

Optum Rx Medicare Prescription Drug Plan Your 2024 Comprehensive Formulary

Administered for the Michigan Public School Employees' Retirement System by
Optum Rx[®]

Effective December 1, 2024



Please read: this document contains information about covered drugs. This comprehensive formulary ("Drug List") was updated on November 1, 2024, and is a complete list of drugs covered by your plan. For more recent information or if you have questions, please contact Optum Rx.

Optum Rx Member Services

Phone (toll-free): 1-855-577-6517
TTY users: 711
Hours of operation: 24 hours a day, 7 days a week
Website: optumrx.com

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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

When this Drug List (formulary) refers to "we," "us," or "our," it means Optum Rx. When it refers to "plan," "your plan," or "our plan," it means the Optum Rx Medicare Prescription Drug Plan offered by the Michigan Public School Employees' Retirement System.

In most instances, you must use network pharmacies to use your prescription drug benefit. The benefits, formulary, pharmacy network, premium, and/or copayments/coinsurance may change on January 1, 2025.

*Last Update Date: November 2024
Formulary 24191
Version 18*

What is the Comprehensive Formulary (“Drug List”)?

A formulary is a list of covered drugs selected by Optum Rx and a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We call it the “Drug List.” This plan will generally cover the drugs listed in the Drug List as long as the drug is medically necessary, the prescription is filled at an Optum Rx network pharmacy, and other plan rules are followed.

Can the Drug List change?

Yes. If your drug is covered at the beginning of the year, it will remain covered throughout 2024 unless a new, less-expensive generic drug becomes available, or new adverse information about the safety or effectiveness of a drug is released.

You will be notified at least 60 days in advance, or when you request a refill, if we remove your drug from the Drug List, apply additional coverage rules (add a prior authorization, quantity limit, and/or step therapy), or move a drug to a higher cost-sharing tier. If this occurs, you will receive a 31-day supply of the drug. If the Food and Drug Administration (FDA) deems your drug to be unsafe, or the drug’s manufacturer removes the drug from the market, you will be notified.

The enclosed Drug List is current as of December 1, 2024. To get updated information about covered drugs, please visit [optumrx.com](https://www.optumrx.com) where you will find the most up-to-date information by using the “Drug Information” tool (found under the “Member Tools” tab). You may also call Optum Rx Member Services. Our contact information is shown on the front and back cover pages.

How do I use the Drug List?

There are 2 ways to find your drug:

- **Medical Condition**

Beginning on page 6, the drugs are grouped into categories depending on the type of medical condition(s) 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 6. 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 94. The Index provides an alphabetical list of all drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index.

How does cost-sharing work?

The Drug List includes generic drugs, preferred brand-name drugs, non-preferred brand-name drugs, and preferred and non-preferred high-cost drugs. Each drug is in one of 5 cost-sharing tiers.

Drug Tier	Helpful Tips
Tier 1	Most generic drugs are listed under Tier 1 and have the lowest copayments.
Tier 2	Drugs listed under Tier 2 generally include preferred brand-name drugs that have lower copayments than non-preferred brand-name drugs, as well as some preferred specialty drugs.

Tier 3	Drugs listed under Tier 3 include non-preferred brand name drugs that generally have higher copayments than preferred brand-name drugs.
Tier 4	Drugs listed in Tier 4 include preferred specialty or high-cost drugs. These drugs cost \$950 or more for up to a 30-day maximum supply, and generally have a lower copayment than drugs in non-preferred tier below.
Tier 5	Drugs listed in Tier 5 include non-preferred specialty or high-cost drugs. These drugs cost \$950 or more for up to a 30-day maximum supply, and generally have a higher copayment than drugs in preferred tier above.

Please refer to your *Evidence of Coverage* for more information.

What are 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 additional coverage requirements?

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

Prior Authorization (PA) You or your physician may need to get prior authorization for certain drugs. This means you will need to get approval from Optum Rx before you fill your prescriptions. If you do not get approval, the drug may not be covered. You must renew your prior authorization annually.

Quantity Limits (QL) For certain drugs, there is a limit on the amount of the drug you can get each time you fill your prescription.

Step Therapy (ST) In some cases, you must first try certain drugs to treat your medical condition before another drug for that condition will be covered. For example, if Drug A and Drug B both treat your medical condition, Drug B may not be covered unless you try Drug A first. If Drug A does not work for you, Drug B will be covered.

To find out if your drug has any additional requirements or limits, look in the Drug List that begins on page 6. You can also get information about requirements applied to specific covered drugs by visiting our website or by calling Optum Rx. Our contact information, along with the date we last updated the Drug List, is shown on the front and back cover pages. You can ask Optum Rx to make an exception to these requirements 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 formulary?” on page 4 for additional information.

What if my drug is not on the Drug List?

If your drug is not included in this Drug List, you should first contact Optum Rx and ask if your drug is covered. You can also view a full list of covered drugs at optumrx.com. This document includes only a complete list of covered drugs. Our contact information, along with the date we last updated the Drug List, is shown on the front and back cover pages.

If your drug is not covered, you have 2 options:

- You can ask Optum Rx for a list of similar drugs that are covered. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered.
- You can ask Optum Rx to make an exception. See below for information about how to request an exception.

How do I request an exception?

Ask Optum Rx to make an exception before you fill your prescription.

- You can ask for a drug to be covered even if it is not on the Drug List. If approved, the drug will be covered at a predetermined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask for a drug on the Drug List to be covered at a lower cost-sharing level if the drug is not in Tier 4. If approved, this would lower the amount you must pay for your drug.
- You can ask for coverage requirements or limits to be waived on your drug. For example, if your drug has a limit on the amount of the drug you can get each time you fill your prescription, you can ask for a greater quantity.

Generally, we will only approve your request for an exception if the drug is included on the Drug List, or if an alternative drug would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You must submit a statement from your doctor (or other prescriber) supporting your request for an exception. Generally, we will make our decision within 72 hours of getting your doctor's (or other 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 will 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 or requesting an exception?

If your drugs are not on the Drug List, or if your ability to get your drugs is limited, your drugs may be covered while you talk to your doctor (or other prescriber) to determine the right course of action for you.

During the first 90 days you are a member of this plan, you may receive a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. If you are a resident of a long-term care facility, you may receive more than one refill during the first 90 days you are a member of this plan or, if you are past the first 90 days of membership, you may receive a 31-day emergency supply of your drugs (unless you have a prescription for fewer days) .

If you are a current enrollee with a level-of-care change you can receive a temporary 31-day transition supply (unless you have a prescription written for fewer days). If you are in the process of seeking an exception, you may be allowed continued coverage until a decision is made.

For more information

For more detailed information about your prescription drug coverage, please review your *Evidence of Coverage*. If you have questions about the plan, please call Optum Rx. Our contact information, along with the date we last updated the formulary, is shown 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), TTY 1-877-486-2048, 24 hours a day, 7 days a week. You may also visit medicare.gov.

Drug List (Formulary)

The comprehensive drug listing below provides information about some of your covered drugs. If you have trouble finding your drug in the list, turn to the Index that begins on page 94.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., COZAAR), and generic drugs are listed in lower-case italics (e.g., *atenolol*). The following abbreviations listed in the “Requirements/Limits” column let you know if there are any additional requirements for coverage of your drug.

Requirements/Limits	Helpful Tips
B/D	This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B (your Blue Cross Blue Shield of Michigan Medicare Plus Blue Group PPO Plan) or D (your Optum Rx Medicare Prescription Drug Plan) depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
NDS	Non-Extended Days' Supply. This prescription drug is not available for an extended days' supply.
PA	Prior Authorization. You or your physician must get prior authorization for certain drugs. This means you will need to get approval from Optum Rx before you fill your prescriptions. If you do not get approval, your drug may not be covered.
QL	Quantity Limit. Certain drugs have limits on the amount of the drug you can get each time you fill your prescription.
ST	Step Therapy. In some cases, you must first try certain drugs to treat your medical condition before another drug is covered for that condition. For example, if Drug A and Drug B both treat your medical condition, Drug B may not be covered unless you try Drug A first. If Drug A does not work for you, Drug B will be covered.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<i>celecoxib capsule</i>	1	QL(60 EA per 30 days)
<i>diclofenac potassium tablet 50mg</i>	1	
<i>diclofenac potassium tablet 25mg</i>	4	NDS
<i>diclofenac sodium gel 1%</i>	1	QL(1000 GM per 30 days)
<i>diclofenac sodium external solution 1.5%</i>	1	PA
<i>diclofenac sodium external solution 2%</i>	4	PA; NDS
<i>diflunisal tablet 500mg</i>	1	
<i>ec-naproxen</i>	1	
<i>etodolac er</i>	1	
<i>etodolac capsule, tablet</i>	1	
<i>fenoprofen calcium capsule 400mg</i>	1	
<i>fenoprofen calcium tablet</i>	1	
<i>flurbiprofen tablet</i>	1	
<i>ibu</i>	1	
<i>ibuprofen suspension</i>	1	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
INDOCIN SUSPENSION	5	NDS
<i>indomethacin er</i>	1	
<i>indomethacin capsule 25mg, 50mg</i>	1	
<i>indomethacin suspension</i>	1	
<i>ketoprofen er capsule extended release 24 hour 200mg</i>	1	
<i>ketoprofen capsule 50mg, 75mg</i>	1	
<i>ketoprofen capsule 25mg</i>	4	NDS
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml</i>	1	
<i>ketorolac tromethamine tablet 10mg</i>	1	QL(20 EA per 30 days)
<i>meclofenamate sodium capsule</i>	1	
<i>mefenamic acid capsule</i>	1	
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium cr tablet extended release 24 hour 375mg</i>	1	
<i>naproxen sodium er</i>	1	
<i>naproxen sodium tablet extended release 24 hour 500mg</i>	1	
<i>naproxen sodium tablet 275mg, 550mg</i>	1	
<i>naproxen/esomeprazole magnesium</i>	4	QL(60 EA per 30 days); PA; NDS
<i>naproxen suspension</i>	4	NDS
<i>naproxen tablet delayed release 500mg</i>	1	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
<i>oxaprozin tablet</i>	1	
<i>piroxicam capsule</i>	1	
<i>sulindac tablet</i>	1	
<i>tolmetin sodium capsule</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tolmetin sodium tablet 600mg</i>	1	
Opioid Analgesics, Long-acting		
<i>buprenorphine</i>	1	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	1	NDS
<i>fentanyl patch 72 hour 87.5mcg/hr</i>	4	NDS
<i>hydromorphone hcl er tablet extended release 24 hour 12mg, 16mg, 8mg</i>	1	NDS
<i>hydromorphone hydrochloride er tablet extended release 24 hour 32mg</i>	1	NDS
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 200MG	5	NDS
LEVORPHANOL TARTRATE TABLET 3MG	4	NDS
<i>levorphanol tartrate tablet 2mg</i>	4	NDS
<i>methadone hcl oral solution, tablet</i>	1	NDS
<i>methadone hcl injection</i>	4	NDS
<i>methadone hydrochloride intensol</i>	1	NDS
<i>methadone hydrochloride concentrate</i>	1	NDS
<i>methadose sugar-free</i>	1	NDS
<i>methadose concentrate 10mg/ml</i>	1	NDS
<i>mitigo</i>	1	B/D; NDS
<i>morphine sulfate er capsule extended release 24 hour, tablet extended release</i>	1	NDS
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 15MG, 30MG, 40MG, 60MG	2	NDS
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 80MG	4	NDS
OXYCODONE HYDROCHLORIDE ER TABLET ER 12 HOUR ABUSE-DETERRENT 10MG, 20MG, 40MG	2	NDS
OXYCODONE HYDROCHLORIDE ER TABLET ER 12 HOUR ABUSE-DETERRENT 80MG	4	NDS
<i>oxymorphone hydrochloride er tablet extended release 12 hour 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	1	NDS
<i>oxymorphone hydrochlorideer</i>	1	NDS
<i>tramadol hcl er tablet extended release 24 hour</i>	1	NDS
<i>tramadol hydrochloride er</i>	1	NDS
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine</i>	1	NDS
<i>ascomp/codeine</i>	1	NDS
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	NDS
<i>butalbital/aspirin/caffeine/codeine</i>	1	NDS
<i>butorphanol tartrate</i>	1	NDS
<i>codeine sulfate tablet</i>	1	NDS
<i>duramorph</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	NDS
FENTANYL CITRATE ORAL TRANSMUCOSAL LOZENGE ON A HANDLE 200MCG	3	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	4	PA; NDS
<i>fentanyl citrate tablet</i>	5	PA; NDS
<i>fentanyl citrate injection 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml, 500mcg/10ml, 50mcg/ml</i>	1	B/D; NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	1	NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 10mg/15ml</i>	4	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg, 500mg; 10mg, 500mg; 5mg, 500mg; 7.5mg</i>	1	NDS
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	NDS
<i>hydromorphone hcl liquid, tablet</i>	1	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	1	NDS
<i>hydromorphone hydrochloride dosette</i>	1	NDS
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	1	NDS
LAZANDA	5	PA; NDS
<i>mepiridine hcl injection 100mg/ml, 25mg/ml, 50mg/ml</i>	1	PA; NDS
<i>morphine sulfate/sodium chloride injection 1mg/ml</i>	1	NDS
<i>morphine sulfate tablet</i>	1	NDS
<i>morphine sulfate injection 10mg/ml, 1mg/ml, 4mg/ml, 5mg/ml, 8mg/ml</i>	1	B/D; NDS
<i>morphine sulfate injection 0.5mg/ml, 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 5mg/ml, 8mg/ml</i>	1	NDS
<i>morphine sulfate oral solution 100mg/5ml, 10mg/5ml, 20mg/5ml</i>	1	NDS
<i>nalbuphine hydrochloride</i>	1	NDS
NUCYNTA TABLET 50MG, 75MG	3	NDS
NUCYNTA TABLET 100MG	5	NDS
<i>oxycodone hydrochloride capsule, solution, tablet</i>	1	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg, 500mg; 7.5mg</i>	1	NDS
<i>oxycodone/aspirin tablet 325mg; 4.835mg</i>	1	NDS
<i>oxymorphone hydrochloride</i>	1	NDS
<i>pentazocine/naloxone hcl</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hydrochloride/acetaminophen</i>	1	NDS
<i>tramadol hydrochloride tablet 100mg, 50mg</i>	1	NDS
Anesthetics		
<i>Local Anesthetics</i>		
<i>glydo</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hcl jelly</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hcl injection 0.5%, 1.5%, 2%, 4%</i>	1	
<i>lidocaine hcl prefilled syringe 2%</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hydrochloride external solution</i>	1	QL(250 ML per 30 days); PA
<i>lidocaine hydrochloride injection 1%, 2%</i>	1	
<i>lidocaine-prilocaine-cream base cream</i>	1	QL(30 GM per 30 days); PA
<i>lidocaine/prilocaine cream</i>	1	QL(30 GM per 30 days); PA
LIDOCAINE/TETRACAINE CREAM 7%; 7%	5	QL(30 GM per 30 days); PA; NDS
<i>lidocaine ointment 5%</i>	1	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	1	PA
PLIAGLIS CREAM	3	QL(30 GM per 30 days); PA
<i>premium lidocaine</i>	1	QL(150 GM per 30 days); PA
ZTLIDO	3	QL(90 EA per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
<i>Alcohol Deterrents/Anti-craving</i>		
<i>acamprosate calcium dr</i>	1	
<i>disulfiram tablet</i>	1	
<i>naltrexone hcl tablet</i>	1	
VIVITROL	4	NDS
<i>Opioid Dependence</i>		
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	1	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	1	QL(90 EA per 30 days)
<i>buprenorphine hcl injection, tablet sublingual</i>	1	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	1	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	1	QL(90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride tablet sublingual 2mg; 0.5mg</i>	1	QL(360 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride tablet sublingual 8mg; 2mg</i>	1	QL(90 EA per 30 days)
<i>lofexidine hydrochloride</i>	4	QL(224 EA per 14 days); NDS
LUCEMYRA	5	QL(224 EA per 14 days); NDS
<i>Opioid Reversal Agents</i>		
<i>naloxone hcl injection 4mg/10ml</i>	1	
<i>naloxone hydrochloride liquid</i>	1	
<i>naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml</i>	1	
<i>Smoking Cessation Agents</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	1	QL(60 EA per 30 days)
NICOTROL INHALER	3	QL(2688 EA per 365 days)
NICOTROL NS	3	QL(360 ML per 365 days)
<i>varenicline starting month</i>	1	QL(504 EA per 365 days)
<i>varenicline tartrate</i>	1	QL(504 EA per 365 days)
Antibacterials		
<i>Aminoglycosides</i>		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	1	
<i>gentamicin sulfate pediatric</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/sodium chloride injection 1.2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate injection 40mg/ml</i>	1	
<i>gentamicin sulfate ointment 0.1%</i>	1	
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	1	
<i>neomycin sulfate</i>	1	
<i>neomycin/polymyxin b sulfates</i>	1	
<i>paromomycin sulfate</i>	1	
STREPTOMYCIN SULFATE INJECTION 1GM	5	NDS
<i>tobramycin sulfate injection</i>	1	
<i>Antibacterials, Other</i>		
ALTABAX	3	
<i>aztreonam injection 1gm</i>	1	
<i>aztreonam injection 2gm</i>	4	NDS
<i>bacitracin injection 50000unit</i>	1	
<i>chloramphenicol sodium succinate</i>	1	
CLEOCIN SUPPOSITORY	3	
<i>clindacin etz pledgets</i>	1	
<i>clindamycin hcl capsule 300mg</i>	1	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate/dextrose</i>	1	
<i>clindamycin phosphate cream 2%</i>	1	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml, 9gm/60ml</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>colistimethate sodium</i>	4	NDS
DALVANCE	5	NDS
DAPTOMYCIN/SODIUM CHLORIDE	3	
DAPTOMYCIN INJECTION 350MG	4	NDS
<i>daptomycin injection 500mg</i>	4	NDS
<i>fosfomicin tromethamine</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
IMPAVIDO	5	NDS
KIMYRSA	5	NDS
<i>lincomycin hcl injection</i>	1	
<i>linezolid tablet</i>	1	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	4	QL(1800 ML per 28 days); NDS
<i>linezolid injection 600mg/300ml</i>	1	
<i>methenamine hippurate</i>	3	
<i>metronidazole vaginal</i>	1	
<i>metronidazole capsule 375mg</i>	1	
<i>metronidazole injection 500mg/100ml</i>	1	
<i>metronidazole tablet 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	
<i>nitrofurantoin monohydrate capsule</i>	1	
NITROFURANTOIN SUSPENSION 50MG/5ML	4	
<i>nitrofurantoin suspension 25mg/5ml</i>	4	NDS
ORBACTIV	5	NDS
<i>polymyxin b sulfate injection</i>	1	
SIVEXTRO	5	QL(6 EA per 30 days); NDS
SYNERCID INJECTION 350MG; 150MG	4	NDS
TIGECYCLINE	4	NDS
<i>tinidazole</i>	1	
<i>trimethoprim tablet</i>	1	
<i>vancomycin hcl injection 0.9%; 1gm/200ml, 100gm, 10gm</i>	1	
<i>vancomycin hydrochloride/dextrose injection 5%; 1gm/200ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	1	
<i>vancomycin hydrochloride capsule 125mg</i>	1	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	1	QL(240 EA per 30 days)
<i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1gm, 250mg, 2gm, 500mg, 5gm, 750mg</i>	1	
<i>vancomycin hydrochloride oral solution reconstituted 250mg/5ml</i>	1	
<i>vancomycin injection 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	1	
VIBATIV INJECTION 750MG	4	NDS
XENLETA	5	NDS
<i>Beta-lactam, Cephalosporins</i>		
AVYCAZ	5	NDS
<i>cefadroxil</i>	1	
<i>cefazolin sodium/dextrose injection 1gm; 4%, 2gm; 3%</i>	1	
<i>cefazolin sodium injection 100gm, 10gm, 1gm/50ml; 4%, 1gm, 300gm, 500mg</i>	1	
<i>cefazolin injection 2gm/100ml; 4%, 2gm, 3gm</i>	1	
<i>cefdinir</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefepime</i>	1	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	1	
<i>cefepime/dextrose</i>	1	
<i>cefixime</i>	1	
<i>cefotaxime sodium injection 1gm, 2gm</i>	1	
<i>cefotetan injection 1gm, 2gm</i>	1	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime/dextrose</i>	1	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	1	
<i>ceftriaxone in iso-osmotic dextrose</i>	1	
<i>ceftriaxone sodium injection</i>	1	
<i>ceftriaxone/dextrose</i>	1	
<i>cefuroxime axetil tablet</i>	1	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	1	
<i>cephalexin</i>	1	
FETROJA	5	NDS
SUPRAX TABLET CHEWABLE	3	
SUPRAX SUSPENSION RECONSTITUTED 500MG/5ML	3	
TAZICEF INJECTION 1GM/50ML; 4.4%	3	
<i>tazicef injection 1gm, 2gm, 6gm</i>	1	
TEFLARO	5	NDS
<i>Beta-lactam, Penicillins</i>		
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	1	
<i>ampicillin sodium injection</i>	1	
<i>ampicillin-sulbactam</i>	1	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	1	
<i>ampicillin capsule 500mg</i>	1	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	3	
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
<i>dicloxacillin sodium</i>	1	
NAFCILLIN	5	NDS
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	1	
OXACILLIN SODIUM INJECTION 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	3	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	1	

