvD
ANTIFUNGALS		
ANTIFUNGALS		

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	Tier 1	BvD
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	Tier 1	BvD
<i>amphotericin b injection solution reconstituted 50 mg</i>	Tier 1	BvD
<i>casprofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	Tier 1	BvD
<i>clotrimazole mouth/throat lozenge 10 mg</i>	Tier 1	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	Tier 1	BvD
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	Tier 1	BvD
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>itraconazole oral capsule 100 mg</i>	Tier 1	PA1
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	Tier 1	BvD
NOXAFIL ORAL SUSPENSION 40 MG/ML	Tier 1	PA1
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	Tier 1	PA1
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	Tier 1	
<i>nystatin oral tablet 500000 unit</i>	Tier 1	
ORAVIG BUCCAL TABLET 50 MG	Tier 1	
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	Tier 1	BvD

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1	
ANTIGOUT AGENTS		
ANTIGOUT AGENTS		
<i>allopurinol oral tablet 100 mg</i>	Tier 1	MO
<i>colchicine oral capsule 0.6 mg</i>	Tier 1	MO
<i>colchicine oral tablet 0.6 mg</i>	Tier 1	MO
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Tier 1	MO
<i>probenecid oral tablet 500 mg</i>	Tier 1	MO
ULORIC ORAL TABLET 40 MG, 80 MG	Tier 1	ST1; MO
ANTI-INFLAMMATORY AGENTS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
BUPAP ORAL TABLET 50-300 MG	Tier 1	PA1; HRM; QL (180 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	PA1; HRM; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Tier 1	PA1; HRM; QL (180 EA per 30 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	ST1; MO; QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	Tier 1	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	Tier 1	MO
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	MO
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 1	MO
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	Tier 1	
IBU ORAL TABLET 600 MG, 800 MG	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ibuprofen oral suspension 100 mg/5ml</i>	Tier 1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	MO
<i>indomethacin er oral capsule extended release 75 mg</i>	Tier 1	PA1; HRM
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	PA1; HRM
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	Tier 1	
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	Tier 1	PA1; HRM
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	Tier 1	PA1; HRM
<i>ketorolac tromethamine oral tablet 10 mg</i>	Tier 1	PA1; HRM
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	MO
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	Tier 1	MO
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	MO
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
<i>tolmetin sodium oral capsule 400 mg</i>	Tier 1	
<i>tolmetin sodium oral tablet 600 mg</i>	Tier 1	

ANTIMIGRAINE AGENTS

SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS

<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	Tier 1	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	Tier 1	QL (24 ML per 28 days)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	Tier 1	QL (9 EA per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	QL (40 EA per 28 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	Tier 1	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Tier 1	
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>guanidine hcl oral tablet 125 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	MO
ANTIMYCOBACTERIALS		
ANTITUBERCULARS		
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM	Tier 1	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Tier 1	
<i>isoniazid injection solution 100 mg/ml</i>	Tier 1	
<i>isoniazid oral syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
PASER ORAL PACKET 4 GM	Tier 1	
PRIFTIN ORAL TABLET 150 MG	Tier 1	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
<i>rifampin intravenous solution reconstituted 600 mg</i>	Tier 1	BvD
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
RIFATER ORAL TABLET 50-120-300 MG	Tier 1	
TRECTOR ORAL TABLET 250 MG	Tier 1	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	BvD
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 1	PA2
HEXALEN ORAL CAPSULE 50 MG	Tier 1	PA2

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LEUKERAN ORAL TABLET 2 MG	Tier 1	
<i>thiotepa injection solution reconstituted 15 mg</i>	Tier 1	BvD
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 25 MG	Tier 1	BvD
ANTIANGIOGENIC AGENTS		
DEPEN TITRATABS ORAL TABLET 250 MG	Tier 1	MO
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	Tier 1	PA2; LA; MO
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	Tier 1	PA2; MO
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 1	PA2; MO
ANTIMETABOLITES		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	Tier 1	BvD
<i>azacitidine injection suspension reconstituted 100 mg</i>	Tier 1	BvD
<i>decitabine intravenous solution reconstituted 50 mg</i>	Tier 1	BvD
<i>fludarabine phosphate intravenous solution reconstituted 50 mg</i>	Tier 1	BvD
<i>gemcitabine hcl intravenous solution reconstituted 1 gm</i>	Tier 1	BvD
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	MO
<i>methotrexate sodium (pf) injection solution 250 mg/10ml, 50 mg/2ml</i>	Tier 1	BvD
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	Tier 1	BvD
PURIXAN ORAL SUSPENSION 2000 MG/100ML	Tier 1	MO
TABLOID ORAL TABLET 40 MG	Tier 1	
ANTINEOPLASTICS		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	Tier 1	BvD
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	Tier 1	LA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ADRUCIL INTRAVENOUS SOLUTION 500 MG/10ML	Tier 1	BvD
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	Tier 1	PA2; MO
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 1	PA2; MO
ALECENSA ORAL CAPSULE 150 MG	Tier 1	PA2; MO
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED 60 MG	Tier 1	PA2; LA; MO
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 1	PA2; MO
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	Tier 1	PA2
ARRANON INTRAVENOUS SOLUTION 5 MG/ML	Tier 1	BvD
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	Tier 1	PA2
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML	Tier 1	PA2; MO
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 1	PA2; MO
<i>bexarotene oral capsule 75 mg</i>	Tier 1	PA2; MO
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	MO
BICNU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 1	BvD
<i>bleomycin sulfate injection solution reconstituted 30 unit</i>	Tier 1	BvD
<i>bortezomib intravenous solution reconstituted 3.5 mg</i>	Tier 1	PA2
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 1	PA2; MO
<i>busulfan intravenous solution 6 mg/ml</i>	Tier 1	BvD
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 1	PA2; MO
CALQUENCE ORAL CAPSULE 100 MG	Tier 1	PA2; LA; MO; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG	Tier 1	PA2; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>carboplatin intravenous solution 150 mg/15ml</i>	Tier 1	BvD
<i>cisplatin intravenous solution 50 mg/50ml</i>	Tier 1	BvD
<i>cladribine intravenous solution 10 mg/10ml</i>	Tier 1	BvD
<i>clofarabine intravenous solution 1 mg/ml</i>	Tier 1	BvD
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	Tier 1	PA2; MO
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	Tier 1	PA2; MO
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	Tier 1	PA2; MO
COTELLIC ORAL TABLET 20 MG	Tier 1	PA2; LA; MO
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Tier 1	BvD; MO
<i>cytarabine (pf) injection solution 100 mg/ml</i>	Tier 1	BvD
<i>cytarabine injection solution 20 mg/ml</i>	Tier 1	BvD
<i>dacarbazine intravenous solution reconstituted 200 mg</i>	Tier 1	BvD
<i>dactinomycin intravenous solution reconstituted 0.5 mg</i>	Tier 1	BvD
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML	Tier 1	PA2; LA
<i>daunorubicin hcl intravenous injectable 5 mg/ml</i>	Tier 1	BvD
<i>dexrazoxane intravenous solution reconstituted 250 mg</i>	Tier 1	BvD
<i>docetaxel intravenous concentrate 80 mg/4ml</i>	Tier 1	BvD
<i>docetaxel intravenous solution 160 mg/16ml</i>	Tier 1	BvD
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	Tier 1	BvD
<i>doxorubicin hcl liposomal intravenous injectable 2 mg/ml</i>	Tier 1	BvD
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 1	MO
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	Tier 1	PA2; MO
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG	Tier 1	BvD

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMCYT ORAL CAPSULE 140 MG	Tier 1	
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG	Tier 1	PA2
<i>epirubicin hcl intravenous solution 200 mg/100ml</i>	Tier 1	BvD
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML	Tier 1	PA2
ERIVEDGE ORAL CAPSULE 150 MG	Tier 1	PA2; MO
ERLEADA ORAL TABLET 60 MG	Tier 1	PA2; LA; MO
ERWINAZE INJECTION SOLUTION RECONSTITUTED 10000 UNIT	Tier 1	PA2
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 1	BvD
<i>etoposide intravenous solution 100 mg/5ml</i>	Tier 1	BvD
FARESTON ORAL TABLET 60 MG	Tier 1	PA2; MO
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 1	PA2
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML	Tier 1	BvD; MO
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG	Tier 1	PA2
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier 1	PA2; MO
<i>fluorouracil external solution 2 %, 5 %</i>	Tier 1	
<i>fluorouracil intravenous solution 5 gm/100ml</i>	Tier 1	BvD
<i>flutamide oral capsule 125 mg</i>	Tier 1	MO
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2ML	Tier 1	BvD
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 1	PA2; MO
HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML	Tier 1	PA2
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 440 MG	Tier 1	PA2; MO
<i>hydroxyprogesterone caproate intramuscular solution 1.25 gm/5ml</i>	Tier 1	PA2
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 1	PA2; MO
ICLUSIG ORAL TABLET 15 MG, 45 MG	Tier 1	PA2; MO
<i>idarubicin hcl intravenous solution 10 mg/10ml</i>	Tier 1	BvD
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 1	PA2; MO
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	Tier 1	BvD
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	Tier 1	PA2; MO
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 1	PA2; MO
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	Tier 1	PA2; MO
IMFINZI INTRAVENOUS SOLUTION 120 MG/2.4ML, 500 MG/10ML	Tier 1	PA2; LA; MO
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 1	PA2; MO
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	Tier 1	PA2
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	Tier 1	PA2
IRESSA ORAL TABLET 250 MG	Tier 1	PA2
<i>irinotecan hcl intravenous solution 100 mg/5ml</i>	Tier 1	BvD
ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	Tier 1	PA2
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 1	PA2; MO
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5ML	Tier 1	BvD
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	Tier 1	PA2
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 6.25 MG	Tier 1	BvD
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	Tier 1	PA2; MO
KISQALI 200 DOSE ORAL TABLET 200 MG	Tier 1	PA2; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KISQALI 400 DOSE ORAL TABLET 200 MG	Tier 1	PA2; MO
KISQALI 600 DOSE ORAL TABLET 200 MG	Tier 1	PA2; MO
KISQALI FEMARA 200 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	Tier 1	PA2; MO
KISQALI FEMARA 400 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	Tier 1	PA2; MO
KISQALI FEMARA 600 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	Tier 1	PA2; MO
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 30 MG, 60 MG	Tier 1	BvD; MO
LARTRUVO INTRAVENOUS SOLUTION 190 MG/19ML, 500 MG/50ML	Tier 1	PA2; LA; MO
LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 MG	Tier 1	PA2; MO
LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 MG	Tier 1	PA2; MO
LENVIMA 18 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 (2) MG	Tier 1	PA2; MO
LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) MG	Tier 1	PA2; MO
LENVIMA 24 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) & 4 MG	Tier 1	PA2; MO
LENVIMA 8 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 4 (2) MG	Tier 1	PA2; MO
<i>leucovorin calcium injection solution reconstituted 100 mg, 350 mg</i>	Tier 1	BvD
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	Tier 1	PA2; MO
<i>levoleucovorin calcium intravenous solution 175 mg/17.5ml</i>	Tier 1	BvD
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	Tier 1	BvD
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 1	PA2
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	Tier 1	PA2

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	Tier 1	PA2; MO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	Tier 1	PA2
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	Tier 1	PA2; MO
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	Tier 1	PA2; MO
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	Tier 1	PA2; MO
LYNPARZA ORAL CAPSULE 50 MG	Tier 1	PA2; MO
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 1	PA2; LA; MO
LYSODREN ORAL TABLET 500 MG	Tier 1	MO
MATULANE ORAL CAPSULE 50 MG	Tier 1	
<i>megestrol acetate oral suspension 40 mg/ml</i>	Tier 1	PA2; HRM; MO
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	Tier 1	PA2; HRM
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 1	PA2; LA; MO
<i>melphalan hcl intravenous solution reconstituted 50 mg</i>	Tier 1	BvD
MESNEX ORAL TABLET 400 MG	Tier 1	
<i>mitomycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg</i>	Tier 1	BvD
<i>mitoxantrone hcl intravenous concentrate 25 mg/12.5ml</i>	Tier 1	BvD; MO
MUSTARGEN INJECTION SOLUTION RECONSTITUTED 10 MG	Tier 1	BvD
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	Tier 1	PA2
NERLYNX ORAL TABLET 40 MG	Tier 1	PA2; LA
NEXAVAR ORAL TABLET 200 MG	Tier 1	PA2; LA
NILANDRON ORAL TABLET 150 MG	Tier 1	MO
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 1	PA2; MO
ODOMZO ORAL CAPSULE 200 MG	Tier 1	PA2; LA; MO
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 40 MG/4ML	Tier 1	PA2; MO
<i>oxaliplatin intravenous solution 100 mg/20ml</i>	Tier 1	BvD

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxaliplatin intravenous solution reconstituted 100 mg</i>	Tier 1	BvD
<i>paclitaxel intravenous concentrate 100 mg/16.7ml</i>	Tier 1	BvD
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML	Tier 1	PA2
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 1	PA2; LA; MO
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT	Tier 1	PA2
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Tier 1	BvD
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 1	PA2; LA; MO
RYDAPT ORAL CAPSULE 25 MG	Tier 1	PA2; MO
SOLTAMOX ORAL SOLUTION 10 MG/5ML	Tier 1	PA2; MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 1	PA2; MO
STIVARGA ORAL TABLET 40 MG	Tier 1	PA2
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 1	PA2
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	Tier 1	PA2; MO
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	Tier 1	PA2; MO
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 1	PA2; LA; MO
TAGRISSE ORAL TABLET 40 MG, 80 MG	Tier 1	PA2; LA
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	Tier 1	MO
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	Tier 1	PA2; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 1	PA2; MO
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	Tier 1	PA2; MO
TOPOSAR INTRAVENOUS SOLUTION 1 GM/50ML	Tier 1	BvD
<i>topotecan hcl intravenous solution reconstituted 4 mg</i>	Tier 1	BvD

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TORISEL INTRAVENOUS SOLUTION 25 MG/ML	Tier 1	BvD
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 1	BvD
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	Tier 1	PA2; MO
<i>tretinoin oral capsule 10 mg</i>	Tier 1	
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	Tier 1	BvD
TYKERB ORAL TABLET 250 MG	Tier 1	PA2; MO
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML	Tier 1	PA2
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	Tier 1	PA2
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 1	PA2; LA; MO
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	Tier 1	PA2; LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 1	PA2; LA; MO
<i>vinblastine sulfate intravenous solution 1 mg/ml</i>	Tier 1	BvD
<i>vincristine sulfate intravenous solution 1 mg/ml</i>	Tier 1	BvD
<i>vinorelbine tartrate intravenous solution 50 mg/5ml</i>	Tier 1	BvD
VOTRIENT ORAL TABLET 200 MG	Tier 1	PA2; MO
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	Tier 1	PA2
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 1	PA2; MO
XTANDI ORAL CAPSULE 40 MG	Tier 1	PA2; ST2; MO
YERVOY INTRAVENOUS SOLUTION 50 MG/10ML	Tier 1	PA2
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED 1 MG	Tier 1	PA2; MO
YONSA ORAL TABLET 125 MG	Tier 1	PA2; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML	Tier 1	PA2; MO
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	Tier 1	BvD
ZEJULA ORAL CAPSULE 100 MG	Tier 1	PA2; MO
ZELBORAF ORAL TABLET 240 MG	Tier 1	PA2; MO
ZOLINZA ORAL CAPSULE 100 MG	Tier 1	PA2
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 1	PA2; MO
ZYKADIA ORAL CAPSULE 150 MG	Tier 1	PA2; MO
ZYTIGA ORAL TABLET 250 MG, 500 MG	Tier 1	PA2; MO
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole oral tablet 1 mg</i>	Tier 1	MO
<i>exemestane oral tablet 25 mg</i>	Tier 1	MO
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	MO
TREATMENT ADJUNCTS		
<i>allopurinol oral tablet 300 mg</i>	Tier 1	MO
<i>mesna intravenous solution 100 mg/ml</i>	Tier 1	BvD
ANTIPARASITICS		
ANTHELMINTICS		
ALBENZA ORAL TABLET 200 MG	Tier 1	
EMVERM ORAL TABLET CHEWABLE 100 MG	Tier 1	
<i>ivermectin oral tablet 3 mg</i>	Tier 1	
ANTIPROTOZOALS		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	Tier 1	
ALINIA ORAL TABLET 500 MG	Tier 1	
<i>atovaquone oral suspension 750 mg/5ml</i>	Tier 1	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Tier 1	
COARTEM ORAL TABLET 20-120 MG	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 1	MO
<i>mefloquine hcl oral tablet 250 mg</i>	Tier 1	
<i>primaquine phosphate oral tablet 26.3 mg</i>	Tier 1	
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	PA1
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate injection solution 1 mg/ml</i>	Tier 1	PA1; HRM
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	PA1; HRM; MO
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	Tier 1	PA1; HRM; MO
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	Tier 1	PA1; HRM; MO
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	MO
<i>amantadine hcl oral syrup 50 mg/5ml</i>	Tier 1	MO
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	MO
<i>entacapone oral tablet 200 mg</i>	Tier 1	MO
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	Tier 1	PA1; MO
<i>tolcapone oral tablet 100 mg</i>	Tier 1	MO
DOPAMINE AGONISTS		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	Tier 1	PA1; LA; MO
<i>bromocriptine mesylate oral capsule 5 mg</i>	Tier 1	MO
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Tier 1	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	Tier 1	ST1; MO
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	MO
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	MO
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DOPAMINE PRECURSORS/ L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	MO
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	MO
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	MO
<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>	Tier 1	MO
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	Tier 1	MO
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	MO
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	MO
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl injection solution 50 mg/2ml</i>	Tier 1	PA2; HRM
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	PA2; HRM; MO
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 1	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Tier 1	MO
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	Tier 1	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml 1 ml</i>	Tier 1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Tier 1	MO
<i>haloperidol lactate injection solution 5 mg/ml, 5 mg/ml(1 ml prefilled syringe)</i>	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	MO
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	MO
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	PA2; HRM; MO
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	PA2; HRM; MO
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	MO
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	Tier 1	BvD
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	PA2; HRM; MO
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	MO
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	MO
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	Tier 1	ST2; MO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	Tier 1	ST2; MO
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	MO
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	MO
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	Tier 1	MO
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 1	ST2; MO
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	Tier 1	ST2