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<i>penicillin g potassium in iso-osmotic dextrose</i>	1	
<i>penicillin g potassium injection 20000000unit, 5000000unit</i>	1	
<i>penicillin g procaine</i>	1	
<i>penicillin g sodium</i>	4	NDS
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	
ZOSYN INJECTION 1GM/50ML; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	3	
Carbapenems		
<i>ertapenem</i>	1	
<i>ertapenem sodium</i>	1	
<i>imipenem/cilastatin</i>	1	
<i>meropenem</i>	1	
<i>meropenem/sodium chloride injection 500mg; 0.9%</i>	1	
<i>meropenem/sodium chloride injection 1gm/50ml; 0.9%</i>	4	NDS
VABOMERE	5	NDS
Macrolides		
<i>azithromycin packet, suspension reconstituted, tablet</i>	1	
<i>azithromycin injection 500mg</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin suspension reconstituted, tablet</i>	1	
DIFICID	5	NDS
<i>e.e.s. 400 tablet</i>	1	
<i>erythrocin stearate tablet 250mg</i>	1	
<i>erythromycin base tablet</i>	1	
<i>erythromycin dr</i>	1	
<i>erythromycin ethylsuccinate tablet</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted 400mg/5ml</i>	4	NDS
<i>erythromycin lactobionate</i>	4	NDS
Quinolones		
BAXDELA	5	NDS
CIPRO SUSPENSION RECONSTITUTED	3	
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	1	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin injection 25mg/ml</i>	1	
<i>levofloxacin oral solution 25mg/ml</i>	1	

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<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	1	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	1	
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>	1	
<i>moxifloxacin hydrochloride tablet 400mg</i>	1	
NOROXIN	3	
<i>ofloxacin tablet 300mg, 400mg</i>	1	
Sulfonamides		
<i>sulfadiazine tablet</i>	1	
<i>sulfamethoxazole/trimethoprim</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfatrim pediatric</i>	1	
Tetracyclines		
<i>avidoxy</i>	1	
<i>coremino</i>	1	
<i>demeclocycline hcl tablet</i>	1	
<i>demeclocycline hydrochloride tablet 300mg</i>	1	
DORYX MPC TABLET DELAYED RELEASE 120MG	3	
<i>doxy 100</i>	1	
<i>doxycycline</i>	1	
<i>doxycycline hyclate dr tablet delayed release 100mg, 150mg, 200mg, 50mg, 75mg</i>	1	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	1	
<i>doxycycline hyclate injection 100mg</i>	1	
<i>doxycycline hyclate tablet 100mg, 150mg, 50mg, 75mg</i>	1	
<i>doxycycline monohydrate capsule, tablet</i>	1	
MINOCIN INJECTION	5	NDS
<i>minocycline hcl capsule 75mg</i>	1	
<i>minocycline hcl tablet</i>	1	
<i>minocycline hydrochloride er</i>	1	
<i>minocycline hydrochloride capsule</i>	1	
<i>mondoxyne nl capsule 100mg, 75mg</i>	1	
<i>morgidox 1x100mg capsule</i>	1	
<i>morgidox 2x100mg capsule</i>	1	
NUZYRA	5	NDS
TETRACYCLINE HYDROCHLORIDE CAPSULE	2	
VIBRAMYCIN SYRUP	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT	5	PA; NDS
ELEPSIA XR	5	NDS
EPIDIOLEX	5	PA; NDS
EPRONTIA	3	
<i>felbamate tablet</i>	1	
<i>felbamate suspension</i>	4	NDS

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FINTEPLA	5	PA; NDS
FYCOMPA SUSPENSION	5	NDS
FYCOMPA TABLET 2MG	3	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	NDS
LAMICTAL XR KIT	3	
<i>lamotrigine er</i>	1	
<i>lamotrigine odt</i>	1	
<i>lamotrigine starter kit/blue</i>	1	
<i>lamotrigine starter kit/green</i>	4	NDS
<i>lamotrigine starter kit/orange</i>	1	
<i>lamotrigine titration</i>	1	
<i>lamotrigine tablet chewable, tablet</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam/sodium chloride</i>	1	
<i>levetiracetam injection, oral solution, tablet</i>	1	
NAYZILAM	5	QL(10 EA per 30 days); NDS
<i>roweepra tablet 500mg</i>	1	
SPRITAM	3	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	1	
<i>subvenite starter kit/green</i>	4	NDS
<i>subvenite starter kit/orange</i>	1	
<i>topiramate er capsule extended release 24 hour 100mg, 25mg, 50mg</i>	1	
<i>topiramate er capsule extended release 24 hour 200mg</i>	4	NDS
<i>topiramate capsule sprinkle, tablet</i>	1	
<i>valproate sodium injection 100mg/ml</i>	1	
<i>valproic acid</i>	1	
XCOPRI TABLET	5	PA; NDS
XCOPRI TABLET THERAPY PACK 0	3	PA
XCOPRI TABLET THERAPY PACK 0	5	PA; NDS
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	1	
<i>methsuximide</i>	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam</i>	1	
<i>clonazepam odt tablet disintegrating 2mg</i>	1	QL(300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
DIACOMIT	5	PA; NDS
<i>diazepam rectal gel</i>	1	
<i>divalproex sodium dr tablet delayed release</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium er</i>	1	
<i>divalproex sodium capsule delayed release sprinkle</i>	1	
<i>gabapentin capsule 400mg</i>	1	QL(270 EA per 30 days)
<i>gabapentin capsule 100mg, 300mg</i>	1	QL(360 EA per 30 days)
<i>gabapentin solution</i>	1	QL(2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	1	QL(150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	1	QL(180 EA per 30 days)
LIBERVANT	3	QL(10 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	1	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	
<i>primidone tablet</i>	1	
SYMPAZAN FILM 5MG	3	
SYMPAZAN FILM 10MG, 20MG	5	NDS
<i>tiagabine hydrochloride</i>	1	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days); NDS
VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days); NDS
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days); NDS
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days); NDS
<i>vigabatrin</i>	4	PA; NDS
<i>vigadrone</i>	4	PA; NDS
VIGAFYDE	5	PA; NDS
<i>vigpoder</i>	4	PA; NDS
<i>Sodium Channel Agents</i>		
APTIOM	5	NDS
<i>carbamazepine er</i>	1	
<i>carbamazepine tablet chewable, suspension, tablet</i>	1	
DILANTIN CAPSULE 30MG	2	
<i>epitol</i>	1	
<i>fosphenytoin sodium</i>	1	
<i>lacosamide</i>	1	
<i>oxcarbazepine</i>	1	
<i>phenytek</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin sodium injection</i>	1	
<i>phenytoin tablet chewable, suspension</i>	1	
<i>rufinamide suspension</i>	4	NDS
<i>rufinamide tablet 200mg</i>	1	
<i>rufinamide tablet 400mg</i>	4	NDS
ZONISADE	3	ST
<i>zonisamide</i>	1	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		

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Drug Name	Drug Tier	Requirements/Limits
ERGOLOID MESYLATES TABLET	3	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	3	QL(30 EA per 30 days); ST
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK	3	QL(56 EA per 365 days); ST
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tablet disintegrating</i>	1	
<i>donepezil hcl tablet 10mg, 23mg</i>	1	
<i>donepezil hydrochloride odt</i>	1	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>galantamine hydrobromide solution, tablet</i>	1	
<i>rivastigmine tartrate</i>	1	
<i>rivastigmine transdermal system</i>	1	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	1	
<i>memantine hydrochloride er</i>	1	QL(30 EA per 30 days)
<i>memantine hydrochloride solution, tablet</i>	1	
NAMENDA XR TITRATION PACK	2	QL(56 EA per 365 days)
Antidepressants		
<i>Antidepressants, Other</i>		
APLENZIN	5	QL(30 EA per 30 days); ST; NDS
AUVELITY	3	QL(60 EA per 30 days); ST
<i>bupropion hcl tablet 100mg</i>	1	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	1	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	1	QL(90 EA per 30 days)
BUPROPION HYDROCHLORIDE ER (XL) TABLET EXTENDED RELEASE 24 HOUR 450MG	3	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	1	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	1	QL(90 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	1	
<i>chlordiazepoxide/amitriptyline</i>	1	
FORFIVO XL	3	QL(30 EA per 30 days)
<i>maprotiline hcl</i>	1	
<i>mirtazapine odt</i>	1	
<i>mirtazapine tablet</i>	1	
<i>olanzapine/fluoxetine capsule 25mg; 12mg, 50mg; 12mg, 50mg; 6mg</i>	1	QL(30 EA per 30 days)
<i>olanzapine/fluoxetine capsule 25mg; 3mg, 25mg; 6mg</i>	1	QL(90 EA per 30 days)
<i>perphenazine/amitriptyline</i>	1	
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA; NDS
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	5	QL(30 EA per 30 days); ST; NDS
MARPLAN	3	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</i>		
<i>citalopram</i>	1	
<i>citalopram hydrobromide solution, tablet</i>	1	
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	2	QL(120 EA per 30 days); ST
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 50MG	2	QL(30 EA per 30 days); ST
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	1	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	1	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	3	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	3	QL(90 EA per 30 days)
<i>duloxetine hcl capsule delayed release particles 40mg</i>	1	QL(90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	1	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg, 40mg</i>	1	QL(90 EA per 30 days)
<i>escitalopram oxalate solution, tablet</i>	1	
FETZIMA	3	QL(30 EA per 30 days); ST
FETZIMA TITRATION PACK	3	QL(56 EA per 365 days); ST
<i>fluoxetine dr</i>	1	QL(4 EA per 28 days)
<i>fluoxetine hydrochloride capsule, solution, tablet</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	1	QL(60 EA per 30 days)
<i>nefazodone hydrochloride</i>	3	
<i>paroxetine</i>	1	QL(30 EA per 30 days)
<i>paroxetine hcl er</i>	1	
<i>paroxetine hcl tablet 30mg, 40mg</i>	1	
<i>paroxetine hydrochloride suspension</i>	1	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	1	
PEXEVA TABLET 10MG, 20MG, 40MG	3	QL(30 EA per 30 days)
PEXEVA TABLET 30MG	3	QL(60 EA per 30 days)
<i>sertraline hcl concentrate</i>	1	
<i>sertraline hcl tablet 50mg</i>	1	
SERTRALINE HYDROCHLORIDE CAPSULE	3	ST
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX	3	QL(30 EA per 30 days)
VENLAFAXINE BESYLATE ER	3	ST
<i>venlafaxine hcl er tablet extended release 24 hour 37.5mg</i>	1	
<i>venlafaxine hydrochloride</i>	1	
<i>venlafaxine hydrochloride er</i>	1	
VIIBRYD STARTER PACK	3	QL(60 EA per 365 days)
<i>vilazodone hydrochloride</i>	1	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	1	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hydrochloride</i>	1	
<i>desipramine hydrochloride</i>	1	
<i>doxepin hcl capsule 75mg</i>	1	
<i>doxepin hcl concentrate</i>	1	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	1	
<i>imipramine hcl tablet 25mg, 50mg</i>	1	
<i>imipramine hydrochloride tablet 10mg</i>	1	
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	1	
<i>nortriptyline hcl solution</i>	1	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate capsule</i>	1	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	1	
<i>doxylamine succinate/pyridoxine hydrochloride</i>	2	QL(120 EA per 30 days)
<i>meclizine hcl tablet</i>	1	
<i>prochlorperazine edisylate injection 10mg/2ml, 50mg/10ml</i>	1	
<i>prochlorperazine maleate tablet</i>	1	
<i>prochlorperazine suppository 25mg</i>	1	
<i>promethazine hcl injection</i>	1	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	1	
<i>promethazine hcl tablet 12.5mg</i>	1	
<i>promethazine hydrochloride plain</i>	1	
<i>promethazine hydrochloride injection, oral solution</i>	1	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	1	
<i>promethegan</i>	1	
<i>scopolamine</i>	1	
<i>trimethobenzamide hydrochloride</i>	1	B/D
Emetogenic Therapy Adjuncts		
AKYNZEO INJECTION	3	

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Drug Name	Drug Tier	Requirements/Limits
AKYNZEO CAPSULE	3	QL(2 EA per 30 days); B/D
ANZEMET TABLET 50MG	2	QL(5 EA per 30 days); B/D
ANZEMET TABLET 100MG	4	QL(5 EA per 30 days); B/D; NDS
<i>aprepitant capsule 40mg</i>	1	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	1	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 0</i>	1	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	1	QL(8 EA per 30 days); B/D
CINVANTI	3	
<i>dronabinol</i>	1	QL(60 EA per 30 days); PA
EMEND SUSPENSION RECONSTITUTED	2	QL(6 EA per 30 days); B/D
<i>fosaprepitant dimeglumine</i>	1	
<i>granisetron hcl injection 1mg/ml</i>	1	
<i>granisetron hydrochloride injection</i>	1	
<i>granisetron hydrochloride tablet</i>	1	QL(30 EA per 30 days); B/D
<i>ondansetron hcl solution</i>	1	QL(450 ML per 30 days); B/D
<i>ondansetron hcl tablet 24mg</i>	1	QL(14 EA per 28 days); B/D
<i>ondansetron hydrochloride injection</i>	1	
<i>ondansetron hydrochloride tablet</i>	1	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	1	B/D
<i>palonosetron hydrochloride injection 0.25mg/2ml, 0.25mg/5ml</i>	1	
<i>palonosetron hydrochloride injection 0.25mg/5ml</i>	4	NDS
SANCUSO	5	QL(2 EA per 30 days); NDS
SUSTOL	5	QL(1.2 ML per 30 days); NDS
SYNDROS	5	QL(120 ML per 30 days); PA; NDS
Antifungals		
<i>Antifungals</i>		
ABELCET	3	B/D
<i>amphotericin b liposome</i>	4	B/D; NDS
<i>amphotericin b injection</i>	1	B/D
BIO-STATIN CAPSULE 1000000UNIT	3	
CASPOFUNGIN ACETATE INJECTION 50MG	4	NDS
<i>casposfungin acetate injection 70mg</i>	1	
<i>clotrimazole cream, solution, troche</i>	1	
CRESEMBA INJECTION	5	NDS
CRESEMBA CAPSULE	5	PA; NDS
<i>econazole nitrate cream</i>	1	
ERAXIS	4	NDS
EXELDERM	3	
<i>fluconazole in sodium chloride</i>	1	
<i>fluconazole/sodium chloride</i>	1	
<i>fluconazole suspension reconstituted, tablet</i>	1	
<i>flucytosine capsule</i>	4	NDS
<i>griseofulvin microsize</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	1	
<i>gynazole-1</i>	1	
<i>itraconazole capsule</i>	1	PA
<i>itraconazole solution</i>	4	PA; NDS
<i>ketoconazole shampoo, tablet</i>	1	
<i>ketoconazole cream</i>	1	QL(90 GM per 30 days)
<i>klayesta</i>	1	QL(120 GM per 30 days)
<i>micafungin injection 100mg</i>	1	
<i>micafungin injection 50mg</i>	4	NDS
<i>miconazole 3 suppository</i>	1	
<i>naftifine hcl</i>	1	
<i>naftifine hydrochloride</i>	1	
NOXAFIL SUSPENSION	4	PA; NDS
<i>nyamyc</i>	1	QL(120 GM per 30 days)
<i>nystatin cream, ointment, suspension, tablet</i>	1	
<i>nystatin powder</i>	1	QL(120 GM per 30 days)
<i>nystop</i>	1	QL(120 GM per 30 days)
<i>oxiconazole nitrate</i>	1	QL(90 GM per 30 days)
OXISTAT LOTION	3	
<i>posaconazole dr</i>	4	PA; NDS
<i>posaconazole suspension</i>	4	PA; NDS
SULCONAZOLE NITRATE CREAM	3	
<i>terbinafine hcl tablet</i>	1	QL(84 EA per 180 days)
<i>terconazole</i>	1	
TOLSURA	5	PA; NDS
<i>voriconazole tablet</i>	1	
<i>voriconazole suspension reconstituted</i>	4	NDS
<i>voriconazole injection</i>	4	PA; NDS
<i>zazole cream 0.4%</i>	1	
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine tablet 0.6mg</i>	1	
<i>febuxostat</i>	1	
<i>probenecid/colchicine</i>	1	
<i>probenecid tablet</i>	1	
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate nasal solution</i>	1	QL(8 ML per 30 days); PA
<i>dihydroergotamine mesylate injection</i>	4	QL(24 ML per 28 days); PA; NDS
ERGOMAR	5	NDS
<i>ergotamine tartrate/caffeine</i>	1	QL(24 EA per 28 days)
<i>migergot</i>	4	QL(20 EA per 28 days); NDS
<i>Prophylactic</i>		

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AIMOVIG INJECTION 140MG/ML	3	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA; NDS
NURTEC	3	QL(18 EA per 30 days); PA
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	
UBRELVY	5	QL(16 EA per 30 days); PA; NDS
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>almotriptan</i>	1	QL(12 EA per 30 days)
<i>almotriptan malate tablet 12.5mg</i>	1	QL(12 EA per 30 days)
<i>eletriptan hydrobromide</i>	1	QL(12 EA per 30 days)
<i>frovatriptan succinate</i>	1	QL(12 EA per 30 days)
<i>naratriptan hcl</i>	1	QL(9 EA per 30 days)
REYVOW TABLET 50MG	3	QL(4 EA per 30 days); PA
REYVOW TABLET 100MG	3	QL(8 EA per 30 days); PA
<i>rizatriptan benzoate</i>	1	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	1	QL(18 EA per 30 days)
<i>sumatriptan succinate refill</i>	1	QL(5 ML per 30 days)
<i>sumatriptan succinate injection</i>	1	QL(5 ML per 30 days)
<i>sumatriptan succinate tablet</i>	1	QL(9 EA per 30 days)
SUMATRIPTAN/NAPROXEN SODIUM	1	QL(9 EA per 30 days)
<i>sumatriptan solution</i>	1	QL(12 EA per 30 days)
TOSYMRA	3	QL(12 EA per 30 days)
<i>zolmitriptan odt tablet disintegrating 2.5mg</i>	1	QL(12 EA per 30 days)
<i>zolmitriptan odt tablet disintegrating 5mg</i>	1	QL(9 EA per 30 days)
<i>zolmitriptan tablet</i>	1	QL(12 EA per 30 days)
ZOLMITRIPTAN SOLUTION 2.5MG	3	QL(18 EA per 30 days)
<i>zolmitriptan solution 5mg</i>	1	QL(12 EA per 30 days)
ZOMIG SOLUTION 2.5MG	3	QL(18 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
GUANIDINE HCL	3	
<i>pyridostigmine bromide er</i>	1	
<i>pyridostigmine bromide solution, tablet</i>	1	
REGONOL INJECTION 10MG/2ML	2	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet 100mg, 25mg</i>	1	
<i>rifabutin</i>	1	
<i>Antituberculars</i>		
<i>cycloserine</i>	4	NDS
<i>ethambutol hydrochloride</i>	1	
<i>isoniazid injection, syrup, tablet</i>	1	
PASER	3	

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PRIFTIN	3	
<i>pyrazinamide tablet</i>	1	
<i>rifampin capsule, injection</i>	1	
SIRTURO	5	NDS
TRECTOR	3	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>bendamustine hydrochloride injection 100mg, 25mg</i>	4	NDS
<i>bendamustine hydrochloride injection 100mg/4ml</i>	5	NDS
BENDEKA	5	NDS
BICNU	4	NDS
<i>busulfan</i>	4	NDS
BUSULFEX	4	NDS
<i>carboplatin injection 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	1	
<i>carmustine injection 100mg</i>	4	NDS
CISPLATIN INJECTION 50MG	5	NDS
<i>cisplatin injection 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	1	
CYCLOPHOSPHAMIDE MONOHYDRATE INJECTION	5	NDS
<i>cyclophosphamide capsule</i>	1	B/D
CYCLOPHOSPHAMIDE INJECTION 1GM/5ML, 500MG/2.5ML	4	NDS
<i>cyclophosphamide injection 1gm, 2gm, 500mg/ml, 500mg</i>	4	NDS
<i>cyclophosphamide injection 2gm/10ml</i>	5	NDS
<i>dacarbazine injection 100mg, 200mg</i>	1	
EVOMELA	5	NDS
GLEOSTINE CAPSULE 10MG, 40MG	3	
GLEOSTINE CAPSULE 100MG	5	NDS
<i>ifosfamide</i>	1	
KEMOPLAT	3	
LEUKERAN	4	NDS
MATULANE	4	NDS
<i>melphalan hydrochloride</i>	1	
<i>oxaliplatin injection 50mg/10ml</i>	1	
<i>oxaliplatin injection 100mg/20ml, 100mg, 200mg/40ml, 50mg</i>	4	NDS
<i>paraplatin injection 1000mg/100ml, 450mg/45ml, 50mg/5ml</i>	1	
PEPAXTO	4	NDS
TEMODAR INJECTION	5	NDS
<i>thiotepa injection 100mg, 15mg</i>	4	NDS
TREANDA INJECTION 100MG, 25MG	4	NDS
VALCHLOR	5	PA; NDS
YONDELIS	5	NDS
ZANOSAR	5	NDS
ZEPZELCA	4	PA; NDS

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Antiandrogens		
<i>abiraterone acetate tablet 250mg</i>	1	PA
<i>abiraterone acetate tablet 500mg</i>	4	PA; NDS
<i>bicalutamide</i>	1	
ERLEADA	5	PA; NDS
<i>flutamide</i>	1	
<i>nilutamide</i>	4	NDS
NUBEQA	5	PA; NDS
XTANDI	4	PA; NDS
YONSA	5	PA; NDS
Antiangiogenic Agents		
FOTIVDA	4	PA; NDS
<i>lenalidomide</i>	4	PA; NDS
POMALYST	5	PA; NDS
QINLOCK	4	PA; NDS
TABRECTA	4	QL(120 EA per 30 days); PA; NDS
THALOMID	5	PA; NDS
Antiestrogens/Modifiers		
EMCYT	5	NDS
FASLODEX INJECTION 250MG/5ML	4	NDS
<i>fulvestrant</i>	4	NDS
SOLTAMOX	5	NDS
<i>tamoxifen citrate tablet</i>	1	
<i>toremifene citrate</i>	4	NDS
Antimetabolites		
ALIMTA	4	NDS
ARRANON	5	NDS
<i>cladribine</i>	4	B/D; NDS
<i>clofarabine</i>	4	NDS
CLOLAR	4	NDS
<i>cytarabine aqueous</i>	1	B/D
<i>cytarabine injection 100mg/ml, 20mg/ml</i>	1	B/D
DROXIA	2	
FLOXURIDINE INJECTION	4	B/D; NDS
<i>fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
FOLOTYN	5	PA; NDS
<i>gemcitabine hcl</i>	1	
GEMCITABINE HYDROCHLORIDE INJECTION 200MG/2ML, 2GM/20ML	4	NDS
<i>gemcitabine hydrochloride injection 1.5gm/15ml, 1gm/26.3ml, 1gm, 200mg/5.26ml, 200mg, 2gm/52.6ml</i>	1	
<i>gemcitabine hydrochloride injection 1gm/10ml</i>	4	NDS
<i>hydroxyurea capsule</i>	1	

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INFUGEM	5	NDS
<i>mercaptapurine tablet</i>	1	
<i>nelarabine</i>	4	NDS
NIPENT	5	NDS
<i>pemetrexed disodium injection 100mg</i>	1	
<i>pemetrexed disodium injection 500mg</i>	4	NDS
<i>pemetrexed injection 100mg</i>	1	
<i>pemetrexed injection 1000mg, 500mg, 750mg</i>	4	NDS
PRALATREXATE	5	PA; NDS
PURIXAN	5	NDS
SIKLOS TABLET 100MG	3	PA
SIKLOS TABLET 1000MG	5	PA; NDS
TABLOID	2	
VYXEOS	5	PA; NDS
<i>Antineoplastics, Other</i>		
ABRAXANE	5	NDS
<i>adriamycin injection 10mg, 2mg/ml, 50mg</i>	1	B/D
AKEEGA	5	PA; NDS
ARSENIC TRIOXIDE INJECTION 10MG/10ML	5	NDS
<i>arsenic trioxide injection 12mg/6ml</i>	4	NDS
<i>azacitidine</i>	4	NDS
BESREMI	4	PA; NDS
<i>bleomycin sulfate</i>	1	B/D
BORTEZOMIB INJECTION 3.5MG	4	PA; NDS
COLUMVI	5	PA; NDS
<i>dactinomycin</i>	4	NDS
<i>daunorubicin hydrochloride</i>	1	
<i>decitabine</i>	4	PA; NDS
DOCETAXEL INJECTION 160MG/16ML, 80MG/8ML	1	
DOCETAXEL INJECTION 20MG/2ML	4	NDS
<i>docetaxel injection 160mg/8ml, 20mg/ml, 80mg/4ml</i>	1	
<i>doxorubicin hcl injection 2mg/ml, 50mg</i>	1	B/D
<i>doxorubicin hydrochloride liposomal</i>	4	NDS
<i>doxorubicin hydrochloride injection 10mg</i>	1	B/D
ELZONRIS	4	PA; NDS
<i>epirubicin hcl injection 200mg/100ml, 50mg/25ml</i>	1	
EPKINLY	5	PA; NDS
ERIBULIN MESYLATE	4	PA; NDS
ERWINASE	4	NDS
ERWINAZE	4	NDS
<i>fludarabine phosphate injection 50mg/2ml, 50mg</i>	4	NDS
GAVRETO	5	PA; NDS
HALAVEN	4	PA; NDS
IBRANCE TABLET 100MG, 125MG, 75MG	4	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>idarubicin hcl</i>	4	NDS
<i>idarubicin hydrochloride</i>	4	NDS
IDHIFA	5	QL(30 EA per 30 days); PA; NDS
INREBIC	5	PA; NDS
ISTODAX	4	PA; NDS
IWILFIN	5	PA; NDS
IXEMPRA KIT	4	NDS
JEVTANA	4	PA; NDS
KIMMTRAK	4	PA; NDS
KISQALI FEMARA 200 DOSE	5	PA; NDS
KISQALI FEMARA 400 DOSE	5	PA; NDS
KISQALI FEMARA 600 DOSE	5	PA; NDS
KRAZATI	5	PA; NDS
LAZCLUZE TABLET 240MG	5	PA; NDS
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA; NDS
LEVOLEUCOVORIN CALCIUM INJECTION 175MG/17.5ML	1	
<i>levoleucovorin calcium injection 175mg/17.5ml, 250mg/25ml</i>	1	
<i>levoleucovorin injection 50mg</i>	4	NDS
LONSURF	5	PA; NDS
LUMAKRAS	4	PA; NDS
LYTGOBI	5	PA; NDS
MARQIBO	5	NDS
<i>mitomycin injection 20mg, 40mg, 5mg</i>	4	NDS
<i>mutamycin</i>	4	NDS
NINLARO	5	PA; NDS
OGSIVEO	5	PA; NDS
ONCASPAR	4	NDS
ONUREG	4	PA; NDS
ORSERDU	5	PA; NDS
PACLITAXEL PROTEIN-BOUND PARTICLES	5	NDS
<i>paclitaxel injection 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	1	
PEMAZYRE	4	QL(30 EA per 30 days); PA; NDS
PHEGO	4	PA; NDS
<i>proleukin</i>	4	NDS
RETEVMO CAPSULE	4	PA; NDS
RETEVMO TABLET 120MG, 160MG	4	PA; NDS
RETEVMO TABLET 80MG	4	QL(60 EA per 30 days); PA; NDS
RETEVMO TABLET 40MG	4	QL(90 EA per 30 days); PA; NDS
ROMIDEPSIN INJECTION 27.5MG/5.5ML	4	PA; NDS
<i>romidepsin injection 10mg</i>	4	PA; NDS
RYLAZE	5	NDS
SCSEMBLIX TABLET 40MG	5	PA; NDS

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SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA; NDS
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA; NDS
SYNRIBO	4	NDS
TAZVERIK	5	PA; NDS
<i>teniposide</i>	4	NDS
TICE BCG	3	
TRUSELTIQ	5	PA; NDS
TUKYSA	4	PA; NDS
<i>valrubicin</i>	4	NDS
VALSTAR	4	NDS
<i>vinblastine sulfate injection 1mg/ml</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate injection 1mg/ml</i>	1	B/D
<i>vinorelbine tartrate</i>	1	
VONJO	5	PA; NDS
XPOVIO	4	PA; NDS
XPOVIO 100 MG ONCE WEEKLY	4	PA; NDS
XPOVIO 40 MG ONCE WEEKLY	4	PA; NDS
XPOVIO 40 MG TWICE WEEKLY	4	PA; NDS
XPOVIO 60 MG ONCE WEEKLY	4	PA; NDS
XPOVIO 60 MG TWICE WEEKLY	4	PA; NDS
XPOVIO 80 MG ONCE WEEKLY	4	PA; NDS
XPOVIO 80 MG TWICE WEEKLY	4	PA; NDS
ZALTRAP	4	PA; NDS
ZOLINZA	4	PA; NDS
<i>Antineoplastics</i>		
OPDUALAG	5	PA; NDS
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tablet</i>	1	
<i>exemestane</i>	1	
<i>letrozole</i>	1	
<i>Enzyme Inhibitors</i>		
ETOPOPHOS	5	NDS
<i>etoposide injection 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	
<i>irinotecan hydrochloride</i>	1	
<i>irinotecan injection 500mg/25ml</i>	1	
KYPROLIS	5	PA; NDS
ONIVYDE	5	NDS
<i>toposar injection 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	
<i>topotecan hcl injection 4mg/4ml</i>	1	
<i>topotecan hcl injection 4mg</i>	4	NDS
<i>topotecan hydrochloride</i>	1	
<i>Molecular Target Inhibitors</i>		
ALECENSA	5	PA; NDS

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ALIQOPA	5	PA; NDS
ALUNBRIG TABLET THERAPY PACK	5	QL(60 EA per 365 days); PA; NDS
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA; NDS
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA; NDS
AYVAKIT	5	QL(30 EA per 30 days); PA; NDS
BALVERSA	4	PA; NDS
BELEODAQ	5	PA; NDS
BOSULIF	4	PA; NDS
BRAFTOVI CAPSULE 75MG	5	PA; NDS
BRUKINSA	5	PA; NDS
CABOMETYX	5	PA; NDS
CALQUENCE	5	PA; NDS
CAPRELSA TABLET 300MG	5	PA; NDS
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA; NDS
COMETRIQ	4	PA; NDS
COPIKTRA	5	PA; NDS
COTELLIC	5	PA; NDS
<i>dasatinib</i>	4	PA; NDS
DAURISMO	4	PA; NDS
ERIVEDGE	5	PA; NDS
<i>erlotinib hydrochloride tablet 100mg, 25mg</i>	1	PA
<i>erlotinib hydrochloride tablet 150mg</i>	4	PA; NDS
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	4	PA; NDS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	4	QL(30 EA per 30 days); PA; NDS
EXKIVITY	4	NDS
FARYDAK	5	NDS
FRUZAQLA	5	PA; NDS
FYARRO	4	PA; NDS
<i>gefitinib</i>	4	PA; NDS
GILOTRIF	4	QL(30 EA per 30 days); PA; NDS
IBRANCE CAPSULE 100MG, 125MG, 75MG	4	PA; NDS
ICLUSIG TABLET 30MG, 45MG	4	PA; NDS
ICLUSIG TABLET 10MG, 15MG	4	QL(30 EA per 30 days); PA; NDS
<i>imatinib mesylate</i>	1	PA
IMBRUVICA	4	PA; NDS
INLYTA	5	PA; NDS
INQOVI	5	PA; NDS
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	4	PA; NDS
JAKAFI TABLET 10MG	4	QL(60 EA per 30 days); PA; NDS
JAYPIRCA TABLET 100MG	5	PA; NDS
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA; NDS
KISQALI	5	PA; NDS
KOSELUGO	4	PA; NDS
<i>lapatinib ditosylate</i>	4	PA; NDS

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LENVIMA 10 MG DAILY DOSE	5	PA; NDS
LENVIMA 12MG DAILY DOSE	5	PA; NDS
LENVIMA 14 MG DAILY DOSE	5	PA; NDS
LENVIMA 18 MG DAILY DOSE	5	PA; NDS
LENVIMA 20 MG DAILY DOSE	5	PA; NDS
LENVIMA 24 MG DAILY DOSE	5	PA; NDS
LENVIMA 4 MG DAILY DOSE	5	PA; NDS
LENVIMA 8 MG DAILY DOSE	5	PA; NDS
LORBRENA	5	PA; NDS
LYNPARZA TABLET	5	PA; NDS
MEKINIST	4	PA; NDS
MEKTOVI	5	PA; NDS
NERLYNX	5	QL(180 EA per 30 days); PA; NDS
ODOMZO	5	PA; NDS
OJEMDA	5	PA; NDS
OJJAARA	5	PA; NDS
<i>pazopanib hydrochloride</i>	4	PA; NDS
PIQRAY 200MG DAILY DOSE	4	PA; NDS
PIQRAY 250MG DAILY DOSE	4	PA; NDS
PIQRAY 300MG DAILY DOSE	4	PA; NDS
REZLIDHIA	5	PA; NDS
ROZLYTREK	4	PA; NDS
RUBRACA	5	PA; NDS
RYDAPT	5	PA; NDS
<i>sorafenib</i>	4	PA; NDS
<i>sorafenib tosylate</i>	4	PA; NDS
SPRYCEL	4	PA; NDS
STIVARGA	4	PA; NDS
<i>sunitinib malate</i>	4	PA; NDS
TAFINLAR	5	PA; NDS
TAGRISSO TABLET 80MG	5	PA; NDS
TAGRISSO TABLET 40MG	5	QL(30 EA per 30 days); PA; NDS
TALZENNA	5	PA; NDS
TASIGNA	4	PA; NDS
<i>temsirolimus</i>	4	NDS
TEPMETKO	5	PA; NDS
TIBSOVO	5	PA; NDS
TORISEL	4	NDS
<i>torpenz</i>	4	QL(30 EA per 30 days); PA; NDS
TRUQAP	5	PA; NDS
TURALIO	4	PA; NDS
<i>vandetanib tablet 300mg</i>	1	PA
<i>vandetanib tablet 100mg</i>	1	QL(60 EA per 30 days); PA
VANFLYTA	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA STARTING PACK	5	PA; NDS
VENCLEXTA TABLET 10MG	2	PA
VENCLEXTA TABLET 100MG, 50MG	5	PA; NDS
VERZENIO	5	PA; NDS
VITRAKVI	4	PA; NDS
VIZIMPRO	5	PA; NDS
VORANIGO TABLET 40MG	5	PA; NDS
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA; NDS
VOTRIENT	5	PA; NDS
WELIREG	4	PA; NDS
XALKORI	4	PA; NDS
XOSPATA	4	PA; NDS
ZEJULA CAPSULE	5	PA; NDS
ZEJULA TABLET 200MG, 300MG	5	PA; NDS
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA; NDS
ZELBORAF	4	PA; NDS
ZYDELIG	5	PA; NDS
ZYKADIA TABLET	5	PA; NDS
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>		
ADCETRIS	5	PA; NDS
ARZERRA	5	PA; NDS
AVASTIN	5	PA; NDS
BAVENCIO	5	PA; NDS
BESPOUSA	5	PA; NDS
BLINCYTO	5	PA; NDS
CYRAMZA	5	PA; NDS
DANYELZA	5	PA; NDS
DARZALEX	5	PA; NDS
DARZALEX FASPRO	5	PA; NDS
EMPLICITI	5	PA; NDS
ENHERTU	5	PA; NDS
ERBITUX	5	PA; NDS
GAZYVA	5	PA; NDS
<i>herceptin injection 150mg</i>	4	PA; NDS
HERZUMA	4	PA; NDS
IMFINZI	5	PA; NDS
JEMPERLI	5	PA; NDS
KADCYLA	4	PA; NDS
KANJINTI	4	PA; NDS
KEYTRUDA INJECTION 100MG/4ML	5	PA; NDS
LIBTAYO	5	PA; NDS
LOQTORZI	5	PA; NDS
LUMOXITI	4	PA; NDS
MARGENZA	4	PA; NDS