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	Tier 1	ST2; MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	Tier 1	ST2; MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 1	MO
NUPLAZID ORAL TABLET 17 MG	Tier 1	PA2; ST2; MO
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	Tier 1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	MO
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	MO
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Tier 1	MO
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	MO
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	MO
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 1	MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 1	ST2; MO
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	MO
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	MO
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	Tier 1	ST2; MO
VRAYLAR ORAL CAPSULE 1.5 MG	Tier 1	ST2; MO; QL (120 EA per 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VRAYLAR ORAL CAPSULE 3 MG	Tier 1	ST2; MO; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG	Tier 1	ST2; MO; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	Tier 1	ST2
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	Tier 1	ST2; MO
TREATMENT-RESISTANT		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	MO
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 1	MO
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	Tier 1	BvD
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Tier 1	MO
<i>valganciclovir hcl oral tablet 450 mg</i>	Tier 1	MO
ANTIHEPATITIS AGENTS		
<i>adefovir dipivoxil oral tablet 10 mg</i>	Tier 1	PA1
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 1	PA1; MO
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 1	PA1; MO
EPIVIR HBV ORAL SOLUTION 5 MG/ML	Tier 1	MO
<i>lamivudine oral tablet 100 mg</i>	Tier 1	MO
MAVYRET ORAL TABLET 100-40 MG	Tier 1	PA1
REBETOL ORAL SOLUTION 40 MG/ML	Tier 1	
RIBASPHERE ORAL CAPSULE 200 MG	Tier 1	
RIBASPHERE ORAL TABLET 200 MG, 400 MG, 600 MG	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG	Tier 1	
RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK 200 & 400 MG, 400 & 600 MG	Tier 1	
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
VEMLIDY ORAL TABLET 25 MG	Tier 1	PA1; MO
ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING		
EPCLUSA ORAL TABLET 400-100 MG	Tier 1	PA1
ZEPATIER ORAL TABLET 50-100 MG	Tier 1	PA1
ANTI-HEPATITIS C (HCV) AGENTS, OTHER		
MODERIBA 1200 DOSE PACK ORAL TABLET 600 MG	Tier 1	
MODERIBA 800 DOSE PACK ORAL TABLET 400 MG	Tier 1	
MODERIBA ORAL TABLET 200 MG	Tier 1	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML	Tier 1	PA1
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	Tier 1	PA1
ANTIHERPETIC AGENTS		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	MO
<i>acyclovir oral suspension 200 mg/5ml</i>	Tier 1	MO
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	MO
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	Tier 1	BvD
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	MO
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Tier 1	MO
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ATRIPLA ORAL TABLET 600-200-300 MG	Tier 1	MO
COMPLERA ORAL TABLET 200-25-300 MG	Tier 1	MO
EDURANT ORAL TABLET 25 MG	Tier 1	MO
<i>efavirenz oral capsule 200 mg, 50 mg</i>	Tier 1	MO
<i>efavirenz oral tablet 600 mg</i>	Tier 1	MO
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 1	MO
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	Tier 1	MO
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	Tier 1	MO
<i>nevirapine oral tablet 200 mg</i>	Tier 1	MO
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 1	MO
RESCRIPTOR ORAL TABLET 100 MG, 200 MG	Tier 1	MO
VIRAMUNE ORAL SUSPENSION 50 MG/5ML	Tier 1	MO
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Tier 1	MO
<i>abacavir sulfate oral tablet 300 mg</i>	Tier 1	MO
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Tier 1	MO
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	Tier 1	MO
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 1	MO
<i>cidofovir intravenous solution 75 mg/ml</i>	Tier 1	BvD
CIMDUO ORAL TABLET 300-300 MG	Tier 1	MO
DESCOVY ORAL TABLET 200-25 MG	Tier 1	MO
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	Tier 1	MO
EMTRIVA ORAL CAPSULE 200 MG	Tier 1	MO
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 1	MO
EVOTAZ ORAL TABLET 300-150 MG	Tier 1	MO
JULUCA ORAL TABLET 50-25 MG	Tier 1	MO
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 1	MO
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	MO
PREZCOBIX ORAL TABLET 800-150 MG	Tier 1	MO
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	Tier 1	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	MO
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 1	MO
SYMFI LO ORAL TABLET 400-300-300 MG	Tier 1	MO
SYMFI ORAL TABLET 600-300-300 MG	Tier 1	MO
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1	MO
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 1	MO
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	Tier 1	MO
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	Tier 1	MO
VIDEX ORAL SOLUTION RECONSTITUTED 4 GM	Tier 1	MO
VIREAD ORAL POWDER 40 MG/GM	Tier 1	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 1	MO
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML	Tier 1	MO
<i>zidovudine oral capsule 100 mg</i>	Tier 1	MO
<i>zidovudine oral syrup 50 mg/5ml</i>	Tier 1	MO
<i>zidovudine oral tablet 300 mg</i>	Tier 1	MO
ANTI-HIV AGENTS, OTHER		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	Tier 1	MO
ISENTRESS HD ORAL TABLET 600 MG	Tier 1	MO
ISENTRESS ORAL PACKET 100 MG	Tier 1	MO
ISENTRESS ORAL TABLET 400 MG	Tier 1	MO
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 1	MO
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	Tier 1	MO
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 1	MO
TYBOST ORAL TABLET 150 MG	Tier 1	MO
ANTI-HIV AGENTS, PROTEASE INHIBITORS		
APTIVUS ORAL CAPSULE 250 MG	Tier 1	MO
APTIVUS ORAL SOLUTION 100 MG/ML	Tier 1	MO
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	Tier 1	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Tier 1	MO
<i>fosamprenavir calcium oral tablet 700 mg</i>	Tier 1	MO
INVIRASE ORAL CAPSULE 200 MG	Tier 1	MO
INVIRASE ORAL TABLET 500 MG	Tier 1	MO
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	Tier 1	MO
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 1	MO
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Tier 1	MO
NORVIR ORAL CAPSULE 100 MG	Tier 1	MO
NORVIR ORAL PACKET 100 MG	Tier 1	MO
NORVIR ORAL SOLUTION 80 MG/ML	Tier 1	MO
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 1	MO
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	Tier 1	MO
REYATAZ ORAL PACKET 50 MG	Tier 1	MO
<i>ritonavir oral tablet 100 mg</i>	Tier 1	MO
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 1	MO
ANTI-INFLUENZA AGENTS		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	Tier 1	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	Tier 1	
<i>rimantadine hcl oral tablet 100 mg</i>	Tier 1	
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	MO
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	Tier 1	PA1; HRM
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	Tier 1	PA1; HRM
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	PA1; HRM
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	PA1; HRM
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	PA1; HRM
BENZODIAZEPINES		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 1	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 1	
<i>diazepam oral solution 5 mg/5ml</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
BIPOLAR AGENTS		

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MOOD STABILIZERS		
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	Tier 1	ST2
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	Tier 1	MO
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	MO
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	MO
<i>lithium oral solution 8 meq/5ml</i>	Tier 1	MO
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
AVANDIA ORAL TABLET 2 MG, 4 MG	Tier 1	MO
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	Tier 1	PA1; HRM; MO
CYCLOSET ORAL TABLET 0.8 MG	Tier 1	MO
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	MO
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	MO
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	MO
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	PA1; HRM; MO
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	PA1; HRM; MO
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	PA1; HRM; MO
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	Tier 1	MO
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	Tier 1	MO
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 1	MO
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	Tier 1	MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 1	MO
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 1	MO
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	MO
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Tier 1	MO
<i>migliitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	MO
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.25 OR 0.5 MG/DOSE, 1 MG/DOSE	Tier 1	MO
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	MO
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 1	MO
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	Tier 1	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MO
<i>repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg</i>	Tier 1	MO
RIOMET ORAL SOLUTION 500 MG/5ML	Tier 1	MO
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	Tier 1	PA1; MO
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	Tier 1	PA1; MO
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	Tier 1	MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	Tier 1	MO
<i>tolazamide oral tablet 250 mg, 500 mg</i>	Tier 1	MO
<i>tolbutamide oral tablet 500 mg</i>	Tier 1	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	Tier 1	MO
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	Tier 1	MO
GLYCEMIC AGENTS		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	Tier 1	
GLUCAGON EMERGENCY INJECTION KIT 1 MG	Tier 1	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	Tier 1	MO
INSULINS		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1	MO
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1	MO
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1	MO
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1	MO
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 1	MO
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 1	MO
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Tier 1	MO
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 1	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 1	MO
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 1	MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1	MO
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 1	MO
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 1	MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Tier 1	MO
BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		
ANTICOAGULANTS		
<i>argatroban intravenous solution 125 mg/125ml, 250 mg/2.5ml</i>	Tier 1	BvD
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	Tier 1	MO
ELIQUIS STARTER PACK ORAL TABLET 5 MG	Tier 1	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Tier 1	
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	Tier 1	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier 1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	Tier 1	
<i>heparin (porcine) in d5w intravenous solution 40-5 unit/ml-%, 50-5 unit/ml-%</i>	Tier 1	BvD
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml</i>	Tier 1	BvD
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 1	MO
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	Tier 1	ST1; MO
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	MO
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	Tier 1	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	Tier 1	
BLOOD FORMATION MODIFIERS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 1	PA1; MO
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	Tier 1	PA1; MO
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier 1	PA1; MO
LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED 250 MCG	Tier 1	PA1
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	Tier 1	PA1; MO
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML	Tier 1	PA1
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier 1	PA1
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 1	PA1