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MONJUVI	4	PA; NDS
MVASI	4	PA; NDS
MYLOTARG	5	PA; NDS
OGIVRI	4	PA; NDS
ONTRUZANT	4	PA; NDS
OPDIVO	5	PA; NDS
PADCEV	5	PA; NDS
PERJETA	4	PA; NDS
POLIVY	4	PA; NDS
PORTRAZZA	5	PA; NDS
POTELIGEO	5	PA; NDS
RIABNI	4	PA; NDS
RITUXAN	4	PA; NDS
RITUXAN HYCELA	5	PA; NDS
RUXIENCE	4	PA; NDS
RYBREVANT	4	PA; NDS
SARCLISA	5	PA; NDS
TECENTRIQ	5	PA; NDS
TEVIMBRA	5	PA; NDS
TIVDAK	4	PA; NDS
TRAZIMERA	4	PA; NDS
TRODELVY	4	PA; NDS
TRUXIMA	4	PA; NDS
UNITUXIN	5	NDS
VECTIBIX INJECTION 100MG/5ML, 400MG/20ML	5	NDS
YERVOY	5	PA; NDS
ZEVALIN Y-90	5	NDS
ZIRABEV	4	PA; NDS
ZYNLONTA	5	PA; NDS
Retinoids		
<i>bexarotene</i>	4	PA; NDS
PANRETIN	4	NDS
<i>tretinoin capsule 10mg</i>	4	NDS
Treatment Adjuncts		
<i>dexrazoxane</i>	4	NDS
ELITEK	5	NDS
KHAPZORY	5	NDS
<i>leucovorin calcium tablet</i>	1	
<i>leucovorin calcium injection 100mg/10ml, 100mg, 200mg, 350mg, 500mg/50ml, 500mg, 50mg</i>	1	
<i>mesna</i>	1	
MESNEX TABLET	4	NDS
Antiparasitics		
Anthelmintics		

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Drug Name	Drug Tier	Requirements/Limits
<i>albendazole tablet</i>	4	NDS
<i>ivermectin tablet 3mg</i>	1	PA
<i>praziquantel tablet</i>	1	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED	5	NDS
<i>atovaquone</i>	4	NDS
<i>atovaquone/proguanil hcl</i>	1	
BENZNIDAZOLE	2	
<i>chloroquine phosphate tablet</i>	1	
COARTEM	2	
<i>hydroxychloroquine sulfate tablet</i>	1	
<i>mefloquine hcl</i>	1	
<i>nitazoxanide</i>	4	NDS
<i>pentamidine isethionate injection</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	B/D
PRIMAQUINE PHOSPHATE TABLET	2	
PYRIMETHAMINE TABLET	4	PA; NDS
<i>quinine sulfate capsule 324mg</i>	1	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate injection, tablet</i>	1	
<i>trihexyphenidyl hcl solution</i>	1	
<i>trihexyphenidyl hydrochloride</i>	1	
Antiparkinson Agents, Other		
<i>carbidopa/levodopa/entacapone</i>	1	
<i>entacapone</i>	1	
GOCOVRI	5	PA; NDS
OSMOLEX ER	3	PA
<i>tolcapone</i>	4	QL(180 EA per 30 days); NDS
Dopamine Agonists		
<i>apomorphine hydrochloride injection</i>	4	QL(90 ML per 30 days); PA; NDS
<i>bromocriptine mesylate capsule, tablet</i>	3	
KYNMOBI	5	QL(150 EA per 30 days); PA; NDS
KYNMOBI TITRATION KIT	5	QL(20 EA per 365 days); PA; NDS
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	1	
<i>ropinirole er</i>	1	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	

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<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa tablet</i>	1	
INBRIJA	5	PA; NDS
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet</i>	1	
<i>selegiline hcl capsule, tablet</i>	1	
<i>selegiline hydrochloride tablet</i>	1	
ZELAPAR	5	NDS
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl injection, tablet</i>	1	
<i>chlorpromazine hydrochloride concentrate, tablet</i>	1	
<i>chlorpromazine hydrochloride injection 25mg/ml</i>	1	
<i>fluphenazine decanoate injection</i>	1	
<i>fluphenazine hcl concentrate</i>	1	
<i>fluphenazine hcl tablet 1mg</i>	1	
<i>fluphenazine hydrochloride elixir, injection</i>	1	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	1	
<i>haloperidol decanoate injection</i>	1	
<i>haloperidol lactate</i>	1	
<i>haloperidol concentrate, tablet</i>	1	
<i>loxapine</i>	1	
<i>loxapine succinate capsule 10mg</i>	1	
<i>molindone hydrochloride</i>	1	
<i>perphenazine tablet</i>	1	
<i>pimozide</i>	1	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	1	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	1	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	1	
<i>trifluoperazine hydrochloride tablet 1mg</i>	1	
2nd Generation/Atypical		
ABILIFY MAINTENA	4	NDS
ABILIFY MYCITE	5	QL(30 EA per 30 days); ST; NDS
ABILIFY MYCITE MAINTENANCE KIT	5	QL(30 EA per 30 days); ST; NDS
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 15MG, 20MG, 2MG, 30MG, 5MG	5	QL(60 EA per 365 days); ST; NDS
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 10MG	5	ST; NDS
<i>aripiprazole odt</i>	4	QL(60 EA per 30 days); NDS
<i>aripiprazole tablet</i>	1	QL(30 EA per 30 days)
<i>aripiprazole solution</i>	1	QL(750 ML per 30 days)
ARISTADA	5	NDS
ARISTADA INITIO	5	NDS
<i>asenapine maleate sl</i>	1	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CAPLYTA	5	QL(30 EA per 30 days); PA; NDS
FANAPT	5	QL(60 EA per 30 days); ST; NDS
FANAPT TITRATION PACK	3	QL(8 EA per 180 days); ST
INVEGA HAFYERA	5	ST; NDS
INVEGA SUSTENNA INJECTION 39MG/0.25ML	2	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	NDS
INVEGA TRINZA	5	NDS
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	1	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	1	QL(60 EA per 30 days)
LYBALVI	5	QL(30 EA per 30 days); ST; NDS
NUPLAZID CAPSULE	5	PA; NDS
NUPLAZID TABLET 10MG	5	PA; NDS
<i>olanzapine odt</i>	1	QL(30 EA per 30 days)
<i>olanzapine injection</i>	1	
<i>olanzapine tablet</i>	1	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	1	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	1	QL(60 EA per 30 days)
PERSERIS	5	NDS
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	1	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	1	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	1	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	1	QL(90 EA per 30 days)
REXULTI	5	QL(30 EA per 30 days); NDS
RISPERDAL CONSTA INJECTION 12.5MG	3	
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	5	NDS
<i>risperidone er injection 12.5mg</i>	1	
<i>risperidone er injection 25mg, 37.5mg, 50mg</i>	4	NDS
<i>risperidone odt</i>	1	QL(60 EA per 30 days)
<i>risperidone solution</i>	1	QL(240 ML per 30 days)
<i>risperidone tablet</i>	1	QL(60 EA per 30 days)
SECUADO	5	QL(30 EA per 30 days); ST; NDS
VRAYLAR CAPSULE THERAPY PACK	3	QL(14 EA per 365 days)
VRAYLAR CAPSULE	5	QL(30 EA per 30 days); NDS
<i>ziprasidone hcl</i>	1	QL(60 EA per 30 days)
<i>ziprasidone mesylate</i>	1	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	3	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	NDS
<i>Treatment-Resistant</i>		
<i>clozapine odt tablet disintegrating 150mg</i>	1	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	1	QL(270 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clozapine odt tablet disintegrating 12.5mg</i>	1	QL(90 EA per 30 days)
<i>clozapine odt tablet disintegrating 200mg</i>	4	QL(120 EA per 30 days); NDS
<i>clozapine tablet 200mg</i>	1	QL(120 EA per 30 days)
<i>clozapine tablet 50mg</i>	1	QL(180 EA per 30 days)
<i>clozapine tablet 100mg, 25mg</i>	1	QL(270 EA per 30 days)
VERSACLOZ	5	QL(540 ML per 30 days); NDS
Antispasticity Agents		
<i>Antispasticity Agents</i>		
<i>baclofen injection 20000mcg/20ml, 500mcg/ml</i>	1	B/D
<i>baclofen injection 40mg/20ml, 50mcg/ml</i>	4	B/D; NDS
<i>baclofen tablet 10mg, 20mg, 5mg</i>	1	
BOTOX	3	PA
<i>dantrolene sodium capsule</i>	1	
GABLOFEN INJECTION 10000MCG/20ML	3	B/D
GABLOFEN INJECTION 20000MCG/20ML, 40000MCG/20ML, 50MCG/ML	5	B/D; NDS
LIORESAL INTRATHECAL INJECTION 0.05MG/ML	3	B/D
LIORESAL INTRATHECAL INJECTION 10MG/5ML	5	B/D; NDS
<i>tizanidine hcl capsule 4mg</i>	1	
<i>tizanidine hcl tablet 2mg</i>	1	
<i>tizanidine hydrochloride capsule 2mg, 6mg</i>	1	
<i>tizanidine hydrochloride tablet 4mg</i>	1	
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<i>cidofovir</i>	4	NDS
<i>ganciclovir injection 500mg/10ml, 500mg</i>	1	B/D
LIVTENCITY	5	NDS
PREVYMIS	5	NDS
<i>valganciclovir</i>	1	
<i>valganciclovir hydrochloride</i>	4	NDS
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil</i>	1	
BARACLUDGE SOLUTION	2	QL(600 ML per 30 days)
<i>entecavir</i>	1	QL(30 EA per 30 days)
EPIVIR HBV SOLUTION	2	
<i>lamivudine tablet 100mg</i>	1	
VEMLIDY	5	NDS
<i>Anti-hepatitis C (HCV) Agents</i>		
EPCLUSA PACKET 200MG; 50MG	4	QL(168 EA per 365 days); PA; NDS
EPCLUSA PACKET 150MG; 37.5MG	4	QL(84 EA per 365 days); PA; NDS
EPCLUSA TABLET 200MG; 50MG	4	QL(168 EA per 365 days); PA; NDS
EPCLUSA TABLET 400MG; 100MG	4	QL(84 EA per 365 days); PA; NDS
HARVONI PACKET 33.75MG; 150MG	5	QL(168 EA per 365 days); PA; NDS
HARVONI PACKET 45MG; 200MG	5	QL(336 EA per 365 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
HARVONI TABLET 90MG; 400MG	4	QL(168 EA per 365 days); PA; NDS
<i>ledipasvir/sofosbuvir</i>	4	QL(168 EA per 365 days); PA; NDS
MAVYRET TABLET	5	QL(336 EA per 365 days); PA; NDS
MAVYRET PACKET	5	QL(560 EA per 365 days); PA; NDS
<i>ribavirin capsule</i>	1	
<i>ribavirin tablet 200mg</i>	1	
SOFOSBUVIR/VELPATASVIR	4	QL(84 EA per 365 days); PA; NDS
SOVALDI TABLET	5	QL(336 EA per 365 days); PA; NDS
SOVALDI PACKET 150MG	5	QL(168 EA per 365 days); PA; NDS
SOVALDI PACKET 200MG	5	QL(336 EA per 365 days); PA; NDS
VIEKIRA PAK	5	QL(672 EA per 365 days); PA; NDS
VOSEVI	5	QL(84 EA per 365 days); PA; NDS
ZEPATIER	5	QL(112 EA per 365 days); PA; NDS
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
BIKTARVY	5	QL(30 EA per 30 days); NDS
CABENUVA	5	NDS
DOVATO	5	QL(30 EA per 30 days); NDS
GENVOYA	5	QL(30 EA per 30 days); NDS
ISENTRESS HD	4	NDS
ISENTRESS PACKET, TABLET	4	NDS
ISENTRESS TABLET CHEWABLE 25MG	2	
ISENTRESS TABLET CHEWABLE 100MG	4	NDS
JULUCA	5	QL(30 EA per 30 days); NDS
STRIBILD	4	QL(30 EA per 30 days); NDS
TIVICAY PD	4	NDS
TIVICAY TABLET 10MG	2	
TIVICAY TABLET 25MG, 50MG	4	NDS
VOCABRIA	5	NDS
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA	4	QL(30 EA per 30 days); NDS
DELSTRIGO	5	QL(30 EA per 30 days); NDS
EDURANT	4	NDS
<i>efavirenz</i>	1	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	1	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	4	QL(30 EA per 30 days); NDS
<i>etravirine</i>	4	NDS
INTELENCE TABLET 25MG	2	
<i>nevirapine</i>	1	
<i>nevirapine er</i>	1	
PIFELTRO	5	NDS
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir</i>	1	

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<i>abacavir sulfate/lamivudine</i>	1	QL(30 EA per 30 days)
<i>abacavir sulfate/lamivudine/zidovudine</i>	4	QL(60 EA per 30 days); NDS
CIMDUO	5	QL(30 EA per 30 days); NDS
DESCOVY	5	QL(30 EA per 30 days); NDS
<i>didanosine capsule delayed release 200mg, 250mg, 400mg</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine/tenofovir disoproxil</i>	4	QL(30 EA per 30 days); NDS
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 200mg; 300mg</i>	1	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	4	QL(30 EA per 30 days); NDS
EMTRIVA SOLUTION	2	
<i>lamivudine/zidovudine</i>	1	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	1	
<i>lamivudine tablet 150mg, 300mg</i>	1	
ODEFSEY	4	QL(30 EA per 30 days); NDS
RETROVIR IV INFUSION	3	
<i>stavudine capsule</i>	1	
TEMIXYS	5	QL(30 EA per 30 days); NDS
<i>tenofovir disoproxil fumarate</i>	1	
TRIUMEQ	4	QL(30 EA per 30 days); NDS
TRIUMEQ PD	4	QL(180 EA per 30 days); NDS
TRIZIVIR	4	QL(60 EA per 30 days); NDS
VIREAD POWDER	4	NDS
VIREAD TABLET 150MG, 200MG, 250MG	5	NDS
<i>zidovudine</i>	1	
<i>Anti-HIV Agents, Other</i>		
FUZEON	4	NDS
<i>maraviroc</i>	4	NDS
RUKOBIA	5	NDS
SELZENTRY SOLUTION	4	NDS
SELZENTRY TABLET 25MG	2	
SELZENTRY TABLET 75MG	4	NDS
SUNLENCA	5	NDS
TROGARZO	5	NDS
TYBOST	2	
<i>Anti-HIV Agents, Protease Inhibitors (PI)</i>		
APTIVUS	4	NDS
<i>atazanavir</i>	1	
<i>atazanavir sulfate capsule 300mg</i>	1	
CRIXIVAN CAPSULE 200MG, 400MG	2	
<i>darunavir</i>	4	NDS
EVOTAZ	5	QL(30 EA per 30 days); NDS
<i>fosamprenavir calcium</i>	4	NDS

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INVIRASE TABLET	4	NDS
LEXIVA SUSPENSION	3	
<i>lopinavir/ritonavir</i>	1	
NORVIR PACKET, SOLUTION	3	
PREZCOBIX	5	QL(30 EA per 30 days); NDS
PREZISTA SUSPENSION	4	NDS
PREZISTA TABLET 75MG	3	
PREZISTA TABLET 150MG	5	NDS
REYATAZ PACKET	4	NDS
<i>ritonavir</i>	1	
SYMTUZA	5	QL(30 EA per 30 days); NDS
VIRACEPT	4	NDS
Anti-influenza Agents		
<i>amantadine hcl capsule, solution, tablet</i>	1	
<i>oseltamivir phosphate capsule 75mg</i>	1	QL(110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	1	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	1	QL(84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted</i>	1	QL(1080 ML per 365 days)
RELENZA DISKHALER	2	QL(240 EA per 365 days)
<i>rimantadine hydrochloride</i>	1	
XOFLUZA TABLET THERAPY PACK 80MG	3	QL(2 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 20MG, 40MG	3	QL(4 EA per 365 days)
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	1	B/D
<i>acyclovir capsule 200mg</i>	1	
<i>acyclovir suspension 200mg/5ml</i>	1	
<i>acyclovir tablet 400mg, 800mg</i>	1	
<i>famciclovir tablet</i>	1	
<i>valacyclovir hydrochloride</i>	1	QL(120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg</i>	1	
<i>bupirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	1	
<i>meprobamate</i>	1	
Benzodiazepines		
<i>alprazolam er tablet extended release 24 hour 2mg</i>	1	QL(150 EA per 30 days)
<i>alprazolam er tablet extended release 24 hour 0.5mg, 1mg</i>	1	QL(30 EA per 30 days)
<i>alprazolam er tablet extended release 24 hour 3mg</i>	1	QL(90 EA per 30 days)
<i>alprazolam odt tablet disintegrating 0.25mg, 0.5mg, 1mg</i>	1	QL(120 EA per 30 days)
<i>alprazolam odt tablet disintegrating 2mg</i>	1	QL(150 EA per 30 days)
<i>alprazolam xr tablet extended release 24 hour 2mg</i>	1	QL(150 EA per 30 days)
<i>alprazolam xr tablet extended release 24 hour 0.5mg, 1mg</i>	1	QL(30 EA per 30 days)
<i>alprazolam xr tablet extended release 24 hour 3mg</i>	1	QL(90 EA per 30 days)
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	1	QL(120 EA per 30 days)

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<i>alprazolam tablet 2mg</i>	1	QL(150 EA per 30 days)
<i>chlordiazepoxide hcl capsule 5mg</i>	1	QL(120 EA per 30 days)
<i>chlordiazepoxide hcl capsule 10mg</i>	1	QL(900 EA per 30 days)
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	1	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	1	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	1	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	1	QL(720 EA per 30 days)
<i>diazepam intensol</i>	1	
<i>diazepam concentrate, oral solution</i>	1	
<i>diazepam injection 5mg/ml</i>	1	
<i>diazepam tablet 10mg</i>	1	QL(120 EA per 30 days)
<i>diazepam tablet 5mg</i>	1	QL(240 EA per 30 days)
<i>diazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>lorazepam intensol</i>	1	
<i>lorazepam tablet 2mg</i>	1	QL(150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
<i>oxazepam</i>	1	QL(120 EA per 30 days)
Bipolar Agents		
<i>Mood Stabilizers</i>		
EQUETRO	3	
<i>lithium</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate capsule, tablet</i>	1	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tablet</i>	1	
ALOGLIPTIN	3	QL(30 EA per 30 days); ST
ALOGLIPTIN/METFORMIN HCL	3	ST
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	3	ST
ALOGLIPTIN/PIOGLITAZONE	3	ST
AVANDIA TABLET 2MG, 4MG	3	
BYDUREON BCISE	2	QL(3.4 ML per 28 days); PA
BYDUREON PEN	4	QL(4 EA per 28 days); PA; NDS
BYETTA INJECTION 10MCG/0.04ML	3	QL(2.4 ML per 28 days); PA
BYETTA INJECTION 5MCG/0.02ML	3	QL(4.8 ML per 28 days); PA
CYCLOSET	3	
<i>glimepiride tablet 1mg, 2mg, 4mg</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tablet</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
INVOKAMET	2	
INVOKAMET XR	2	
INVOKANA	2	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	QL(30 EA per 30 days)
JARDIANCE	2	
JENTADUETO	3	
JENTADUETO XR	3	
KAZANO	3	ST
KOMBIGLYZE XR	3	ST
LIRAGLUTIDE	3	QL(9 ML per 30 days); PA
<i>metformin hydrochloride er</i>	1	
<i>metformin hydrochloride solution</i>	1	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
<i>miglitol</i>	1	
MOUNJARO	4	QL(2 ML per 28 days); PA; NDS
<i>nateglinide</i>	1	
NESINA	3	QL(30 EA per 30 days); ST
ONGLYZA	3	QL(30 EA per 30 days); ST
OSENI	3	ST
OZEMPIC INJECTION 2MG/1.5ML	2	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	2	QL(3 ML per 28 days); PA
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl/metformin hcl</i>	1	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
<i>repaglinide</i>	1	
RIOMET ER	3	
RYBELSUS TABLET 14MG, 7MG	2	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	2	QL(60 EA per 365 days); PA
<i>saxagliptin hydrochloride</i>	1	QL(30 EA per 30 days)
<i>saxagliptin hydrochloride/metformin hydrochloride er</i>	1	
SOLQUA 100/33	3	
SYMLINPEN 120	5	PA; NDS
SYMLINPEN 60	5	PA; NDS
SYNJARDY	2	
SYNJARDY XR	2	
<i>tolbutamide</i>	1	
TRADJENTA	2	QL(30 EA per 30 days)
TRULICITY	2	QL(2 ML per 28 days); PA
VICTOZA	3	QL(9 ML per 30 days); PA
ZEGALOGUE	3	ST

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<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
<i>diazoxide suspension</i>	4	NDS
GLUCAGEN HYPOKIT	3	ST
<i>glucagon emergency kit</i>	1	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	1	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
<i>potassium chloride/dextrose injection 5%; 10meq/l</i>	1	
<i>Insulins</i>		
ADMELOG	3	ST
ADMELOG SOLOSTAR	3	ST
APIDRA	3	
APIDRA SOLOSTAR	3	
BASAGLAR KWIKPEN	3	ST
BASAGLAR TEMPO PEN	3	ST
FIASP	3	ST
FIASP FLEXTOUCH	3	ST
FIASP PENFILL	3	ST
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	4	NDS
HUMULIN R U-500 KWIKPEN	4	NDS
INSULIN ASPART	3	
INSULIN ASPART FLEXPEN	3	
INSULIN ASPART PENFILL	3	
INSULIN ASPART PROTAMINE/INSULIN ASPART	2	
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN	2	
INSULIN GLARGINE	3	PA
INSULIN GLARGINE MAX SOLOSTAR	3	PA
INSULIN GLARGINE SOLOSTAR	3	PA

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INSULIN GLARGINE-YFGN	3	ST
INSULIN LISPRO	2	
INSULIN LISPRO JUNIOR KWIKPEN	3	
INSULIN LISPRO KWIKPEN	3	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	3	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	2	
NOVOLIN 70/30 RELION	2	
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN N FLEXPEN RELION	2	
NOVOLIN N RELION	2	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG FLEXPEN RELION	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	2	
NOVOLOG MIX 70/30 RELION	2	
NOVOLOG PENFILL	2	
NOVOLOG RELION	2	
RELION R	2	
SEMGLEE	3	ST
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>dabigatran etexilate</i>	1	QL(60 EA per 30 days)
ELIQUIS STARTER PACK	2	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	2	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	2	QL(90 EA per 30 days)
<i>enoxaparin sodium</i>	1	

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<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	1	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	4	NDS
FRAGMIN INJECTION 10000UNIT/4ML, 2500UNIT/0.2ML	2	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	4	NDS
<i>heparin sodium/d5w injection 5%; 100unit/ml, 5%; 25000unit/500ml, 5%; 40unit/ml</i>	1	
<i>heparin sodium/dextrose injection 5%; 25000unit/250ml, 5%; 25000unit/500ml</i>	1	
<i>heparin sodium/nacl 0.45% injection 12500unit/250ml; 0.45%, 25000unit/250ml; 0.45%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>	1	
<i>heparin sodium/sodium chloride injection 25000unit/250ml; 0.45%, 25000unit/500ml; 0.45%</i>	1	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	1	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	2	QL(102 EA per 365 days)
XARELTO TABLET 10MG, 20MG	2	QL(30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	2	QL(60 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>		
ADAKVEO	4	PA; NDS
<i>anagrelide hydrochloride</i>	1	
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML	2	PA
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML, 60MCG/ML	4	PA; NDS
FULPHILA	5	PA; NDS
FYLNETRA	5	PA; NDS
GRANIX INJECTION 300MCG/ML, 480MCG/1.6ML	5	ST; NDS
LEUKINE INJECTION 250MCG	4	PA; NDS
MIRCERA INJECTION 100MCG/0.3ML, 50MCG/0.3ML, 75MCG/0.3ML	3	PA
MOZOBIL	5	NDS

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MULPLETA	5	PA; NDS
NEULASTA	4	PA; NDS
NEULASTA ONPRO KIT	4	PA; NDS
NEUPOGEN	5	ST; NDS
NIVESTYM	5	ST; NDS
NPLATE	5	PA; NDS
NYVEPRIA	4	PA; NDS
OXBRYTA TABLET SOLUBLE	5	QL(240 EA per 30 days); PA; NDS
OXBRYTA TABLET 500MG	5	QL(150 EA per 30 days); PA; NDS
OXBRYTA TABLET 300MG	5	QL(240 EA per 30 days); PA; NDS
PLERIXAFOR	4	NDS
PROCRIT INJECTION 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	5	PA; NDS
PROMACTA	4	PA; NDS
PYRUKYND TAPER PACK	4	QL(30 EA per 30 days); PA; NDS
PYRUKYND TABLET 50MG	4	QL(120 EA per 30 days); PA; NDS
PYRUKYND TABLET 20MG, 5MG	4	QL(60 EA per 30 days); PA; NDS
REBLOZYL	4	PA; NDS
RELEUKO	5	ST; NDS
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA
RETACRIT INJECTION 40000UNIT/ML	4	PA; NDS
ROLVEDON	5	PA; NDS
UDENYCA	4	PA; NDS
UDENYCA ONBODY	4	PA; NDS
XOLREMDI	5	QL(120 EA per 30 days); PA; NDS
ZARXIO	4	NDS
ZIEXTENZO	4	PA; NDS
Hemostasis Agents		
<i>tranexamic acid injection, tablet</i>	1	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	1	
<i>aspirin/dipyridamole er</i>	1	
BRILINTA	3	
CABLIVI	4	QL(30 EA per 30 days); PA; NDS
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dipyridamole tablet</i>	1	
<i>prasugrel hydrochloride</i>	1	
Cardiovascular Agents		
Alpha-adrenergic Agonists		

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<i>clonidine</i>	1	
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	1	
<i>droxidopa</i>	4	PA; NDS
<i>guanfacine hydrochloride</i>	1	
<i>methyldopa tablet 250mg, 500mg</i>	1	
<i>midodrine hcl</i>	1	
Alpha-adrenergic Blocking Agents		
<i>phenoxybenzamine hydrochloride</i>	4	NDS
<i>prazosin hydrochloride capsule</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium tablet</i>	1	
<i>olmesartan medoxomil tablet</i>	1	
<i>telmisartan</i>	1	
<i>valsartan tablet</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tablet 20mg</i>	1	
<i>captopril tablet</i>	1	
<i>enalapril maleate solution, tablet</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril tablet</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
Antiarrhythmics		
<i>adenosine injection 12mg/4ml, 6mg/2ml</i>	1	
<i>amiodarone hcl injection 50mg/ml, 900mg/18ml</i>	1	
<i>amiodarone hydrochloride</i>	1	
<i>digitek tablet 0.125mg, 0.25mg</i>	1	
<i>digox</i>	1	
<i>digoxin oral solution</i>	1	
<i>digoxin injection 0.25mg/ml</i>	1	
<i>digoxin tablet 125mcg, 250mcg, 62.5mcg</i>	1	
<i>disopyramide phosphate capsule</i>	1	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
<i>ibutilide fumarate</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
NORPACE CR	2	

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<i>procainamide hcl injection</i>	1	
<i>procainamide hydrochloride</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hydrochloride er</i>	1	
<i>propafenone hydrochloride tablet 300mg</i>	1	
<i>quinidine gluconate cr</i>	1	
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate tablet</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (af) tablet 80mg</i>	1	
<i>sotalol hcl af</i>	1	
<i>sotalol hydrochloride (af)</i>	1	
<i>sotalol hydrochloride tablet 120mg, 160mg, 80mg</i>	1	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl capsule 400mg</i>	1	
<i>acebutolol hydrochloride</i>	1	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	1	
<i>esmolol hydrochloride in sodium chloride</i>	1	
<i>esmolol hydrochloride in sodium chloride double strength</i>	1	
<i>esmolol hydrochloride/sodium chloride injection 2000mg/100ml; 4.1mg/ml, 2500mg/250ml; 5.9mg/ml</i>	1	
INDERAL XL	5	NDS
INNOPRAN XL	5	NDS
<i>labetalol hydrochloride tablet</i>	1	
<i>labetalol hydrochloride injection 5mg/ml</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tablet</i>	1	
<i>metoprolol tartrate injection 5mg/5ml</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hydrochloride</i>	1	
<i>nebivolol tablet 5mg</i>	1	
<i>pindolol tablet</i>	1	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	1	
<i>propranolol hcl injection, oral solution</i>	1	
<i>propranolol hcl tablet 40mg</i>	1	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	1	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	1	
<i>nifediac cc tablet extended release 24 hour 30mg, 60mg</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine capsule</i>	1	
<i>nisoldipine er</i>	1	
NYMALIZE SOLUTION 6MG/ML	5	NDS
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl cd</i>	1	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 420mg</i>	1	
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	1	
<i>diltiazem hcl injection 100mg, 125mg/25ml, 50mg/10ml</i>	1	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	1	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	1	
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hydrochloride injection 25mg/5ml</i>	1	
<i>diltiazem hydrochloride tablet 120mg</i>	1	
<i>diltzac capsule extended release 24 hour 300mg</i>	1	
<i>matzim la</i>	1	
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	
<i>verapamil hcl er capsule extended release 24 hour 100mg, 300mg</i>	1	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	1	
<i>verapamil hcl sr capsule extended release 24 hour</i>	1	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er capsule extended release 24 hour 200mg</i>	1	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	1	
<i>verapamil hydrochloride injection</i>	1	
<i>verapamil hydrochloride tablet 120mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	4	NDS
ADRENALIN INJECTION 30MG/30ML	3	
<i>adrenalin injection 1mg/ml</i>	1	
ALDACTAZIDE TABLET 50MG; 50MG	3	
<i>aliskiren</i>	1	

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<i>amiloride/hydrochlorothiazide</i>	1	
<i>amlodipine besylate/atorvastatin calcium</i>	1	
<i>amlodipine besylate/benazepril hcl capsule 10mg; 40mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	1	
<i>amlodipine/valsartan/hctz tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg</i>	1	
<i>amlodipine/valsartan/hydrochlorothiazide</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
CAMZYOS	4	QL(30 EA per 30 days); PA; NDS
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
CONSENSI	5	QL(30 EA per 30 days); NDS
CORLANOR TABLET	3	QL(60 EA per 30 days); PA
DUTOPROL	3	
EDARBYCLOR	2	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO CAPSULE SPRINKLE	3	QL(240 EA per 30 days)
ENTRESTO TABLET	3	QL(60 EA per 30 days)
<i>epinephrine injection 1mg/10ml, 1mg/ml, 30mg/30ml</i>	1	
EVKEEZA	5	PA; NDS
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	1	
<i>ivabradine hydrochloride</i>	1	QL(60 EA per 30 days); PA
KERENDIA	3	QL(30 EA per 30 days); PA
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>methyldopa/hydrochlorothiazide</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>metyrosine</i>	4	PA; NDS
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>pentoxifylline er</i>	3	
<i>propranolol/hydrochlorothiazide</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
TEKTURNA HCT	3	
<i>telmisartan/amlodipine</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril/verapamil hcl er</i>	1	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
VECAMYL	4	NDS
VYNDAMAX	4	QL(30 EA per 30 days); PA; NDS
<i>Diuretics, Loop</i>		
<i>bumetanide injection, tablet</i>	1	
<i>ethacrynate sodium</i>	4	NDS
<i>ethacrynic acid tablet</i>	1	
<i>furosemide injection, oral solution, tablet</i>	1	
<i>toremide tablet</i>	1	
<i>Diuretics, Potassium-sparing</i>		
<i>amiloride hcl tablet</i>	1	
<i>eplerenone</i>	1	
<i>spironolactone tablet</i>	1	
<i>triamterene capsule</i>	1	
<i>Diuretics, Thiazide</i>		
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone tablet 25mg, 50mg</i>	1	
DIURIL SUSPENSION	3	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	1	
THALITONE TABLET 15MG	3	
<i>Dyslipidemics, Fibric Acid Derivatives</i>		
ANTARA CAPSULE 30MG, 90MG	3	
FENOFIBRATE MICRONIZED CAPSULE 30MG, 90MG	3	
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	1	
<i>fenofibrate capsule 130mg, 150mg, 200mg, 43mg, 50mg, 67mg</i>	1	
<i>fenofibrate tablet</i>	1	
<i>fenofibric acid</i>	1	
<i>fenofibric acid dr</i>	1	
FIBRICOR	3	
<i>gemfibrozil tablet</i>	1	
<i>Dyslipidemics, HMG CoA Reductase Inhibitors</i>		
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20MG, 40MG, 60MG	5	ST; NDS
<i>atorvastatin calcium</i>	1	
FLOLIPID	3	ST
<i>fluvastatin</i>	1	
<i>fluvastatin sodium er</i>	1	

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LIVALO	3	ST
<i>lovastatin tablet</i>	1	
<i>pitavastatin calcium</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium tablet</i>	1	
<i>simvastatin tablet</i>	1	
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light</i>	1	
<i>cholestyramine packet, powder</i>	1	
<i>colesevelam hydrochloride</i>	1	
<i>colestipol hcl</i>	1	
<i>ezetimibe</i>	1	
<i>ezetimibe/simvastatin</i>	1	
<i>icosapent ethyl</i>	1	
JUXTAPID CAPSULE 10MG, 5MG	5	QL(30 EA per 30 days); PA; NDS
JUXTAPID CAPSULE 20MG, 30MG	5	QL(60 EA per 30 days); PA; NDS
<i>niacin er</i>	1	
<i>niacin tablet 500mg</i>	1	
<i>niacor</i>	1	
<i>omega-3-acid ethyl esters</i>	1	
PRALUENT	2	QL(2 ML per 28 days); PA
<i>prevalite</i>	1	
REPATHA	2	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	2	QL(7 ML per 28 days); PA
REPATHA SURECLICK	2	QL(3 ML per 28 days); PA
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
DILATRATE SR	2	
<i>isosorbide dinitrate tablet</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i>	1	
NITRO-BID	2	
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	4	NDS
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin injection 5mg/ml</i>	1	
<i>nitroglycerin translingual solution 0.4mg/spray</i>	1	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	1	
NITROMIST	3	
VERQUVO	2	QL(30 EA per 30 days); PA
<i>Vasodilators, Direct-acting Arterial</i>		
<i>hydralazine hcl injection</i>	1	
<i>hydralazine hcl tablet 10mg</i>	1	
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	1	
MINOXIDIL TABLET	3	

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Central Nervous System Agents		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	1	QL(60 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet</i>	1	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	1	QL(120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	1	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	1	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate solution</i>	1	QL(1800 ML per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	1	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 2.5mg, 7.5mg</i>	1	QL(240 EA per 30 days)
<i>dextroamphetamine sulfate tablet 30mg</i>	1	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 15mg, 20mg, 5mg</i>	1	QL(90 EA per 30 days)
<i>lisdexamfetamine dimesylate capsule</i>	1	QL(30 EA per 30 days); PA
<i>methamphetamine hcl</i>	4	QL(150 EA per 30 days); PA; NDS
VYVANSE CAPSULE	3	QL(30 EA per 30 days); PA
<i>zenzedi tablet 2.5mg, 7.5mg</i>	1	QL(240 EA per 30 days)
<i>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</i>		
<i>atomoxetine hydrochloride capsule 25mg, 40mg, 60mg, 80mg</i>	1	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	1	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 40mg, 60mg, 80mg</i>	1	QL(30 EA per 30 days)
<i>clonidine hydrochloride er</i>	1	
<i>clonidine hydrochloride tablet extended release 12 hour 0.1mg</i>	1	
<i>dexmethylphenidate hcl er capsule extended release 24 hour 15mg, 20mg, 30mg, 35mg</i>	1	QL(30 EA per 30 days)
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	1	QL(60 EA per 30 days)
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 30mg, 40mg, 5mg</i>	1	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour</i>	1	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	1	QL(60 EA per 30 days)
<i>guanfacine hydrochloride er</i>	1	
<i>methylphenidate</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride cd capsule extended release 10mg, 20mg, 30mg, 50mg, 60mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er (la)</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er capsule extended release 40mg, 50mg</i>	1	QL(30 EA per 30 days)

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<i>methylphenidate hydrochloride er capsule extended release 24 hour</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 10mg</i>	1	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 54mg, 72mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	1	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 20mg</i>	1	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride solution</i>	1	
<i>methylphenidate hydrochloride tablet</i>	1	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tablet chewable 10mg</i>	1	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride tablet chewable 2.5mg, 5mg</i>	1	QL(90 EA per 30 days)
QUILLIVANT XR	3	QL(360 ML per 30 days)
Central Nervous System, Other		
AUSTEDO	5	QL(120 EA per 30 days); PA; NDS
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; NDS
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(84 EA per 365 days); PA; NDS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	5	QL(210 EA per 30 days); PA; NDS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	5	QL(30 EA per 30 days); PA; NDS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	5	QL(60 EA per 30 days); PA; NDS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	5	QL(90 EA per 30 days); PA; NDS
<i>butalbital/acetaminophen/caffeine capsule</i>	1	
<i>butalbital/acetaminophen capsule</i>	1	
COBENFY	5	QL(60 EA per 30 days); PA; NDS
COBENFY STARTER PACK	5	QL(112 EA per 365 days); PA; NDS
<i>edaravone</i>	4	PA; NDS
EXSERVAN	5	PA; NDS
FIRDAPSE	4	QL(300 EA per 30 days); PA; NDS
INGREZZA CAPSULE THERAPY PACK	5	QL(56 EA per 365 days); PA; NDS
INGREZZA CAPSULE SPRINKLE 0; 80MG, 60MG	5	QL(30 EA per 30 days); PA; NDS
INGREZZA CAPSULE SPRINKLE 0; 40MG	5	QL(60 EA per 30 days); PA; NDS
INGREZZA CAPSULE 60MG, 80MG	5	QL(30 EA per 30 days); PA; NDS
INGREZZA CAPSULE 40MG	5	QL(60 EA per 30 days); PA; NDS
NUEDEXTA	4	PA; NDS