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Tier 1	PA1; MO
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 1	PA1; MO
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	Tier 1	BvD
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	MO
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 1	PA1
PLATELET MODIFYING AGENTS		
<i>anagrelide hcl oral capsule 0.5 mg</i>	Tier 1	MO
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	Tier 1	MO
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 1	MO
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	MO
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	MO
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	PA1; HRM; MO
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Tier 1	MO
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	MO
<i>clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	Tier 1	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	Tier 1	PA1; HRM; MO
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	PA1; HRM; MO
<i>methyldopate hcl intravenous solution 250 mg/5ml</i>	Tier 1	PA1; HRM
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ergoloid mesylates oral tablet 1 mg</i>	Tier 1	PA1; HRM; MO
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	MO
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	MO
<i>eprosartan mesylate oral tablet 600 mg</i>	Tier 1	MO
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	MO
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Tier 1	MO
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	MO
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1	MO
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	MO
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	MO
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	MO
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	Tier 1	MO
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	MO
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	MO
ANTIARRHYTHMICS		
<i>amiodarone hcl intravenous solution 150 mg/3ml</i>	Tier 1	BvD
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1	MO
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	PA1; HRM; MO
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 1	MO
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	MO
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	MO
MULTAQ ORAL TABLET 400 MG	Tier 1	MO
<i>procainamide hcl injection solution 100 mg/ml, 500 mg/ml</i>	Tier 1	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	MO
ANTIHYPERTENSIVE COMBINATIONS		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	MO
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	MO
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 1	MO
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Tier 1	MO
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Tier 1	MO
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	MO
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Tier 1	MO
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	MO
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	MO
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 1	PA1; MO
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	MO
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	MO
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	PA1; HRM; MO
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1	MO
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	Tier 1	MO
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg</i>	Tier 1	MO
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 1	MO
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	Tier 1	MO
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	MO
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Tier 1	MO
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Tier 1	MO
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	MO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Tier 1	MO
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1	MO
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	Tier 1	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	Tier 1	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	MO
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 1	MO
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	MO
<i>labetalol hcl intravenous solution 5 mg/ml</i>	Tier 1	BvD
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	MO
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	Tier 1	BvD
<i>metoprolol tartrate intravenous solution cartridge 5 mg/5ml</i>	Tier 1	BvD
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	MO
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	MO
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>propranolol hcl intravenous solution 1 mg/ml</i>	Tier 1	BvD
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	Tier 1	MO
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	MO
<i>sotalol hcl (af) oral tablet 120 mg</i>	Tier 1	MO
<i>sotalol hcl oral tablet 160 mg, 240 mg, 80 mg</i>	Tier 1	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	MO
CALCIUM CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	Tier 1	MO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	Tier 1	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	Tier 1	MO
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	Tier 1	MO
<i>diltiazem hcl intravenous solution 50 mg/10ml</i>	Tier 1	BvD
<i>diltiazem hcl intravenous solution reconstituted 100 mg</i>	Tier 1	BvD
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	MO
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier 1	MO
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	MO
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	Tier 1	MO
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Tier 1	MO
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	PA1; HRM; MO
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Tier 1	MO
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	MO
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	MO
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	Tier 1	BvD
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	MO
CARDIOVASCULAR AGENTS, OTHER		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Tier 1	MO
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Tier 1	PA1; MO
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 1	PA1; MO
DIGITEK ORAL TABLET 125 MCG	Tier 1	MO; QL (30 EA per 30 days)
DIGITEK ORAL TABLET 250 MCG	Tier 1	PA1; HRM; MO
DIGOX ORAL TABLET 125 MCG	Tier 1	MO; QL (30 EA per 30 days)
DIGOX ORAL TABLET 250 MCG	Tier 1	PA1; HRM; MO
<i>digoxin injection solution 0.25 mg/ml</i>	Tier 1	PA1; HRM
<i>digoxin oral solution 0.05 mg/ml</i>	Tier 1	PA1; HRM; MO
<i>digoxin oral tablet 125 mcg</i>	Tier 1	MO; QL (30 EA per 30 days)
<i>digoxin oral tablet 250 mcg</i>	Tier 1	PA1; HRM; MO
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Tier 1	QL (2 EA per 30 days)
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	Tier 1	PA1
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	Tier 1	PA1; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Tier 1	MO
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	Tier 1	PA1; MO
DIURETICS, CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	Tier 1	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	MO
DIURETICS, LOOP		
<i>bumetanide injection solution 0.25 mg/ml</i>	Tier 1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MO
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	Tier 1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Tier 1	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	MO
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	MO
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl oral tablet 5 mg</i>	Tier 1	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	MO
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
DIURETICS, THIAZIDE		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	Tier 1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	MO
DIURIL ORAL SUSPENSION 250 MG/5ML	Tier 1	MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	MO
<i>methyclothiazide oral tablet 5 mg</i>	Tier 1	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 1	MO
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Tier 1	MO
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Tier 1	MO
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	Tier 1	MO
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Tier 1	MO
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	MO
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	MO
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	Tier 1	MO
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	Tier 1	MO
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 1	ST1; MO
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	MO
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	MO
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	MO
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	Tier 1	MO
DYSLIPIDEMICS, OTHER		
<i>cholestyramine light oral powder 4 gm/dose</i>	Tier 1	MO
<i>cholestyramine oral packet 4 gm</i>	Tier 1	MO
<i>colestipol hcl oral packet 5 gm</i>	Tier 1	MO
<i>colestipol hcl oral tablet 1 gm</i>	Tier 1	MO
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	Tier 1	PA1; MO
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Tier 1	PA1; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	Tier 1	MO
NIACOR ORAL TABLET 500 MG	Tier 1	MO
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Tier 1	MO
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML	Tier 1	PA1; MO
PREVALITE ORAL PACKET 4 GM	Tier 1	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	Tier 1	PA1; MO
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	Tier 1	PA1; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Tier 1	PA1; MO
WELCHOL ORAL PACKET 3.75 GM	Tier 1	MO
WELCHOL ORAL TABLET 625 MG	Tier 1	MO
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	Tier 1	MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	MO
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	Tier 1	MO
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	MO
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 1	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 1	MO
<i>nitroglycerin intravenous solution 5 mg/ml</i>	Tier 1	BvD
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 1	MO
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl injection solution 20 mg/ml</i>	Tier 1	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	MO
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	MO
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	MO
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	MO
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	Tier 1	MO
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	PA1; HRM; MO
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	Tier 1	MO
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	MO
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 1	PA1; MO
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 1	PA2

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML	Tier 1	PA1; MO
<i>riluzole oral tablet 50 mg</i>	Tier 1	PA1; MO
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 1	PA1; MO
FIBROMYALGIA AGENTS		
LYRICA ORAL CAPSULE 100 MG, 150 MG	Tier 1	MO
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 1	MO
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	Tier 1	
MULTIPLE SCLEROSIS AGENTS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG	Tier 1	PA1; MO
AUBAGIO ORAL TABLET 14 MG, 7 MG	Tier 1	PA1; LA; MO
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 1	PA1; MO
GILENYA ORAL CAPSULE 0.5 MG	Tier 1	PA1; MO
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	Tier 1	PA1; MO
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	Tier 1	PA1; MO
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl oral capsule 30 mg</i>	Tier 1	MO
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Tier 1	
<i>lidocaine viscous mouth/throat solution 2 %</i>	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	MO
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Tier 1	
DERMATOLOGICAL AGENTS		
DERMATOLOGICAL AGENTS		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 1	PA1
<i>acyclovir external ointment 5 %</i>	Tier 1	
<i>adapalene external cream 0.1 %</i>	Tier 1	PA1