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RADICAVA	5	PA; NDS
RADICAVA ORS	5	PA; NDS
RADICAVA ORS STARTER KIT	5	PA; NDS
RELYVRIO	5	QL(60 EA per 30 days); PA; NDS
<i>riluzole</i>	1	
TEGLUTIK	5	PA; NDS
<i>tetrabenazine</i>	1	PA
TIGLUTIK	5	PA; NDS
ZTALMY	4	PA; NDS
<i>Fibromyalgia Agents</i>		
<i>pregabalin capsule 300mg</i>	1	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	1	QL(90 EA per 30 days)
<i>pregabalin solution</i>	1	QL(900 ML per 30 days)
SAVELLA	3	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL(110 EA per 365 days)
<i>Multiple Sclerosis Agents</i>		
AVONEX PEN	4	QL(4 EA per 28 days); PA; NDS
AVONEX INJECTION 30MCG/0.5ML	4	QL(4 EA per 28 days); PA; NDS
BAFIERTAM	4	QL(120 EA per 30 days); PA; NDS
BETASERON	4	QL(15 EA per 30 days); PA; NDS
<i>dalfampridine er</i>	1	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	1	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack</i>	4	QL(120 EA per 365 days); PA; NDS
EXTAVIA	4	QL(15 EA per 30 days); PA; NDS
<i>fingolimod hydrochloride</i>	4	QL(30 EA per 30 days); PA; NDS
GILENYA CAPSULE 0.25MG	5	QL(60 EA per 30 days); PA; NDS
<i>glatiramer acetate injection 40mg/ml</i>	4	QL(12 ML per 28 days); PA; NDS
<i>glatiramer acetate injection 20mg/ml</i>	4	QL(30 ML per 30 days); PA; NDS
<i>glatopa injection 40mg/ml</i>	4	QL(12 ML per 28 days); PA; NDS
<i>glatopa injection 20mg/ml</i>	4	QL(30 ML per 30 days); PA; NDS
KESIMPTA	4	QL(0.4 ML per 28 days); PA; NDS
MAVENCLAD	5	PA; NDS
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	3	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	QL(24 EA per 365 days); PA; NDS
MAYZENT TABLET 0.25MG	5	QL(120 EA per 30 days); PA; NDS
MAYZENT TABLET 1MG, 2MG	5	QL(30 EA per 30 days); PA; NDS
<i>mitoxantrone hcl injection 2mg/ml</i>	1	PA
OCREVUS	5	PA; NDS
OCREVUS ZUNOVO	5	QL(23 ML per 168 days); PA; NDS
PLEGRIDY	4	QL(1 ML per 28 days); PA; NDS
PLEGRIDY STARTER PACK INJECTION 0	4	QL(2 ML per 365 days); PA; NDS

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PLEGRIDY STARTER PACK INJECTION 0	4	QL(4 ML per 365 days); PA; NDS
REBIF	4	QL(6 ML per 28 days); PA; NDS
REBIF REBIDOSE	4	QL(6 ML per 28 days); PA; NDS
REBIF REBIDOSE TITRATION PACK	4	QL(8.4 ML per 365 days); PA; NDS
REBIF TITRATION PACK	4	QL(8.4 ML per 365 days); PA; NDS
<i>teriflunomide tablet 14mg</i>	1	QL(30 EA per 30 days); PA
<i>teriflunomide tablet 7mg</i>	1	QL(60 EA per 30 days); PA
TYSABRI	4	PA; NDS
VUMERITY	5	QL(120 EA per 30 days); PA; NDS
ZEPOSIA	5	QL(30 EA per 30 days); PA; NDS
ZEPOSIA 7-DAY STARTER PACK	5	QL(14 EA per 365 days); PA; NDS
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; NDS; (28 Capsules Pack)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(74 EA per 365 days); PA; NDS; (37 Capsules Pack)
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>cevimeline hydrochloride</i>	1	
<i>chlorhexidine gluconate solution</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	1	
KEPIVANCE	5	NDS
<i>kourzeq</i>	1	
<i>lidocaine hcl mouth/throat solution 4%</i>	1	
<i>lidocaine hydrochloride viscous</i>	1	
<i>lidocaine viscous</i>	1	
<i>oralone dental paste</i>	1	
<i>paroex</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
<i>accutane</i>	1	
<i>acitretin</i>	1	
<i>adapalene pump</i>	1	
<i>adapalene/benzoyl peroxide gel</i>	1	
<i>adapalene cream, gel</i>	1	
<i>amnesteem</i>	1	
<i>azelaic acid</i>	1	
AZELEX	2	
<i>claravis</i>	1	
<i>clindamycin phosphate/benzoyl peroxide gel 2.5%; 1.2%, 3.75%; 1.2%, 5%; 1.2%</i>	1	
<i>clindamycin phosphate/tretinoin</i>	1	

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<i>clindamycin/benzoyl peroxide</i>	1	
DIFFERIN LOTION	3	
<i>erythromycin/benzoyl peroxide</i>	1	
FINACEA FOAM	2	QL(50 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	1	
<i>isotretinoin capsule 25mg, 35mg</i>	4	NDS
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%, 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
<i>myorisan</i>	1	
<i>neuac</i>	1	
ONEXTON	3	
<i>rosadan</i>	1	
<i>sodium sulfacetamide shampoo 9.8%</i>	1	
<i>tazarotene cream, gel</i>	1	
TAZORAC CREAM 0.05%	2	
<i>tretinoin microsphere gel 0.04%, 0.1%</i>	1	PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	1	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	1	PA
<i>zenatane</i>	1	
<i>Dermatitis and Pruitus Agents</i>		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i>	1	
<i>ammonium lactate cream, lotion</i>	1	
<i>apexicon e</i>	4	NDS
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone dipropionate cream, lotion, ointment</i>	1	
<i>betamethasone valerate cream, lotion, ointment</i>	1	
<i>betamethasone valerate foam</i>	1	QL(100 GM per 30 days)
CAPEX	2	
CIBINQO	5	QL(30 EA per 30 days); PA; NDS
<i>clobetasol propionate</i>	1	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emollient foam</i>	1	
<i>clocortolone pivalate</i>	1	
<i>clodan</i>	1	
CORDRAN TAPE	3	
<i>desonide cream, gel, lotion</i>	1	
<i>desonide ointment</i>	1	QL(120 GM per 30 days)
<i>desoximetasone gel, liquid, ointment</i>	1	
<i>desoximetasone cream</i>	1	QL(100 GM per 30 days)
<i>desrx</i>	1	
<i>diflorasone diacetate cream</i>	1	

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<i>diflorasone diacetate ointment</i>	1	QL(60 GM per 30 days)
<i>doxepin hydrochloride cream 5%</i>	1	QL(90 GM per 30 days); PA
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinolone acetonide topical</i>	1	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	1	
<i>fluocinolone acetonide ointment 0.025%</i>	1	
<i>fluocinolone acetonide solution 0.01%</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluocinonide cream 0.05%</i>	1	
<i>fluocinonide cream 0.1%</i>	1	QL(120 GM per 30 days)
<i>fluocinonide gel, ointment, solution</i>	1	
<i>flurandrenolide cream</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate lotion 0.05%</i>	1	
<i>fluticasone propionate ointment 0.005%</i>	1	
<i>halcinonide</i>	1	
HALOBETASOL PROPIONATE FOAM	3	
<i>halobetasol propionate cream, ointment</i>	1	
HALOG OINTMENT, SOLUTION	3	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone butyrate (lipid)</i>	1	QL(60 GM per 30 days)
<i>hydrocortisone butyrate (lipophilic)</i>	1	QL(60 GM per 30 days)
<i>hydrocortisone valerate ointment</i>	1	
<i>hydrocortisone valerate cream</i>	1	QL(60 GM per 30 days)
<i>hydrocortisone cream 1%, 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone ointment 2.5%</i>	1	
<i>hydrocortisone ointment 1%</i>	1	QL(100 GM per 30 days)
LEXETTE	5	NDS
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate ointment 0.1%</i>	1	
<i>nolix cream</i>	1	
OPZELURA	5	QL(240 GM per 30 days); PA; NDS
PANDEL	5	NDS
<i>pimecrolimus</i>	1	
<i>prednicarbate</i>	1	
<i>selenium sulfide</i>	1	
SPEVIGO INJECTION 150MG/ML	4	QL(4 ML per 28 days); PA; NDS
<i>tacrolimus ointment 0.03%, 0.1%</i>	1	
<i>tovet</i>	1	
<i>triamcinolone acetonide aerosol solution 0.147mg/gm</i>	1	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	1	

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<i>triamcinolone acetonide ointment 0.025%, 0.05%, 0.1%, 0.5%</i>	1	
<i>triderm</i>	1	
<i>tritocin</i>	1	
<i>Dermatological Agents, Other</i>		
<i>calcipotriene/betamethasone dipropionate</i>	1	QL(400 GM per 30 days)
CALCIPOTRIENE FOAM	3	
<i>calcipotriene cream, ointment</i>	1	QL(120 GM per 30 days)
<i>calcipotriene solution</i>	1	QL(60 ML per 30 days)
<i>calcitriol ointment 3mcg/gm</i>	1	
CARAC	4	NDS
<i>clotrimazole/betamethasone dipropionate</i>	1	
CONDYLOX GEL	2	
<i>diclofenac sodium gel 3%</i>	1	QL(300 GM per 30 days); ST
DUOBRII	5	PA; NDS
FLUROPLEX CREAM	5	NDS
FLUOROURACIL CREAM 0.5%	4	NDS
<i>fluorouracil cream 5%</i>	1	QL(40 GM per 30 days)
<i>fluorouracil external solution 2%, 5%</i>	1	
IMIQUIMOD PUMP	4	NDS
<i>imiquimod cream 5%</i>	1	
KLISYRI	5	ST; NDS
<i>methoxsalen capsule</i>	4	NDS
<i>nystatin/triamcinolone</i>	1	
<i>nystatin/triamcinolone acetonide ointment</i>	1	
OTEZLA TABLET 30MG	4	QL(60 EA per 30 days); PA; NDS
PODOCON-25	3	
<i>podofilox</i>	1	
SANTYL	3	
<i>silver sulfadiazine</i>	1	
SORILUX	5	NDS
SOTYKTU	5	QL(30 EA per 30 days); PA; NDS
<i>ssd</i>	1	
TOLAK	3	
VEREGEN	5	NDS
ZYCLARA PUMP CREAM 2.5%	5	NDS
<i>Pediculicides/Scabicides</i>		
<i>crotan</i>	1	
<i>ivermectin cream 1%</i>	1	QL(45 GM per 30 days)
<i>ivermectin lotion 0.5%</i>	1	
<i>malathion</i>	1	
<i>permethrin cream</i>	1	
<i>spinosad</i>	1	
<i>Topical Anti-infectives</i>		
<i>acyclovir cream 5%</i>	1	QL(5 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir ointment 5%</i>	1	
<i>ciclodan solution</i>	1	PA
<i>ciclopirox nail lacquer</i>	1	PA
<i>ciclopirox olamine</i>	1	
<i>ciclopirox gel, shampoo, suspension</i>	1	
<i>clindacin</i>	1	
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	QL(75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	1	QL(60 ML per 30 days)
<i>dapsone gel 5%, 7.5%</i>	1	
<i>ery</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin solution 2%</i>	1	
<i>mafenide acetate</i>	1	
<i>mupirocin cream</i>	1	
<i>mupirocin ointment</i>	1	QL(110 GM per 30 days)
<i>penciclovir cream</i>	1	
SULFAMYLON CREAM	3	
XEPI	3	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJECTION 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	2	B/D
AMINOSYN-PF 7% INJECTION 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	2	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>carglumic acid</i>	4	NDS
CLINIMIX 4.25%/DEXTROSE 10%	2	B/D
CLINIMIX 4.25%/DEXTROSE 5%	2	B/D
CLINIMIX 5%/DEXTROSE 15%	2	B/D
CLINIMIX 5%/DEXTROSE 20%	2	B/D
CLINIMIX 6/5	2	B/D
CLINIMIX 8/10	2	B/D
CLINIMIX 8/14	2	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	2	B/D
CLINIMIX E 5%/DEXTROSE 15%	2	B/D
CLINIMIX E 5%/DEXTROSE 20%	2	B/D
CLINIMIX E 8/10	2	B/D
CLINIMIX E 8/14	2	B/D
<i>clinisol sf 15%</i>	1	B/D
<i>dextrose 10%</i>	1	
<i>dextrose 10%/sodium chloride 0.2%</i>	1	
<i>dextrose 10%/sodium chloride 0.45%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	
<i>dextrose 25% injection 250mg/ml</i>	1	
<i>dextrose 5%</i>	1	
<i>dextrose 5%/lactated ringers injection 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>dextrose 5%/sodium chloride 0.2%</i>	1	
<i>dextrose 5%/sodium chloride 0.3%</i>	1	
<i>dextrose 5%/sodium chloride 0.33%</i>	1	
<i>dextrose 5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%/sodium chloride 0.9%</i>	1	
<i>dextrose 50%</i>	1	
<i>dextrose 70%</i>	1	
<i>dextrose/sodium chloride</i>	1	
<i>dextrose injection 20%</i>	1	
<i>fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	1	
<i>fluoritab solution 0.125mg/drop</i>	1	
FREAMINE HBC 6.9%	2	B/D
FREAMINE III INJECTION 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>freamine iii injection 72meq/l; 600mg/100ml; 810mg/100ml; 3meq/l; 14mg/100ml; 1190mg/100ml; 240mg/100ml; 590mg/100ml; 770mg/100ml; 620mg/100ml; 450mg/100ml; 480mg/100ml; 10mmole/l; 115mg/100ml; 950mg/100ml; 500mg/100ml; 10meq/l; 340mg/100ml; 130mg/100ml; 560mg/100ml</i>	1	B/D
HEPATAMINE INJECTION 62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	3	B/D
IONOSOL-MB/DEXTROSE 5% INJECTION 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MMOLE/L; 20MEQ/L; 25MEQ/L	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S PH 7.4	3	
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
KABIVEN	2	B/D
<i>kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.225% injection 5%; 20meq/l; 0.225%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9% injection 5%; 40meq/l; 0.9%</i>	1	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>lactated ringers injection 2.7meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l, 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>magnesium sulfate in d5w injection 5%; 1gm/100ml</i>	1	
<i>magnesium sulfate/dextrose injection 5%; 1gm/100ml</i>	1	
<i>magnesium sulfate injection 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml, 50%</i>	1	
<i>multiple electrolytes injection type 1</i>	1	
<i>nafrinse</i>	1	
<i>nafrinse drops</i>	1	
NEPHRAMINE	2	B/D
<i>normosol -r</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
NORMOSOL-M IN D5W	3	
<i>normosol-r</i>	1	
<i>normosol-r/5% dextrose</i>	1	
PERIKABIVEN	4	B/D; NDS
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
<i>plasma-lyte-m/d5w</i>	3	
<i>plenamine</i>	1	B/D
<i>potassium chloride 0.3%/d5w/viaflex</i>	1	
<i>potassium chloride er</i>	1	
<i>potassium chloride sr tablet extended release 8meq</i>	1	
<i>potassium chloride/dextrose/lactated ringers injection 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	1	
<i>potassium chloride/dextrose/sodium chloride injection 5%; 0.15%; 0.225%, 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	1	
<i>potassium chloride/dextrose injection 5%; 20meq/l</i>	1	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	1	
<i>potassium chloride packet, oral solution</i>	1	
<i>potassium chloride injection 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml</i>	1	
<i>potassium citrate er</i>	1	
<i>potassium phosphates injection 45mmole/15ml; 71meq/15ml; 0; 0</i>	1	
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	2	B/D
PROCALAMINE	2	B/D
PROSOL	2	B/D
<i>ringers injection injection 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
<i>sodium chloride 0.45% injection</i>	1	
<i>sodium chloride injection 0.45%, 0.9%, 2.5meq/ml, 3%, 4meq/ml, 5%</i>	1	
<i>sodium fluoride solution 0.5mg/ml</i>	1	
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	1	
<i>tpn electrolytes</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	2	B/D
TROPHAMINE INJECTION 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	2	B/D
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET	5	NDS
<i>clovique</i>	4	PA; NDS
<i>deferasirox tablet</i>	1	PA
<i>deferasirox packet</i>	4	PA; NDS
<i>deferasirox tablet soluble 125mg</i>	1	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	4	PA; NDS
<i>deferiprone</i>	4	PA; NDS
FERRIPROX TWICE-A-DAY	5	PA; NDS
FERRIPROX SOLUTION	5	PA; NDS
FERRIPROX TABLET 1000MG	5	PA; NDS
JYNARQUE TABLET	5	QL(120 EA per 30 days); PA; NDS
JYNARQUE TABLET THERAPY PACK	5	QL(56 EA per 28 days); PA; NDS
<i>sodium polystyrene sulfonate</i>	1	
TRIENTINE HYDROCHLORIDE CAPSULE 500MG	4	PA; NDS
<i>trientine hydrochloride capsule 250mg</i>	4	PA; NDS
<i>Phosphate Binders</i>		
<i>calcium acetate capsule</i>	1	
<i>calcium acetate tablet 667mg</i>	1	
FOSRENOL PACKET	5	NDS
<i>lanthanum carbonate</i>	4	NDS
<i>sevelamer carbonate</i>	1	
<i>sevelamer hydrochloride</i>	1	
<i>Potassium Binders</i>		
KIONEX SUSPENSION	3	
LOKELMA	3	QL(90 EA per 30 days)
<i>sps</i>	1	
VELTASSA	3	
<i>Vitamins</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	1	
Gastrointestinal Agents		
<i>Anti-Constipation Agents</i>		
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>generlac</i>	1	
KRISTALOSE PACKET 20GM	3	
<i>lactulose packet</i>	1	
<i>lactulose solution 10gm/15ml</i>	1	
LINZESS	2	QL(30 EA per 30 days)
<i>lubiprostone</i>	2	QL(60 EA per 30 days)
RELISTOR TABLET	5	QL(90 EA per 30 days); ST; NDS
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST; NDS
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST; NDS
<i>Anti-Diarrheal Agents</i>		
<i>alosetron hydrochloride tablet 0.5mg</i>	1	PA
<i>alosetron hydrochloride tablet 1mg</i>	4	PA; NDS
<i>loperamide hcl capsule</i>	1	
MOTOFEN	3	
VIBERZI	5	QL(60 EA per 30 days); PA; NDS
XERMELO	5	QL(90 EA per 30 days); PA; NDS
<i>Antispasmodics, Gastrointestinal</i>		
<i>dicyclomine hcl solution</i>	1	
<i>dicyclomine hydrochloride capsule, injection, tablet</i>	1	
<i>glycopyrrolate oral solution</i>	1	PA
<i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	1	
<i>glycopyrrolate tablet 1mg, 2mg</i>	1	PA
<i>Gastrointestinal Agents, Other</i>		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i>	1	
CHENODAL	5	PA; NDS
CLENPIQ	3	
GATTEX	5	PA; NDS
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/ flavor pack</i>	1	
GIMOTI	5	ST; NDS
<i>lansoprazole/amoxicillin/clarithromycin therapy pack</i>	1	
<i>metoclopramide hcl solution</i>	1	
<i>metoclopramide hcl tablet 5mg</i>	1	
<i>metoclopramide hydrochloride injection</i>	1	
<i>metoclopramide hydrochloride tablet 10mg</i>	1	