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>adapalene external gel 0.1 %, 0.3 %</i>	Tier 1	PA1
<i>alclometasone dipropionate external cream 0.05 %</i>	Tier 1	
<i>alclometasone dipropionate external ointment 0.05 %</i>	Tier 1	
<i>amcinonide external cream 0.1 %</i>	Tier 1	
<i>amcinonide external lotion 0.1 %</i>	Tier 1	
<i>amcinonide external ointment 0.1 %</i>	Tier 1	
<i>ammonium lactate external cream 12 %</i>	Tier 1	
<i>ammonium lactate external lotion 12 %</i>	Tier 1	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	Tier 1	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Tier 1	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate external cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate external cream 0.1 %</i>	Tier 1	
<i>betamethasone valerate external lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate external ointment 0.1 %</i>	Tier 1	
<i>calcipotriene external ointment 0.005 %</i>	Tier 1	
<i>calcipotriene external solution 0.005 %</i>	Tier 1	
<i>calcitriol external ointment 3 mcg/gm</i>	Tier 1	
<i>ciclopirox external gel 0.77 %</i>	Tier 1	
<i>ciclopirox external shampoo 1 %</i>	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ciclopirox external solution 8 %</i>	Tier 1	
<i>ciclopirox olamine external cream 0.77 %</i>	Tier 1	
<i>ciclopirox olamine external suspension 0.77 %</i>	Tier 1	
CLARAVIS ORAL CAPSULE 10 MG	Tier 1	
<i>clindamycin phosphate external gel 1 %</i>	Tier 1	
<i>clindamycin phosphate external lotion 1 %</i>	Tier 1	
<i>clindamycin phosphate external solution 1 %</i>	Tier 1	
<i>clindamycin phosphate external swab 1 %</i>	Tier 1	
<i>clobetasol propionate e external cream 0.05 %</i>	Tier 1	
<i>clobetasol propionate external cream 0.05 %</i>	Tier 1	
<i>clobetasol propionate external ointment 0.05 %</i>	Tier 1	
<i>clobetasol propionate external solution 0.05 %</i>	Tier 1	
<i>clotrimazole external cream 1 %</i>	Tier 1	
<i>clotrimazole external solution 1 %</i>	Tier 1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	Tier 1	
CONDYLOX EXTERNAL GEL 0.5 %	Tier 1	ST2
<i>desonide external cream 0.05 %</i>	Tier 1	
<i>desonide external ointment 0.05 %</i>	Tier 1	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	Tier 1	
<i>desoximetasone external gel 0.05 %</i>	Tier 1	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	Tier 1	
<i>diclofenac sodium transdermal gel 1 %</i>	Tier 1	PA1; MO
<i>diclofenac sodium transdermal gel 3 %</i>	Tier 1	PA1
<i>diflorasone diacetate external cream 0.05 %</i>	Tier 1	
<i>econazole nitrate external cream 1 %</i>	Tier 1	
<i>ery external pad 2 %</i>	Tier 1	
<i>erythromycin external solution 2 %</i>	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluocinolone acetonide external cream 0.01 % , 0.025 %</i>	Tier 1	
<i>fluocinolone acetonide external ointment 0.025 %</i>	Tier 1	
<i>fluocinolone acetonide external solution 0.01 %</i>	Tier 1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Tier 1	
<i>fluocinonide emulsified base external cream 0.05 %</i>	Tier 1	
<i>fluocinonide external gel 0.05 %</i>	Tier 1	
<i>fluocinonide external ointment 0.05 %</i>	Tier 1	
<i>fluocinonide external solution 0.05 %</i>	Tier 1	
<i>fluticasone propionate external cream 0.05 %</i>	Tier 1	
<i>fluticasone propionate external ointment 0.005 %</i>	Tier 1	
<i>gentamicin sulfate external cream 0.1 %</i>	Tier 1	
<i>gentamicin sulfate external ointment 0.1 %</i>	Tier 1	
<i>halobetasol propionate external cream 0.05 %</i>	Tier 1	
<i>halobetasol propionate external ointment 0.05 %</i>	Tier 1	
<i>hydrocortisone ace-pramoxine rectal cream 1-1 %</i>	Tier 1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	Tier 1	
<i>hydrocortisone external cream 1 % , 2.5 %</i>	Tier 1	
<i>hydrocortisone external lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone external ointment 1 % , 2.5 %</i>	Tier 1	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Tier 1	
<i>imiquimod external cream 5 %</i>	Tier 1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>ketoconazole external cream 2 %</i>	Tier 1	
<i>ketoconazole external shampoo 2 %</i>	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lidocaine external patch 5 %</i>	Tier 1	PA1; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	Tier 1	
<i>lindane external shampoo 1 %</i>	Tier 1	
<i>methoxsalen rapid oral capsule 10 mg</i>	Tier 1	
<i>metronidazole external gel 0.75 %, 1 %</i>	Tier 1	
<i>metronidazole external lotion 0.75 %</i>	Tier 1	
<i>mometasone furoate external cream 0.1 %</i>	Tier 1	
<i>mometasone furoate external ointment 0.1 %</i>	Tier 1	
<i>mometasone furoate external solution 0.1 %</i>	Tier 1	
<i>mupirocin calcium external cream 2 %</i>	Tier 1	
<i>mupirocin external ointment 2 %</i>	Tier 1	
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	Tier 1	
<i>nystatin external cream 100000 unit/gm</i>	Tier 1	
<i>nystatin external ointment 100000 unit/gm</i>	Tier 1	
<i>nystatin external powder 100000 unit/gm</i>	Tier 1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	Tier 1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	Tier 1	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	Tier 1	
PANRETIN EXTERNAL GEL 0.1 %	Tier 1	
<i>permethrin external cream 5 %</i>	Tier 1	
PICATO EXTERNAL GEL 0.015 %, 0.05 %	Tier 1	
<i>podofilox external solution 0.5 %</i>	Tier 1	
<i>prednicarbate external cream 0.1 %</i>	Tier 1	
<i>prednicarbate external ointment 0.1 %</i>	Tier 1	
PROCTO-MED HC RECTAL CREAM 2.5 %	Tier 1	
PROCTO-PAK RECTAL CREAM 1 %	Tier 1	
PROCTOSOL HC RECTAL CREAM 2.5 %	Tier 1	
PROCTOZONE-HC RECTAL CREAM 2.5 %	Tier 1	
REGRANEX EXTERNAL GEL 0.01 %	Tier 1	PA1
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>selenium sulfide external lotion 2.5 %</i>	Tier 1	
<i>silver sulfadiazine external cream 1 %</i>	Tier 1	
SSD EXTERNAL CREAM 1 %	Tier 1	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Tier 1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Tier 1	
TARGRETIN EXTERNAL GEL 1 %	Tier 1	
<i>tazarotene external cream 0.1 %</i>	Tier 1	PA1
TAZORAC EXTERNAL CREAM 0.05 %	Tier 1	PA1
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	Tier 1	PA1
TOLAK EXTERNAL CREAM 4 %	Tier 1	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	PA1
<i>tretinoin external gel 0.01 %, 0.025 %</i>	Tier 1	PA1
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide external lotion 0.025 %</i>	Tier 1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
UCERIS RECTAL FOAM 2 MG/ACT	Tier 1	ST1
VALCHLOR EXTERNAL GEL 0.016 %	Tier 1	PA2; MO; QL (60 GM per 30 days)
ELECTROLYTES/MINERALS/METALS /VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
CARBAGLU ORAL TABLET 200 MG	Tier 1	PA1; MO
<i>dextrose in lactated ringers intravenous solution 5 %</i>	Tier 1	BvD
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	Tier 1	BvD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	Tier 1	
ISOLYTE-S INTRAVENOUS SOLUTION	Tier 1	BvD

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.33 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	Tier 1	BvD
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	Tier 1	BvD
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 1	MO
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 1	MO
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	Tier 1	MO
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	Tier 1	MO
KLOR-CON ORAL PACKET 20 MEQ	Tier 1	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	Tier 1	MO
KLOR-CON SPRINKLE ORAL CAPSULE EXTENDED RELEASE 10 MEQ, 8 MEQ	Tier 1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ, 8 MEQ	Tier 1	MO
<i>lactated ringers intravenous solution</i>	Tier 1	BvD
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	Tier 1	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	Tier 1	BvD
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	Tier 1	BvD
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	Tier 1	BvD
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	Tier 1	BvD
PLASMA-LYTE A INTRAVENOUS SOLUTION	Tier 1	BvD
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	Tier 1	MO
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 1	MO
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>	Tier 1	BvD
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	Tier 1	BvD
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	Tier 1	BvD
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	Tier 1	MO
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	Tier 1	MO
<i>prenatal oral tablet 27-1 mg</i>	Tier 1	MO
<i>ringers intravenous solution</i>	Tier 1	BvD
<i>sodium chloride injection solution 2.5 meq/ml</i>	Tier 1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	Tier 1	BvD
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	Tier 1	
<i>sodium lactate intravenous solution 5 meq/ml</i>	Tier 1	BvD
TPN ELECTROLYTES INTRAVENOUS SOLUTION	Tier 1	BvD
ELECTROLYTE/MINERAL/METAL MODIFIERS		
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG	Tier 1	PA1; MO
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 1	
FERRIPROX ORAL TABLET 500 MG	Tier 1	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	Tier 1	MO
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG	Tier 1	MO
KIONEX ORAL SUSPENSION 15 GM/60ML	Tier 1	
SAMSCA ORAL TABLET 15 MG, 30 MG	Tier 1	PA1
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SPS ORAL SUSPENSION 15 GM/60ML	Tier 1	
<i>trientine hcl oral capsule 250 mg</i>	Tier 1	PA1
NUTRIENTS		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 8.5 %	Tier 1	BvD
AMINOSYN II/ELECTROLYTES INTRAVENOUS SOLUTION 8.5 %	Tier 1	BvD
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 7 %, 8.5 %	Tier 1	BvD
AMINOSYN-HBC INTRAVENOUS SOLUTION 7 %	Tier 1	BvD
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %, 7 %	Tier 1	BvD
AMINOSYN-RF INTRAVENOUS SOLUTION 5.2 %	Tier 1	BvD
CLINIMIX E/DEXTROSE (2.75/10) INTRAVENOUS SOLUTION 2.75 %	Tier 1	BvD
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	Tier 1	BvD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	Tier 1	BvD
CLINIMIX E/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %	Tier 1	BvD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	Tier 1	BvD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	Tier 1	BvD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	Tier 1	BvD
CLINIMIX E/DEXTROSE (5/25) INTRAVENOUS SOLUTION 5 %	Tier 1	BvD
CLINIMIX/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	Tier 1	BvD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	Tier 1	BvD
CLINIMIX/DEXTROSE (4.25/20) INTRAVENOUS SOLUTION 4.25 %	Tier 1	BvD

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %	Tier 1	BvD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	Tier 1	BvD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	Tier 1	BvD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	Tier 1	BvD
CLINIMIX/DEXTROSE (5/25) INTRAVENOUS SOLUTION 5 %	Tier 1	BvD
CLINISOL SF INTRAVENOUS SOLUTION 15 %	Tier 1	BvD
<i>dextrose intravenous solution 10 %, 5 %</i>	Tier 1	BvD
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %	Tier 1	BvD
HEPATAMINE INTRAVENOUS SOLUTION 8 %	Tier 1	BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	Tier 1	BvD
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %	Tier 1	BvD
<i>nutrilipid intravenous emulsion 20 %</i>	Tier 1	BvD
PLENAMINE INTRAVENOUS SOLUTION 15 %	Tier 1	BvD
PREMASOL INTRAVENOUS SOLUTION 10 %, 6 %	Tier 1	BvD
PROCALAMINE INTRAVENOUS SOLUTION 3 %	Tier 1	BvD
PROSOL INTRAVENOUS SOLUTION 20 %	Tier 1	BvD
TRAVASOL INTRAVENOUS SOLUTION 10 %	Tier 1	BvD
TROPHAMINE INTRAVENOUS SOLUTION 10 %	Tier 1	BvD
GASTROINTESTINAL AGENTS		
ANTISPASMODICS, GASTROINTESTINAL		
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dicyclomine hcl oral capsule 10 mg</i>	Tier 1	MO
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Tier 1	MO
<i>dicyclomine hcl oral tablet 20 mg</i>	Tier 1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	MO
GASTROINTESTINAL AGENTS, OTHER		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	
<i>loperamide hcl oral capsule 2 mg</i>	Tier 1	MO
<i>metoclopramide hcl injection solution 5 mg/ml</i>	Tier 1	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 1	ST1
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	Tier 1	PA1
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE), 8 MG/0.4ML	Tier 1	ST1
<i>ursodiol oral capsule 300 mg</i>	Tier 1	MO
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1	MO
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>famotidine intravenous solution 20 mg/2ml</i>	Tier 1	BvD
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	MO
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>	Tier 1	BvD
<i>ranitidine hcl injection solution 50 mg/2ml</i>	Tier 1	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	Tier 1	MO
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	Tier 1	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	Tier 1	MO
IRRITABLE BOWEL SYNDROME AGENTS		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	Tier 1	MO
GATTEX SUBCUTANEOUS KIT 5 MG	Tier 1	PA1; MO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 1	MO
LAXATIVES		
<i>enulose oral solution 10 gm/15ml</i>	Tier 1	MO
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	Tier 1	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	Tier 1	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	Tier 1	
<i>generlac oral solution 10 gm/15ml</i>	Tier 1	MO
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	Tier 1	
<i>lactulose oral solution 10 gm/15ml</i>	Tier 1	MO
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM	Tier 1	
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	Tier 1	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	Tier 1	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	Tier 1	
PEG-PREP ORAL KIT 5-210 MG-GM	Tier 1	
<i>polyethylene glycol 3350 oral powder</i>	Tier 1	
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM	Tier 1	
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	Tier 1	
PROTECTANTS		
CARAFATE ORAL SUSPENSION 1 GM/10ML	Tier 1	MO
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	MO
<i>sucralfate oral tablet 1 gm</i>	Tier 1	MO
PROTON PUMP INHIBITORS		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	Tier 1	ST1; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	Tier 1	ST1; MO
<i>esomeprazole sodium intravenous solution reconstituted 20 mg, 40 mg</i>	Tier 1	ST1; BvD
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	Tier 1	ST1; MO
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	Tier 1	MO
<i>lansoprazole oral tablet dispersible 15 mg, 30 mg</i>	Tier 1	MO
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	Tier 1	MO
<i>pantoprazole sodium intravenous solution reconstituted 40 mg</i>	Tier 1	BvD
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Tier 1	MO

**GENETIC OR ENZYME DISORDER:
REPLACEMENT, MODIFIERS,
TREATMENT**

**ENZYME REPLACEMENT/
MODIFIERS**

ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	Tier 1	PA1; LA
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	Tier 1	LA; BvD; MO
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	Tier 1	MO
CYSTADANE ORAL POWDER	Tier 1	MO
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	Tier 1	PA1; MO
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG	Tier 1	PA1; LA; MO
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 5 MG	Tier 1	PA1; MO
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML	Tier 1	PA1; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KUVAN ORAL PACKET 100 MG, 500 MG	Tier 1	PA1; MO
KUVAN ORAL TABLET SOLUBLE 100 MG	Tier 1	PA1; LA; MO
<i>levocarnitine oral solution 1 gm/10ml</i>	Tier 1	MO
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	MO
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Tier 1	BvD; MO
<i>miglustat oral capsule 100 mg</i>	Tier 1	PA1; MO
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	Tier 1	PA1; MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	Tier 1	MO
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 1	LA; MO
RAVICTI ORAL LIQUID 1.1 GM/ML	Tier 1	MO
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	Tier 1	PA1; MO
XURIDEN ORAL PACKET 2 GM	Tier 1	PA1; MO
ZAVESCA ORAL CAPSULE 100 MG	Tier 1	PA1; MO
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	Tier 1	MO
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	Tier 1	MO
<i>flavoxate hcl oral tablet 100 mg</i>	Tier 1	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	Tier 1	MO
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 1	MO
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	Tier 1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	MO
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Tier 1	MO
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	Tier 1	MO
<i>trospium chloride oral tablet 20 mg</i>	Tier 1	MO
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Tier 1	MO
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	MO
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	Tier 1	MO
<i>finasteride oral tablet 5 mg</i>	Tier 1	MO
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	Tier 1	MO
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Tier 1	MO
GENITOURINARY AGENTS, OTHER		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 1	MO
ELMIRON ORAL CAPSULE 100 MG	Tier 1	
LITHOSTAT ORAL TABLET 250 MG	Tier 1	
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	
PHOSPHATE BINDERS		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	Tier 1	PA1; MO
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	Tier 1	MO
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	Tier 1	MO
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	Tier 1	MO
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 1	MO
VAGINAL PRODUCTS		
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	MO
<i>estradiol vaginal tablet 10 mcg</i>	Tier 1	MO
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 1	PA1

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	
<i>miconazole 3 vaginal suppository 200 mg</i>	Tier 1	
OSPHENA ORAL TABLET 60 MG	Tier 1	PA1; MO
PREMARIN VAGINAL CREAM 0.625 MG/GM	Tier 1	MO
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
GLUCOCORTICOIDS/MINERALOCOR TICOIDS		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	Tier 1	
<i>budesonide oral capsule delayed release particles 3 mg</i>	Tier 1	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	Tier 1	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 1	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	Tier 1	BvD
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i>	Tier 1	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Tier 1	MO
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	MO
MEDROL ORAL TABLET 2 MG	Tier 1	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	Tier 1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	Tier 1	BvD
<i>prednisolone oral solution 15 mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	Tier 1	
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 1	
<i>prednisone oral solution 5 mg/5ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	Tier 1	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG	Tier 1	ST1
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
ANABOLIC STEROIDS		
ANADROL-50 ORAL TABLET 50 MG	Tier 1	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	Tier 1	PA2; MO
ANDROGENS		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	Tier 1	MO
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	MO
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Tier 1	PA2; MO
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	Tier 1	PA2
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 50 mg/5gm (1%)</i>	Tier 1	PA2; MO
<i>testosterone transdermal solution 30 mg/act</i>	Tier 1	PA2; MO
CONTRACEPTIVES		

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	Tier 1	MO
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	Tier 1	MO
AMETHIA LO ORAL TABLET 0.1-0.02 & 0.01 MG	Tier 1	MO
APRI ORAL TABLET 0.15-30 MG-MCG	Tier 1	MO
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1	MO
AUBRA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
AVIANE ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
BALZIVA ORAL TABLET 0.4-35 MG-MCG	Tier 1	MO
BEKYREE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1	MO
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1	MO
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	MO
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Tier 1	MO
CAMILA ORAL TABLET 0.35 MG	Tier 1	MO
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	Tier 1	MO
CAZIANT ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	Tier 1	MO
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	Tier 1	MO
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	Tier 1	MO
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 1	MO
DEBLITANE ORAL TABLET 0.35 MG	Tier 1	MO
DELYLA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	Tier 1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	Tier 1	MO
ENPRESSE-28 ORAL TABLET	Tier 1	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	Tier 1	MO
ERRIN ORAL TABLET 0.35 MG	Tier 1	MO
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	Tier 1	MO
FALMINA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
GIANVI ORAL TABLET 3-0.02 MG	Tier 1	MO
INCASSIA ORAL TABLET 0.35 MG	Tier 1	MO
INTROVALE ORAL TABLET 0.15-0.03 MG	Tier 1	MO
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	Tier 1	MO
JOLIVETTE ORAL TABLET 0.35 MG	Tier 1	MO
JULEBER ORAL TABLET 0.15-30 MG-MCG	Tier 1	MO
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	MO
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	MO
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	Tier 1	MO
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1	MO
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	Tier 1	MO
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	Tier 1	MO
KIMIDESS ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1	MO
KURVELO ORAL TABLET 0.15-30 MG-MCG	Tier 1	MO
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	MO
LARISSIA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1	MO
LESSINA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
LEVONEST ORAL TABLET	Tier 1	MO
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	Tier 1	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg</i>	Tier 1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	Tier 1	MO
<i>levonorg-eth estrad triphasic oral tablet</i>	Tier 1	MO
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	Tier 1	MO
LORYNA ORAL TABLET 3-0.02 MG	Tier 1	MO
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	Tier 1	MO
LUTERA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
LYZA ORAL TABLET 0.35 MG	Tier 1	MO
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	Tier 1	MO
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Tier 1	MO
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	Tier 1	MO
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	MO
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	MO
MILI ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
MONONESSA ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1	MO
NECON 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 1	MO
NIKKI ORAL TABLET 3-0.02 MG	Tier 1	MO
NORA-BE ORAL TABLET 0.35 MG	Tier 1	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</i>	Tier 1	MO
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Tier 1	MO
<i>norethindrone oral tablet 0.35 mg</i>	Tier 1	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 1	MO
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	Tier 1	MO
NORLYROC ORAL TABLET 0.35 MG	Tier 1	MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1	MO
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 1	MO
OGESTREL ORAL TABLET 0.5-50 MG-MCG	Tier 1	MO
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1	MO
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	Tier 1	MO
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	Tier 1	MO
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
QUASENSE ORAL TABLET 0.15-0.03 MG	Tier 1	MO
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	Tier 1	MO
SETLAKIN ORAL TABLET 0.15-0.03 MG	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SHAROBEL ORAL TABLET 0.35 MG	Tier 1	MO
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
SRONYX ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	MO
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	MO
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	MO
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	MO
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	MO
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	MO
TRIVORA (28) ORAL TABLET	Tier 1	MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	MO
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	Tier 1	MO
VIENVA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	Tier 1	MO
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
ZENCHENT ORAL TABLET 0.4-35 MG-MCG	Tier 1	MO
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
ESTROGENS		
DIVIGEL TRANSDERMAL GEL 1 MG/GM	Tier 1	PA2; HRM; MO
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	Tier 1	PA2; HRM; MO
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	PA2; HRM; MO
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 1	PA2; HRM; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 1	PA2; HRM; MO
<i>estropipate oral tablet 0.75 mg</i>	Tier 1	PA2; HRM; MO
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	Tier 1	PA2; HRM; MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	Tier 1	PA2; HRM; MO
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	PA2; HRM; MO
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG	Tier 1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 1	MO
PREMPHASE ORAL TABLET 0.625-5 MG	Tier 1	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 1	MO
PROGESTINS		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	Tier 1	BvD; MO
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Tier 1	PA2; HRM; MO
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	MO
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 1	MO
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	MO
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	Tier 1	PA1