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<i>metoclopramide odt</i>	1	
MYALEPT	5	PA; NDS
<i>nitroglycerin ointment 0.4%</i>	1	
OICALIVA	5	QL(30 EA per 30 days); PA; NDS
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/electrolytes/ascorbate</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	
<i>peg-prep</i>	1	
RECTIV	3	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	1	
<i>trilyte</i>	1	
<i>ursodiol capsule 300mg</i>	1	
<i>ursodiol tablet</i>	1	
VOWST	5	PA; NDS
XIFAXAN TABLET 200MG	3	PA
XIFAXAN TABLET 550MG	5	PA; NDS
ZORBTIVE	4	PA; NDS
<i>Histamine2 (H2) Receptor Antagonists</i>		
<i>cimetidine hcl solution</i>	1	
<i>cimetidine hydrochloride solution 300mg/5ml</i>	1	
<i>cimetidine tablet</i>	1	
<i>famotidine premixed</i>	1	
<i>famotidine suspension reconstituted</i>	1	
<i>famotidine injection 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	1	
<i>famotidine tablet 20mg, 40mg</i>	1	
<i>nizatidine</i>	1	
<i>ranitidine hcl syrup 75mg/5ml</i>	1	
<i>Protectants</i>		
<i>misoprostol</i>	1	
<i>sucralfate suspension, tablet</i>	1	
<i>Proton Pump Inhibitors</i>		
<i>esomeprazole magnesium</i>	1	QL(60 EA per 30 days)
<i>esomeprazole sodium injection 40mg</i>	1	
<i>lansoprazole capsule delayed release</i>	1	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg, 40mg</i>	1	QL(60 EA per 30 days)
OMEPRAZOLE/SODIUM BICARBONATE CAPSULE 40MG; 1100MG	3	QL(30 EA per 30 days)
<i>omeprazole/sodium bicarbonate capsule 20mg; 1100mg</i>	4	QL(30 EA per 30 days); NDS
<i>omeprazole/sodium bicarbonate packet</i>	4	QL(30 EA per 30 days); NDS
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	1	QL(60 EA per 30 days)
<i>pantoprazole sodium injection</i>	1	
<i>pantoprazole sodium packet, tablet delayed release</i>	1	QL(60 EA per 30 days)
<i>rabeprazole sodium</i>	1	QL(60 EA per 30 days)

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Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ALDURAZYME	4	PA; NDS
AMONDYS 45	5	PA; NDS
ARALAST NP INJECTION 1000MG, 500MG	5	PA; NDS
<i>betaine anhydrous</i>	4	NDS
CERDELGA	4	PA; NDS
CEREZYME	4	PA; NDS
CHOLBAM	5	PA; NDS
CREON CAPSULE DELAYED RELEASE PARTICLES 12000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	
CREON CAPSULE DELAYED RELEASE PARTICLES 18000UNIT; 36000UNIT; 114000UNIT	4	NDS
<i>cromolyn sodium concentrate 100mg/5ml</i>	1	
CYSTAGON	2	
<i>dichlorphenamide</i>	4	QL(120 EA per 30 days); PA; NDS
ELAPRASE	4	PA; NDS
ENDARI	5	PA; NDS
EVRYSDI	5	QL(240 ML per 30 days); PA; NDS
EXONDYS 51	5	PA; NDS
FABRAZYME	4	PA; NDS
GALAFOLD	5	QL(14 EA per 28 days); PA; NDS
GLASSIA	5	PA; NDS
KANUMA	5	PA; NDS
<i>l-glutamine</i>	4	PA; NDS
LUMIZYME	4	PA; NDS
<i>miglustat</i>	4	PA; NDS
NAGLAZYME	4	PA; NDS
<i>nitisinone</i>	4	NDS
NITYR	5	NDS
ONPATTRO	5	PA; NDS
ORFADIN SUSPENSION	4	NDS
PALYNZIQ INJECTION 10MG/0.5ML	5	QL(28 ML per 28 days); PA; NDS
PALYNZIQ INJECTION 20MG/ML	5	QL(56 ML per 28 days); PA; NDS
PALYNZIQ INJECTION 2.5MG/0.5ML	5	QL(8 ML per 28 days); PA; NDS
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	ST

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PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 83900UNIT; 21000UNIT; 54700UNIT	5	ST; NDS
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 15125UNIT; 4000UNIT; 14375UNIT, 30250UNIT; 8000UNIT; 28750UNIT	3	ST
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 60500UNIT; 16000UNIT; 57500UNIT, 90750UNIT; 24000UNIT; 86250UNIT	5	ST; NDS
PROCYSBI	5	PA; NDS
PROLASTIN-C INJECTION 1000MG/20ML	4	PA; NDS
PROLASTIN-C INJECTION 1000MG	5	PA; NDS
RAVICTI	4	PA; NDS
REVCIVI	5	PA; NDS
<i>sapropterin dihydrochloride</i>	4	PA; NDS
<i>sodium phenylbutyrate powder, tablet</i>	4	NDS
SPINRAZA	5	PA; NDS
STRENSIQ	5	PA; NDS
SUCRAID	5	NDS
TEGSEDI	5	PA; NDS
VIMIZIM	4	PA; NDS
VIOKACE TABLET 39150UNIT; 10440UNIT; 39150UNIT	3	ST
VIOKACE TABLET 78300UNIT; 20880UNIT; 78300UNIT	5	ST; NDS
VPRIV	4	PA; NDS
VYNDAQEL	4	QL(120 EA per 30 days); PA; NDS
VYONDYS 53	5	PA; NDS
XIAFLEX	5	PA; NDS
XURIDEN	5	QL(120 EA per 30 days); PA; NDS
<i>yargesa</i>	4	PA; NDS
ZEMAIRA	5	PA; NDS
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	2	
ZOKINVY	4	QL(120 EA per 30 days); PA; NDS
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er</i>	1	
<i>fesoterodine fumarate er</i>	1	
<i>flavoxate hcl</i>	1	
GELNIQUE GEL 10%	3	
GEMTESA	3	

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<i>mirabegron er</i>	1	
MYRBETRIQ	2	
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride solution</i>	1	
<i>oxybutynin chloride tablet 5mg</i>	1	
OXYTROL	3	QL(8 EA per 28 days)
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
<i>tropium chloride</i>	1	
<i>tropium chloride er</i>	1	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	1	
CARDURA XL	3	
<i>doxazosin mesylate</i>	1	
<i>doxazosin tablet 2mg</i>	1	
<i>dutasteride/tamsulosin hydrochloride</i>	1	
<i>dutasteride capsule</i>	1	
<i>finasteride tablet</i>	1	
<i>silodosin</i>	1	
<i>tadalafil tablet 2.5mg, 5mg</i>	1	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	1	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
<i>Genitourinary Agents, Other</i>		
<i>bethanechol chloride tablet</i>	1	
ELMIRON	5	NDS
<i>penicillamine tablet</i>	4	NDS
THIOLA EC	5	NDS
<i>tiopronin dr</i>	4	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
ACTHAR	5	PA; NDS
ACTHAR GEL	5	PA; NDS
CORTROPHIN	5	PA; NDS
<i>deflazacort</i>	4	PA; NDS
DEPO-MEDROL INJECTION 20MG/ML	3	
<i>dexamethasone 10-day dose pack</i>	1	
<i>dexamethasone 13-day dose pack</i>	1	
<i>dexamethasone 6-day dose pack</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium phosphate +rfd</i>	1	
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	1	

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<i>dexamethasone elixir, solution</i>	1	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
EMFLAZA	5	PA; NDS
<i>fludrocortisone acetate tablet</i>	1	
<i>hydrocortisone sodium succinate injection 100mg</i>	1	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	
KENALOG-10	3	
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	1	
<i>methylprednisolone dose pack tablet therapy pack</i>	1	
<i>methylprednisolone sodium succinate</i>	1	
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	1	
<i>methylprednisolone tablet</i>	1	
<i>millipred tablet</i>	1	
<i>prednisolone sodium phosphate odt</i>	1	
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	
<i>prednisolone solution, tablet</i>	1	
<i>prednisone intensol</i>	1	
<i>prednisone solution, tablet therapy pack</i>	1	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
RAYOS TABLET DELAYED RELEASE 1MG	4	PA; NDS
RAYOS TABLET DELAYED RELEASE 2MG, 5MG	5	PA; NDS
SOLU-CORTEF	3	
SOLU-MEDROL INJECTION 2GM	3	
<i>triamcinolone acetonide injection 40mg/ml</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
CHORIONIC GONADOTROPIN	3	PA
<i>desmopressin acetate tablet</i>	1	
<i>desmopressin acetate injection</i>	4	NDS
<i>desmopressin acetate nasal solution 0.01%</i>	1	
<i>desmopressin acetate nasal solution 1.5mg/ml</i>	4	NDS
EGRIFTA SV	5	QL(30 EA per 30 days); PA; NDS
GENOTROPIN	4	PA; NDS
GENOTROPIN MINIQUICK INJECTION 0.2MG	2	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	4	PA; NDS
HUMATROPE COMBO PACK	5	PA; NDS
HUMATROPE INJECTION 12MG, 24MG, 6MG	5	PA; NDS
INCRELEX	4	PA; NDS
LUPRON DEPOT-PED (6-MONTH)	4	QL(1 EA per 168 days); PA; NDS
NORDITROPIN FLEXPRO	5	PA; NDS
NOVAREL	3	PA

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NUTROPIN AQ NUSPIN 10	4	PA; NDS
NUTROPIN AQ NUSPIN 20	4	PA; NDS
NUTROPIN AQ NUSPIN 5	4	PA; NDS
OMNITROPE	5	PA; NDS
PREGNYL	3	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	3	PA
SAIZEN	5	PA; NDS
SAIZENPREP RECONSTITUTIONKIT	5	PA; NDS
SEROSTIM	5	PA; NDS
SKYTROFA	5	PA; NDS
STIMATE SOLUTION	4	NDS
ZOMACTON INJECTION 5MG	3	PA
ZOMACTON INJECTION 10MG	5	PA; NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	5	QL(120 EA per 30 days); PA; NDS
<i>mifepristone tablet 200mg</i>	1	
<i>mifepristone tablet 300mg</i>	4	QL(120 EA per 30 days); PA; NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Anabolic Steroids</i>		
ANADROL-50	5	PA; NDS
<i>Androgens</i>		
ANDRODERM PATCH 24 HOUR 2MG/24HR, 4MG/24HR	2	PA
<i>danazol capsule</i>	1	
JATENZO CAPSULE 158MG, 198MG	3	PA
JATENZO CAPSULE 237MG	5	PA; NDS
METHITEST	5	PA; NDS
<i>methyltestosterone capsule</i>	4	PA; NDS
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone enanthate injection</i>	1	PA
<i>testosterone pump</i>	1	PA
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	1	PA
<i>testosterone solution</i>	1	PA
XYOSTED	3	PA
<i>Estrogens</i>		
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amabelz</i>	1	
<i>amethia</i>	1	QL(91 EA per 91 days)

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<i>amethia lo</i>	1	QL(91 EA per 91 days)
<i>amethyst</i>	1	
ANGELIQ	3	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	QL(91 EA per 91 days)
<i>aubra eq</i>	1	
<i>aviane</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>bekyree</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>camrese</i>	1	QL(91 EA per 91 days)
<i>camrese lo</i>	1	QL(91 EA per 91 days)
<i>caziant</i>	1	
<i>chateal</i>	1	
CLIMARA PRO	3	
COMBIPATCH	3	
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	QL(91 EA per 91 days)
<i>delyla</i>	1	
DEPO-ESTRADIOL INJECTION 5MG/ML	3	
<i>desogestrel/ethinyl estradiol</i>	1	
<i>dolishale</i>	1	
<i>dotti</i>	1	
<i>drospirenone/ethinyl estradiol</i>	1	
<i>drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.02mg; 0.451mg</i>	1	
ELESTRIN	3	
<i>elinest</i>	1	
<i>emoquette</i>	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	
<i>estradiol valerate injection</i>	1	

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<i>estradiol/norethindrone acetate</i>	1	
<i>estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	1	
<i>estradiol cream, patch twice weekly, patch weekly, oral tablet, vaginal tablet</i>	1	
ESTRING	2	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	
<i>etonogestrel/ethinyl estradiol</i>	1	
EVAMIST	3	
<i>falmina</i>	1	
<i>fayosim</i>	1	QL(91 EA per 91 days)
FEMRING	3	QL(1 EA per 90 days)
<i>femynor</i>	1	
<i>fyavolv</i>	1	
<i>gianvi</i>	1	
<i>hailey 24 fe</i>	1	
<i>iclevia</i>	1	QL(91 EA per 91 days)
IMVEXXY MAINTENANCE PACK	3	PA
IMVEXXY STARTER PACK	3	PA
<i>introvale</i>	1	QL(91 EA per 91 days)
<i>isibloom</i>	1	
<i>jaiemiess</i>	1	QL(91 EA per 91 days)
<i>jasmiel</i>	1	
<i>jevantique</i>	1	
<i>jinteli</i>	1	
<i>jolessa</i>	1	QL(91 EA per 91 days)
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia</i>	1	
<i>layolis fe</i>	1	

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<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	1	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	1	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	1	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	1	QL(91 EA per 91 days)
<i>levora 0.15/30-28</i>	1	
<i>lillow</i>	1	
<i>lojaimiess</i>	1	QL(91 EA per 91 days)
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyllana</i>	1	
<i>marlissa</i>	1	
<i>melodetta 24 fe</i>	1	
MENEST	3	
MENOSTAR	3	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mimvey</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>nikki</i>	1	
<i>norelgestromin/ethinyl estradiol</i>	1	
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate capsule, tablet chewable</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg</i>	1	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 20mcg; 1mg, 5mcg; 1mg</i>	1	
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	1	
<i>norgestimate/ethinyl estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	

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<i>nylia 7/7/7</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtreea</i>	1	
<i>pirmella 1/35</i>	1	
<i>pirmella 7/7/7</i>	1	
<i>portia-28</i>	1	
PREFEST	3	
PREMARIN CREAM, INJECTION	2	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	2	
PREMPHASE	2	
PREMPRO	2	
<i>previfem</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	QL(91 EA per 91 days)
<i>setlakin</i>	1	QL(91 EA per 91 days)
<i>simpesse</i>	1	QL(91 EA per 91 days)
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-lynyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	

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<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	1	
<i>yuvafem</i>	1	
<i>zafemy</i>	1	
<i>zarah</i>	1	
<i>zeosa</i>	1	
<i>zovia 1/35</i>	1	
<i>zovia 1/35e</i>	1	
<i>Progestins</i>		
<i>camila</i>	1	
CRINONE	3	PA
<i>deblitane</i>	1	
DEPO-SUBQ PROVERA 104	3	QL(0.65 ML per 90 days)
<i>errin</i>	1	
<i>gallifrey</i>	1	
<i>heather</i>	1	
<i>hydroxyprogesterone caproate injection 1.25gm/5ml</i>	4	PA; NDS
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>medroxyprogesterone acetate tablet</i>	1	
<i>medroxyprogesterone acetate injection</i>	1	QL(1 ML per 90 days)
<i>megestrol acetate suspension, tablet</i>	1	PA
<i>nora-be</i>	1	
<i>norethindrone acetate tablet</i>	1	
<i>norethindrone tablet</i>	1	
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
<i>progesterone capsule</i>	1	
<i>sharobel</i>	1	
<i>tulana</i>	1	
<i>Selective Estrogen Receptor Modifying Agents</i>		
OSPHENA	3	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
ADTHYZA TABLET 120MG, 15MG, 30MG, 60MG, 90MG	2	
ARMOUR THYROID	2	
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	

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<i>levo-t</i>	1	
LEVOTHYROXINE SODIUM CAPSULE	3	
<i>levothyroxine sodium tablet</i>	1	
<i>levothyroxine sodium injection 100mcg/5ml, 100mcg, 200mcg/5ml, 200mcg, 500mcg/5ml, 500mcg</i>	4	NDS
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>liothyronine sodium tablet</i>	1	
<i>liothyronine sodium injection</i>	4	NDS
NIVA THYROID	2	
<i>np thyroid 120</i>	1	
<i>np thyroid 15</i>	1	
<i>np thyroid 30</i>	1	
<i>np thyroid 60</i>	1	
<i>np thyroid 90</i>	1	
<i>thyroid tablet 120mg, 15mg, 30mg, 60mg, 90mg</i>	1	
TIROSINT	3	
TIROSINT-SOL	3	
<i>unithroid</i>	1	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
ISTURISA	5	PA; NDS
LYSODREN	4	NDS
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
BYNFEZIA PEN	5	NDS
<i>cabergoline</i>	1	
ELIGARD INJECTION 30MG	2	QL(1 EA per 112 days); PA
ELIGARD INJECTION 45MG	2	QL(1 EA per 168 days); PA
ELIGARD INJECTION 7.5MG	2	QL(1 EA per 28 days); PA
ELIGARD INJECTION 22.5MG	2	QL(1 EA per 84 days); PA
FIRMAGON INJECTION 80MG	2	QL(1 EA per 28 days); PA
FIRMAGON INJECTION 120MG/VIAL	4	QL(4 EA per 365 days); PA; NDS
<i>lanreotide acetate</i>	4	PA; NDS
LEUPROLIDE ACETATE INJECTION 22.5MG	4	QL(1 EA per 84 days); PA; NDS
<i>leuprolide acetate injection 1mg/0.2ml</i>	4	PA; NDS
LUPANETA PACK	4	NDS
LUPRON DEPOT (1-MONTH)	4	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT (3-MONTH)	4	QL(1 EA per 84 days); PA; NDS
LUPRON DEPOT (4-MONTH)	4	QL(1 EA per 112 days); PA; NDS
<i>lupron depot (6-month)</i>	4	QL(1 EA per 168 days); PA; NDS
LUPRON DEPOT-PED (1-MONTH)	4	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT-PED (3-MONTH)	4	QL(1 EA per 84 days); PA; NDS
MYCAPSSA	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
MYFEMBREE	5	QL(30 EA per 30 days); PA; NDS
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	1	PA
<i>octreotide acetate injection 1000mcg/ml, 20mg, 30mg, 500mcg/ml</i>	4	PA; NDS
ORGOVYX	5	PA; NDS
ORIAHNN	5	QL(56 EA per 28 days); PA; NDS
ORILISSA TABLET 150MG	5	QL(30 EA per 30 days); PA; NDS
ORILISSA TABLET 200MG	5	QL(60 EA per 30 days); PA; NDS
SANDOSTATIN LAR DEPOT	4	PA; NDS
SIGNIFOR	4	QL(60 ML per 30 days); PA; NDS
SIGNIFOR LAR	5	QL(1 EA per 28 days); PA; NDS
SOMATULINE DEPOT	5	PA; NDS
SOMAVERT	4	PA; NDS
SUPPRELIN LA	5	QL(1 EA per 365 days); PA; NDS
SYNAREL	4	NDS
TRELSTAR MIXJECT INJECTION 22.5MG	2	QL(1 EA per 168 days); PA
TRELSTAR MIXJECT INJECTION 3.75MG	2	QL(1 EA per 28 days); PA
TRELSTAR MIXJECT INJECTION 11.25MG	2	QL(1 EA per 84 days); PA
TRIPTODUR	5	QL(1 EA per 168 days); PA; NDS
ZOLADEX INJECTION 3.6MG	3	QL(1 EA per 28 days); PA
ZOLADEX INJECTION 10.8MG	3	QL(1 EA per 84 days); PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	1	
<i>propylthiouracil tablet</i>	1	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	5	PA; NDS
CINRYZE	5	PA; NDS
HAEGARDA	5	PA; NDS
<i>icatibant acetate</i>	4	PA; NDS
<i>sajazir</i>	4	PA; NDS
TAKHZYRO	5	PA; NDS
<i>Immunoglobulins</i>		
ASCENIV	5	PA; NDS
ATGAM	5	NDS
BIVIGAM INJECTION 10%, 5GM/50ML	4	PA; NDS
CUTAQUIG	5	PA; NDS
FLEBOGAMMA DIF	4	PA; NDS
GAMASTAN	2	PA
GAMMAGARD LIQUID	4	PA; NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	4	PA; NDS
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	4	PA; NDS