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	Tier 1	MO
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	MO
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Tier 1	PA1; LA
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	Tier 1	PA1; MO
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
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	Tier 1	MO
<i>levothyroxine sodium 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>	Tier 1	MO
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	Tier 1	MO
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	MO
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	Tier 1	MO
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	MO
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
DEMSEER ORAL CAPSULE 250 MG	Tier 1	
KORLYM ORAL TABLET 300 MG	Tier 1	PA1; LA; MO
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	Tier 1	PA2; MO
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (PED)	Tier 1	PA2; MO
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 1	PA1; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	Tier 1	PA1; MO
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	Tier 1	PA1; MO
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	Tier 1	PA2; MO
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 1	PA1; LA; MO
SYNAREL NASAL SOLUTION 2 MG/ML	Tier 1	PA1
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	MO
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	MO
IMMUNOLOGICAL AGENTS		
IMMUNE SUPPRESSANTS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	Tier 1	BvD; MO
ATGAM INTRAVENOUS INJECTABLE 50 MG/ML	Tier 1	BvD
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 1	BvD; MO
<i>azathioprine oral tablet 50 mg</i>	Tier 1	BvD; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	Tier 1	BvD
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	Tier 1	PA1; MO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	Tier 1	PA1; MO
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Tier 1	PA1; MO
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML	Tier 1	PA1; MO
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 1	PA1; MO
<i>cyclosporine intravenous solution 50 mg/ml</i>	Tier 1	BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	BvD; MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	BvD; MO
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	BvD; MO
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	Tier 1	BvD; MO
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 1	BvD; MO
GENGRAF ORAL SOLUTION 100 MG/ML	Tier 1	BvD; MO
<i>methotrexate oral tablet 2.5 mg</i>	Tier 1	BvD; MO
<i>methotrexate sodium injection solution 250 mg/10ml</i>	Tier 1	BvD
<i>mycophenolate mofetil hcl intravenous solution reconstituted 500 mg</i>	Tier 1	BvD
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	BvD; MO
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	Tier 1	BvD; MO
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	BvD; MO
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	Tier 1	BvD; MO
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	Tier 1	PA2; MO
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	Tier 1	PA2; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	Tier 1	BvD
RAPAMUNE ORAL SOLUTION 1 MG/ML	Tier 1	BvD; MO
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	Tier 1	PA2; MO
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Tier 1	BvD; MO
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Tier 1	BvD; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	BvD; MO
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	Tier 1	PA1
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	BvD; MO
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG	Tier 1	BvD
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 1	BvD; MO
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 1	BvD; MO
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	Tier 1	PA2; MO
IMMUNIZING AGENTS, PASSIVE		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	Tier 1	PA1; LA
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM	Tier 1	PA1; MO
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	Tier 1	BvD; MO
GAMASTAN S/D INTRAMUSCULAR INJECTABLE (10ML), (2ML)	Tier 1	BvD
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	Tier 1	BvD; MO
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	Tier 1	BvD; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	Tier 1	BvD; MO
HYPERRAB S/D INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML	Tier 1	
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	Tier 1	BvD
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	Tier 1	PA1
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	Tier 1	PA1
IMMUNOMODULATORS		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	Tier 1	PA1; MO
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 1	PA1; MO
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	Tier 1	PA1; MO
COSENTYX 300 DOSE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 1	PA1; MO
COSENTYX SENSOREADY 300 DOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 1	PA1; MO
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Tier 1	PA1; MO
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	Tier 1	PA1; MO
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Tier 1	PA1; MO
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (6 PACK), 80 MG/0.8ML & 40MG/0.4ML	Tier 1	PA1
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML	Tier 1	PA1; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 1	PA1; MO
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Tier 1	PA1; MO
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Tier 1	PA1
HUMIRA PEN-PS/UV STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Tier 1	PA1; MO
HUMIRA PEN-PS/UV STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	Tier 1	PA1
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	Tier 1	PA1; MO
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Tier 1	PA1; MO
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	MO
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	Tier 1	PA1; MO
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	Tier 1	PA1; MO
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	Tier 1	PA1; MO
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	Tier 1	PA1; MO
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	Tier 1	PA1; MO
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Tier 1	PA1; MO
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 1	PA1; MO
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 1	PA1; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 1	PA1; MO
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	Tier 1	PA1; MO
VACCINES		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 1	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	Tier 1	
<i>bcg vaccine injection injectable</i>	Tier 1	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	Tier 1	
DAPTACEL INTRAMUSCULAR SUSPENSION 15-23-5 LF-MCG/0.5	Tier 1	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 Ifu/0.5ml</i>	Tier 1	BvD
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML	Tier 1	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Tier 1	BvD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier 1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 1	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 1440 EL U/ML 1 ML, 720 EL U/0.5ML, 720 EL U/0.5ML 0.5 ML	Tier 1	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	Tier 1	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	Tier 1	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	Tier 1	
IPOL INJECTION INJECTABLE	Tier 1	
IXIARO INTRAMUSCULAR SUSPENSION	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	Tier 1	
MENACTRA INTRAMUSCULAR INJECTABLE	Tier 1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 1	
M-M-R II SUBCUTANEOUS INJECTABLE	Tier 1	
PEDIARIX INTRAMUSCULAR SUSPENSION	Tier 1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	Tier 1	
PROQUAD SUBCUTANEOUS INJECTABLE	Tier 1	
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier 1	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 1	BvD
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	Tier 1	BvD
ROTARIX ORAL SUSPENSION RECONSTITUTED	Tier 1	
ROTATEQ ORAL SOLUTION	Tier 1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG	Tier 1	
TENIVAC INTRAMUSCULAR INJECTABLE 5- 2 LFU	Tier 1	BvD
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i>	Tier 1	BvD
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 1	
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	Tier 1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	Tier 1	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	Tier 1	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
YF-VAX SUBCUTANEOUS INJECTABLE	Tier 1	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	Tier 1	
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	Tier 1	MO
<i>balsalazide disodium oral capsule 750 mg</i>	Tier 1	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	Tier 1	MO
<i>mesalamine rectal enema 4 gm</i>	Tier 1	MO
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	MO
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Tier 1	MO
METABOLIC BONE DISEASE AGENTS		
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium oral solution 70 mg/75ml</i>	Tier 1	MO
<i>alendronate sodium oral tablet 10 mg, 35 mg, 40 mg, 5 mg, 70 mg</i>	Tier 1	MO
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Tier 1	BvD; MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	Tier 1	BvD
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	BvD; MO
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	BvD; MO
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	Tier 1	PA1; MO
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	Tier 1	MO
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	Tier 1	BvD; MO
<i>ibandronate sodium oral tablet 150 mg</i>	Tier 1	MO
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	Tier 1	BvD

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	Tier 1	PA1; MO
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>	Tier 1	BvD
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	Tier 1	BvD; MO
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 1	BvD; MO
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML	Tier 1	ST1; MO
<i>raloxifene hcl oral tablet 60 mg</i>	Tier 1	MO
<i>risedronate sodium oral tablet 150 mg, 35 mg, 5 mg</i>	Tier 1	MO
<i>risedronate sodium oral tablet 30 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	Tier 1	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	Tier 1	MO
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	Tier 1	BvD; MO
TYMLOS SUBCUTANEOUS SOLUTION PEN- INJECTOR 3120 MCG/1.56ML	Tier 1	PA1; MO
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 1	PA1; QL (1.7 ML per 28 days)
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	Tier 1	PA1; MO
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	Tier 1	PA1
MISCELLANEOUS		
MISCELLANEOUS		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	Tier 1	MO
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	Tier 1	MO
<i>cvs gauze sterile pad 2"x2"</i>	Tier 1	
ENDARI ORAL PACKET 5 GM	Tier 1	PA1; LA
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	Tier 1	MO
<i>global alcohol prep ease pad 70 %</i>	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lactated ringers irrigation solution</i>	Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION	Tier 1	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	Tier 1	
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	Tier 1	MO
RELI-ON INSULIN SYRINGE 29G 0.3 ML	Tier 1	MO
<i>ringers irrigation irrigation solution</i>	Tier 1	
<i>sterile water for irrigation irrigation solution</i>	Tier 1	
OPHTHALMIC AGENTS		
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost ophthalmic solution 0.03 %</i>	Tier 1	MO
<i>latanoprost ophthalmic solution 0.005 %</i>	Tier 1	MO; QL (2.5 ML per 25 days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 1	MO; QL (2.5 ML per 25 days)
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	Tier 1	MO; QL (2.5 ML per 25 days)
OPHTHALMIC AGENTS, OTHER		
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 1	MO
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	Tier 1	PA1; MO; QL (60 ML per 30 days)
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Tier 1	
RESTASIS OPHTHALMIC EMULSION 0.05 %	Tier 1	MO
OPHTHALMIC ANTI INFECTIVES		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	Tier 1	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Tier 1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	Tier 1	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	Tier 1	
GENTAK OPHTHALMIC OINTMENT 0.3 %	Tier 1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Tier 1	
<i>levofloxacin ophthalmic solution 0.5 %</i>	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MOXEZA OPHTHALMIC SOLUTION 0.5 %	Tier 1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Tier 1	
NATACYN OPHTHALMIC SUSPENSION 5 %	Tier 1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 1	
<i>ofloxacin ophthalmic solution 0.3 %</i>	Tier 1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Tier 1	
<i>tobramycin ophthalmic solution 0.3 %</i>	Tier 1	
<i>trifluridine ophthalmic solution 1 %</i>	Tier 1	
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Tier 1	
BEPREVE OPHTHALMIC SOLUTION 1.5 %	Tier 1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	Tier 1	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	Tier 1	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	Tier 1	
PAZEO OPHTHALMIC SOLUTION 0.7 %	Tier 1	
OPHTHALMIC ANTIGLAUCOMA AGENTS		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	Tier 1	MO
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	Tier 1	
AZOPT OPHTHALMIC SUSPENSION 1 %	Tier 1	MO
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	Tier 1	MO
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	Tier 1	MO
<i>carteolol hcl ophthalmic solution 1 %</i>	Tier 1	MO
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	Tier 1	MO
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Tier 1	MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	Tier 1	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 1	MO
<i>metipranolol ophthalmic solution 0.3 %</i>	Tier 1	MO
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	Tier 1	MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 1	MO
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	Tier 1	MO
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	Tier 1	MO
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)</i>	Tier 1	MO
OPHTHALMIC ANTI-INFLAMMATORIES		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Tier 1	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	Tier 1	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	Tier 1	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	Tier 1	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	Tier 1	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Tier 1	
DUREZOL OPHTHALMIC EMULSION 0.05 %	Tier 1	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Tier 1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Tier 1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	Tier 1	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	Tier 1	
LOTEMAX OPHTHALMIC GEL 0.5 %	Tier 1	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	Tier 1	
PROLENSA OPHTHALMIC SOLUTION 0.07 %	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	Tier 1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	Tier 1	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	Tier 1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	Tier 1	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	Tier 1	
OTIC AGENTS		
OTIC AGENTS		
<i>acetic acid otic solution 2 %</i>	Tier 1	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	Tier 1	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Tier 1	
<i>fluocinolone acetonide otic oil 0.01 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Tier 1	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	Tier 1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	Tier 1	
<i>ofloxacin otic solution 0.3 %</i>	Tier 1	
RESPIRATORY TRACT AGENTS		
ANTIHISTAMINES		
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	PA1; HRM

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cetirizine hcl oral solution 1 mg/ml</i>	Tier 1	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	Tier 1	PA1; HRM
<i>cyproheptadine hcl oral tablet 4 mg</i>	Tier 1	PA1; HRM
<i>desloratadine oral tablet 5 mg</i>	Tier 1	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 1	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	Tier 1	MO
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Tier 1	MO
PHENADOZ RECTAL SUPPOSITORY 25 MG	Tier 1	PA1; HRM
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	Tier 1	PA1; HRM
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	Tier 1	PA1; HRM
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	PA1; HRM
<i>promethazine hcl rectal suppository 12.5 mg</i>	Tier 1	PA1; HRM
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG	Tier 1	PA1; HRM
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 1	MO
ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	Tier 1	MO
ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	Tier 1	MO
ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	Tier 1	MO
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	Tier 1	MO
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Tier 1	BvD; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	Tier 1	MO
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	Tier 1	MO
ANTILEUKOTRIENES		
<i>montelukast sodium oral packet 4 mg</i>	Tier 1	MO
<i>montelukast sodium oral tablet 10 mg</i>	Tier 1	MO
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Tier 1	MO
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	MO
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	Tier 1	MO
ZYFLO ORAL TABLET 600 MG	Tier 1	MO
BRONCHODILATORS, ANTICHOLINERGIC		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	Tier 1	BvD
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Tier 1	MO
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	BvD; MO
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	Tier 1	MO
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	Tier 1	MO
BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)		
<i>aminophylline intravenous solution 25 mg/ml</i>	Tier 1	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	MO
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	Tier 1	MO
BRONCHODILATORS, SYMPATHOMIMETIC		

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 1	MO
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	Tier 1	MO
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	Tier 1	MO
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	Tier 1	BvD; MO
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Tier 1	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	MO
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	Tier 1	MO
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Tier 1	MO
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	Tier 1	MO
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Tier 1	BvD; MO
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	Tier 1	MO
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	Tier 1	MO; QL (17 GM per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	Tier 1	MO; QL (2 EA per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	Tier 1	MO
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Tier 1	MO
<i>terbutaline sulfate injection solution 1 mg/ml</i>	Tier 1	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	Tier 1	MO
MAST CELL STABILIZERS		

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Tier 1	BvD; MO
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	Tier 1	
NASAL AGENTS		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	Tier 1	MO
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Tier 1	MO
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Tier 1	MO
<i>ipratropium bromide nasal solution 0.03 %</i>	Tier 1	MO
<i>ipratropium bromide nasal solution 0.06 %</i>	Tier 1	
PULMONARY ANTIHYPERTENSIVES		
ADCIRCA ORAL TABLET 20 MG	Tier 1	PA1; MO
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 1	PA1; MO
LETAIRIS ORAL TABLET 10 MG, 5 MG	Tier 1	PA1; MO
OPSUMIT ORAL TABLET 10 MG	Tier 1	PA1; MO
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	Tier 1	PA1
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 1	PA1; MO
TRACLEER ORAL TABLET 125 MG, 62.5 MG	Tier 1	PA1; LA; MO
TRACLEER ORAL TABLET SOLUBLE 32 MG	Tier 1	PA1; LA; MO
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 1	PA1; LA; MO
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	Tier 1	PA1; LA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	Tier 1	PA1; MO
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL CAPSULE 267 MG	Tier 1	PA1; MO
ESBRIET ORAL TABLET 267 MG, 801 MG	Tier 1	PA1; MO
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 1	PA1; MO
RESPIRATORY TRACT AGENTS, OTHER		

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Tier 1	PA1; MO
KALYDECO ORAL PACKET 50 MG, 75 MG	Tier 1	PA1; MO
KALYDECO ORAL TABLET 150 MG	Tier 1	PA1; MO
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	Tier 1	PA1; MO
ORKAMBI ORAL TABLET 100-125 MG	Tier 1	PA1; LA; MO
ORKAMBI ORAL TABLET 200-125 MG	Tier 1	PA1; MO
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 1	PA1; MO
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 1	PA1; MO
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	Tier 1	PA1; LA; MO
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Tier 1	PA1; LA; MO
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 1	PA1; MO
SKELETAL MUSCLE RELAXANTS		
SKELETAL MUSCLE RELAXANTS		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	MO
<i>carisoprodol oral tablet 350 mg</i>	Tier 1	PA1; HRM
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	PA1; HRM
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	PA1; HRM
<i>methocarbamol injection solution 1000 mg/10ml</i>	Tier 1	PA1; HRM
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	PA1; HRM
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	Tier 1	PA1; HRM
<i>orphenadrine citrate injection solution 30 mg/ml</i>	Tier 1	PA1; HRM
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	Tier 1	MO
SLEEP DISORDER AGENTS		
BARBITURATES		
BUTISOL SODIUM ORAL TABLET 30 MG	Tier 1	PA1; HRM
<i>phenobarbital oral elixir 20 mg/5ml</i>	Tier 1	PA2; HRM; MO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BENZODIAZEPINES		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam hcl oral capsule 15 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>flurazepam hcl oral capsule 30 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1	
GABA RECEPTOR MODULATORS		
ROZEREM ORAL TABLET 8 MG	Tier 1	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg</i>	Tier 1	PA1; HRM
<i>zaleplon oral capsule 5 mg</i>	Tier 1	PA1; HRM; QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	Tier 1	PA1; HRM
<i>zolpidem tartrate oral tablet 10 mg</i>	Tier 1	PA1; HRM
<i>zolpidem tartrate oral tablet 5 mg</i>	Tier 1	PA1; HRM; QL (30 EA per 30 days)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	Tier 1	PA1; HRM
SLEEP DISORDERS, OTHER		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	PA1; MO; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	PA1; MO; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	Tier 1	PA1; LA

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This formulary was updated on 10/18/2018. For more recent information or other questions, please contact us, Boston Medical Center HealthNet Plan Senior Care Options Member Services, at 855-833-8125 or, for TTY users, 711, Monday – Friday, 8:00 a.m. – 8:00 p.m. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from Oct. 1 – Feb. 14), or visit www.SeniorsGetMore.org.

The formulary may change at any time. You will receive notice when necessary.

Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP) is an HMO plan with a Medicare Advantage contract and a contract with the Massachusetts Medicaid program. Enrollment in Boston Medical Center Health Net Plan Senior Care Options (HMO SNP) depends on contract renewal. Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP) is a voluntary MassHealth (Medicaid) program in association with the Executive Office of Health and Human Services (EOHHS) and the Centers for Medicare & Medicaid Services, (CMS).

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ATENCIÓN: Si habla Español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-833-8125 (TTY: 711).

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