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GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	4	PA; NDS
GAMUNEX-C	4	PA; NDS
HIZENTRA INJECTION 1GM/5ML, 2GM/10ML, 4GM/20ML	5	PA; NDS
HYPERHEP B	5	B/D; NDS
HYQVIA	5	PA; NDS
NABI-HB INJECTION 312UNIT/ML	5	B/D; NDS
OCTAGAM	4	PA; NDS
PANZYGA	5	PA; NDS
PRIVIGEN	4	PA; NDS
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	4	NDS
THYMOGLOBULIN	5	NDS
VARIZIG INJECTION 125UNIT/1.2ML	4	PA; NDS
<i>Immunological Agents, Other</i>		
ACTEMRA ACTPEN	5	PA; NDS
ACTEMRA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	5	PA; NDS
ACTEMRA INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA; NDS
ADBRY INJECTION 150MG/ML	4	QL(4 ML per 28 days); PA; NDS
ADBRY INJECTION 300MG/2ML	4	QL(6 ML per 28 days); PA; NDS
ARCALYST	4	PA; NDS
BENLYSTA INJECTION 200MG/ML	5	PA; NDS
COSENTYX SENSOREADY PEN	4	QL(10 ML per 28 days); PA; NDS
COSENTYX UNOREADY	4	QL(10 ML per 28 days); PA; NDS
COSENTYX INJECTION 125MG/5ML	4	PA; NDS
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	4	QL(10 ML per 28 days); PA; NDS
DUPIXENT INJECTION 100MG/0.67ML	4	QL(1.34 ML per 28 days); PA; NDS
DUPIXENT INJECTION 200MG/1.14ML	4	QL(4.56 ML per 28 days); PA; NDS
DUPIXENT INJECTION 300MG/2ML	4	QL(8 ML per 28 days); PA; NDS
EMPAVELI	5	PA; NDS
ENJAYMO	4	PA; NDS
ENSPRYNG	4	PA; NDS
ENTYVIO	5	PA; NDS
GAMIFANT	4	PA; NDS
ILARIS INJECTION 150MG/ML	5	QL(2 ML per 28 days); PA; NDS
ILUMYA	5	QL(1 ML per 28 days); PA; NDS
KEVZARA	5	QL(2.28 ML per 28 days); PA; NDS
KINERET	5	PA; NDS
LEMTRADA	5	PA; NDS
OLUMIANT	5	QL(30 EA per 30 days); PA; NDS
ORENCIA CLICKJECT	4	QL(4 ML per 28 days); PA; NDS
ORENCIA INJECTION 50MG/0.4ML	4	QL(1.6 ML per 28 days); PA; NDS
ORENCIA INJECTION 87.5MG/0.7ML	4	QL(2.8 ML per 28 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
ORENCIA INJECTION 125MG/ML	4	QL(4 ML per 28 days); PA; NDS
OTEZLA TABLET THERAPY PACK 0	4	QL(110 EA per 365 days); PA; NDS
OTEZLA TABLET 20MG	4	QL(60 EA per 30 days); PA; NDS
RINVOQ	4	QL(30 EA per 30 days); PA; NDS
RINVOQ LQ	4	QL(360 ML per 30 days); PA; NDS
RYSTIGGO INJECTION 280MG/2ML	5	PA; NDS
RYSTIGGO INJECTION 420MG/3ML	5	QL(12 ML per 28 days); PA; NDS
RYSTIGGO INJECTION 560MG/4ML	5	QL(16 ML per 28 days); PA; NDS
RYSTIGGO INJECTION 840MG/6ML	5	QL(24 ML per 28 days); PA; NDS
SAPHNELO	5	PA; NDS
SILIQ	5	QL(7.5 ML per 28 days); PA; NDS
SIMULECT	5	NDS
SKYRIZI PEN	4	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJECTION 600MG/10ML, 75MG/0.83ML	4	PA; NDS
SKYRIZI INJECTION 150MG/ML	4	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJECTION 180MG/1.2ML	4	QL(1.2 ML per 56 days); PA; NDS
SKYRIZI INJECTION 360MG/2.4ML	4	QL(2.4 ML per 56 days); PA; NDS
SOLIRIS	5	PA; NDS
STELARA INJECTION 130MG/26ML	4	PA; NDS
STELARA INJECTION 45MG/0.5ML, 90MG/ML	4	QL(3 ML per 84 days); PA; NDS
SYLVANT	4	PA; NDS
TALTZ INJECTION 20MG/0.25ML	5	QL(0.5 ML per 28 days); PA; NDS
TALTZ INJECTION 40MG/0.5ML	5	QL(1 ML per 28 days); PA; NDS
TALTZ INJECTION 80MG/ML	5	QL(4 ML per 28 days); PA; NDS
TEPEZZA	4	PA; NDS
TREMFYA INJECTION 100MG/ML	5	QL(2 ML per 56 days); PA; NDS
ULTOMIRIS	5	PA; NDS
VYVGART	5	PA; NDS
VYVGART HYTRULO	5	PA; NDS
XELJANZ XR	4	QL(30 EA per 30 days); PA; NDS
XELJANZ SOLUTION	4	QL(300 ML per 30 days); PA; NDS
XELJANZ TABLET	4	QL(60 EA per 30 days); PA; NDS
XOLAIR	4	PA; NDS
<i>Immunostimulants</i>		
ACTIMMUNE	4	PA; NDS
INTRON A	4	PA; NDS
PEGASYS	4	PA; NDS
PEGINTRON INJECTION 50MCG/0.5ML	4	PA; NDS
<i>Immunosuppressants</i>		
ASTAGRAF XL	3	B/D
AVSOLA	4	PA; NDS
<i>azathioprine tablet</i>	1	B/D
<i>azathioprine injection</i>	4	B/D; NDS
BENLYSTA INJECTION 120MG, 400MG	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
CIMZIA STARTER KIT	5	QL(6 EA per 365 days); PA; NDS
CIMZIA INJECTION 200MG	5	PA; NDS
CIMZIA INJECTION 200MG/ML	5	QL(2 EA per 28 days); PA; NDS
<i>cyclosporine modified</i>	1	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	1	B/D
<i>cyclosporine injection 50mg/ml</i>	4	NDS
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	4	QL(6 EA per 28 days); PA; NDS
CYLTEZO STARTER PACKAGE FOR PSORIASIS	4	QL(6 EA per 28 days); PA; NDS
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS	4	QL(6 EA per 28 days); PA; NDS
CYLTEZO INJECTION 10MG/0.2ML, 20MG/0.4ML	4	QL(2 EA per 28 days); PA; NDS
CYLTEZO INJECTION 40MG/0.4ML, 40MG/0.8ML	4	QL(6 EA per 28 days); PA; NDS
ENBREL MINI	4	QL(8 ML per 28 days); PA; NDS
ENBREL SURECLICK	4	QL(8 ML per 28 days); PA; NDS
ENBREL INJECTION 25MG/0.5ML, 25MG	4	PA; NDS
ENBREL INJECTION 25MG/0.5ML	4	QL(4 ML per 28 days); PA; NDS
ENBREL INJECTION 50MG/ML	4	QL(8 ML per 28 days); PA; NDS
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	3	B/D
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D; NDS
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	4	B/D; NDS
<i>gengraf capsule 100mg, 25mg</i>	1	B/D
<i>gengraf solution</i>	1	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	4	QL(4 EA per 365 days); PA; NDS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	4	QL(6 EA per 365 days); PA; NDS
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	4	QL(4 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	4	QL(6 EA per 28 days); PA; NDS
HUMIRA PEN-PEDIATRIC UC STARTER PACK	4	QL(4 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	4	QL(6 EA per 28 days); PA; NDS
HUMIRA PEN-PS/UV STARTER INJECTION 0	4	QL(6 EA per 365 days); PA; NDS
HUMIRA PEN INJECTION 40MG/0.4ML, 80MG/0.8ML	4	QL(4 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	4	QL(6 EA per 28 days); PA; NDS
HUMIRA INJECTION 40MG/0.8ML	4	QL(2 EA per 28 days); PA; NDS
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	4	QL(2 EA per 28 days); PA; NDS; Abbvie labeled products only

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HUMIRA INJECTION 40MG/0.4ML	4	QL(4 EA per 28 days); PA; NDS; Abbvie labeled products only
INFLECTRA	4	PA; NDS
INFLIXIMAB	5	PA; NDS
<i>leflunomide</i>	1	
LUPKYNIS	5	QL(180 EA per 30 days); PA; NDS
<i>methotrexate sodium tablet</i>	1	
<i>methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	1	
<i>methotrexate injection 50mg/2ml</i>	1	
<i>mycophenolate mofetil capsule, injection, tablet</i>	1	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	4	B/D; NDS
<i>mycophenolic acid dr</i>	1	B/D
NULOJIX	4	NDS
ORENCIA INJECTION 250MG	4	PA; NDS
PROGRAF INJECTION	2	
PROGRAF PACKET	3	B/D
REMICADE	5	PA; NDS
RENFLEXIS	4	PA; NDS
REZUROCK	5	QL(60 EA per 30 days); PA; NDS
SANDIMMUNE SOLUTION	2	B/D
SIMPONI ARIA	5	PA; NDS
SIMPONI INJECTION 50MG/0.5ML	5	QL(0.5 ML per 28 days); PA; NDS
SIMPONI INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA; NDS
<i>sirolimus solution, tablet</i>	1	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	1	B/D
TREXALL	2	
XATMEP	3	
YUFLYMA 1-PEN KIT INJECTION 80MG/0.8ML	4	QL(3 EA per 28 days); PA; NDS
YUFLYMA 1-PEN KIT INJECTION 40MG/0.4ML	4	QL(6 EA per 28 days); PA; NDS
YUFLYMA 2-PEN KIT	4	QL(6 EA per 28 days); PA; NDS
YUFLYMA 2-SYRINGE KIT INJECTION 20MG/0.2ML	4	QL(2 EA per 28 days); PA; NDS
YUFLYMA 2-SYRINGE KIT INJECTION 40MG/0.4ML	4	QL(6 EA per 28 days); PA; NDS
YUFLYMA CD/UC/HS STARTER	4	QL(3 EA per 28 days); PA; NDS
<i>Vaccines</i>		
ABRYSVO	2	
ACTHIB INJECTION 0	2	
ADACEL	2	
AREXVY	2	
BCG VACCINE INJECTION 50MG	2	
BEXSERO	2	
BOOSTRIX	2	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	

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Drug Name	Drug Tier	Requirements/Limits
DENGVAXIA	2	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGERIX-B	2	B/D
GARDASIL 9	2	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	2	
HEPLISAV-B	2	B/D
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	B/D
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXCHIQ	2	
IXIARO	3	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
M-M-R II	2	
MENACTRA	2	
MENQUADFI	2	
MENVEO	2	
MRESVIA	2	QL(0.5 ML per 999 days)
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	2	
PENBRAYA	2	
PENTACEL	2	
PREHEVBRIO	2	B/D
PRIORIX	2	
PROQUAD	2	
QUADRACEL	2	
RABAVERT	2	B/D
RECOMBIVAX HB	2	B/D
ROTARIX	2	
ROTATEQ SOLUTION	2	
SHINGRIX	2	
STAMARIL	2	
TDVAX	2	
TENIVAC	2	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	2	
TICOVAC	2	
TRUMENBA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	

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Drug Name	Drug Tier	Requirements/Limits
VARIVAX	2	
VAXCHORA	2	
VAXELIS	2	
YF-VAX	2	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	1	
DIPENTUM	5	NDS
<i>mesalamine dr tablet delayed release</i>	1	
<i>mesalamine er</i>	1	
<i>mesalamine enema, kit, suppository</i>	1	
PENTASA CAPSULE EXTENDED RELEASE 250MG	2	
<i>sulfasalazine tablet, tablet delayed release</i>	1	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	4	NDS
<i>budesonide capsule delayed release particles 3mg</i>	1	
<i>budesonide foam 2mg</i>	1	
CORTIFOAM FOAM	3	
<i>hydrocortisone cream 1%, 2.5%</i>	1	
<i>hydrocortisone enema 100mg/60ml</i>	1	
ORTIKOS	5	NDS
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
TARPEYO	5	QL(120 EA per 30 days); PA; NDS
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium solution</i>	1	
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	1	
<i>alendronate sodium tablet 70mg</i>	1	QL(4 EA per 28 days)
BINOSTO	3	QL(4 EA per 28 days)
<i>calcitonin salmon nasal solution</i>	1	QL(3.7 ML per 30 days)
<i>calcitonin salmon injection</i>	4	NDS
<i>calcitonin-salmon solution</i>	1	QL(3.7 ML per 30 days)
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	1	
<i>calcitriol injection 1mcg/ml</i>	1	
<i>calcitriol oral solution 1mcg/ml</i>	1	
<i>cinacalcet hydrochloride</i>	1	
<i>doxercalciferol</i>	1	
EVENITY	5	QL(2.34 ML per 28 days); PA; NDS
FORTEO INJECTION 600MCG/2.4ML	4	PA; NDS
FOSAMAX PLUS D	3	QL(4 EA per 28 days); ST
<i>ibandronate sodium injection</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ibandronate sodium tablet</i>	1	QL(1 EA per 28 days)
MIACALCIN INJECTION	5	NDS
NATPARA	5	QL(2 EA per 28 days); NDS
<i>pamidronate disodium injection 30mg/10ml, 6mg/ml, 90mg/10ml</i>	1	
<i>paricalcitol</i>	1	
PROLIA	3	QL(2 ML per 365 days)
RAYALDEE	5	NDS
<i>risedronate sodium dr</i>	1	QL(4 EA per 28 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	1	
<i>risedronate sodium tablet 150mg</i>	1	QL(1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	1	QL(4 EA per 28 days)
TERIPARATIDE INJECTION 620MCG/2.48ML	4	PA; NDS
<i>teriparatide injection 600mcg/2.4ml</i>	4	PA; NDS
TYMLOS	5	PA; NDS
XGEVA	4	PA; NDS
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	1	
<i>zoledronic acid injection 4mg/100ml</i>	4	NDS
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	2	
<i>argyle sterile water 100ml</i>	1	
<i>atropine sulfate injection 0.25mg/5ml, 0.5mg/5ml, 1mg/10ml, 8mg/20ml</i>	1	
AUGTYRO	5	PA; NDS
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(200 EA per 30 days)
CEQR SIMPLICITY 2U	2	
COSELA	4	PA; NDS
CURITY GAUZE PADS 2"X2" 12 PLY	2	
<i>deferoxamine mesylate injection 2gm</i>	1	B/D
<i>deferoxamine mesylate injection 500mg</i>	4	B/D; NDS
DOJOLVI	5	PA; NDS
DROPLET MICRON 34G X 9/64"	2	QL(200 EA per 30 days)
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	QL(200 EA per 30 days)
EASY TOUCH SAFETY PEN NEEDLES/30G X 1/4"	2	QL(200 EA per 30 days)
ELLA	3	
<i>fomepizole injection 1.5gm/1.5ml</i>	4	NDS

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GIVLAARI	5	PA; NDS
IGALMI	3	PA
INSUPEN 33GX4MM	2	QL(200 EA per 30 days)
<i>intralipid injection 20gm/100ml, 30gm/100ml</i>	1	B/D
KORSUVA	4	PA; NDS
<i>lactated ringers irrigation solution 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	
LAGEVRIO	3	QL(40 EA per 5 days)
<i>levocarnitine solution, tablet</i>	1	
LIVMARLI SOLUTION 19MG/ML	4	QL(60 ML per 30 days); PA; NDS
LIVMARLI SOLUTION 9.5MG/ML	4	QL(90 ML per 30 days); PA; NDS
<i>methergine tablet</i>	4	QL(56 EA per 365 days); NDS
<i>methylergonovine maleate tablet</i>	4	QL(56 EA per 365 days); NDS
NULIBRY	4	PA; NDS
<i>nutrilipid</i>	1	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	2	QL(1 EA per 365 days); PA
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	2	QL(30 EA per 30 days); PA
OMNIPOD 5 G7 INTRO KIT (GEN 5)	2	QL(1 EA per 365 days); PA
OMNIPOD 5 G7 PODS (GEN 5)	2	QL(30 EA per 30 days); PA
OMNIPOD 5 LIBRE2 PLUS G6	2	QL(1 EA per 365 days); PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	QL(30 EA per 30 days); PA
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	2	QL(1 EA per 365 days); PA
OMNIPOD CLASSIC PODS (GEN 3)	2	QL(30 EA per 30 days); PA
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL(1 EA per 365 days); PA
OMNIPOD DASH PDM KIT (GEN 4)	2	QL(1 EA per 365 days); PA
OMNIPOD DASH PODS (GEN 4)	2	QL(30 EA per 30 days); PA
OMNIPOD GO 10 UNITS/DAY	2	QL(10 EA per 30 days); PA
OMNIPOD GO 15 UNITS/DAY	2	QL(10 EA per 30 days); PA
OMNIPOD GO 20 UNITS/DAY	2	QL(30 EA per 30 days); PA
OMNIPOD GO 25 UNITS/DAY	2	QL(10 EA per 30 days); PA
OMNIPOD GO 30 UNITS/DAY	2	QL(30 EA per 30 days); PA
OMNIPOD GO 35 UNITS/DAY	2	QL(10 EA per 30 days); PA
OMNIPOD GO 40 UNITS/DAY	2	QL(30 EA per 30 days); PA
ORLADEYO	5	QL(30 EA per 30 days); PA; NDS
OXLUMO	4	PA; NDS
PALFORZIA INITIAL DOSE ESCALATION	5	PA; NDS
PALFORZIA LEVEL 1	5	PA; NDS
PALFORZIA LEVEL 10	5	PA; NDS
PALFORZIA LEVEL 11 (MAINTENANCE)	5	PA; NDS
PALFORZIA LEVEL 11 (TITRATION)	5	PA; NDS
PALFORZIA LEVEL 2	5	PA; NDS
PALFORZIA LEVEL 3	5	PA; NDS
PALFORZIA LEVEL 4	5	PA; NDS
PALFORZIA LEVEL 5	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
PALFORZIA LEVEL 6	5	PA; NDS
PALFORZIA LEVEL 7	5	PA; NDS
PALFORZIA LEVEL 8	5	PA; NDS
PALFORZIA LEVEL 9	5	PA; NDS
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days); \$0 Copay
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days); \$0 Copay
<i>ringers irrigation solution 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
SKYCLARYS	4	QL(90 EA per 30 days); PA; NDS
<i>sodium chloride 0.9%</i>	1	
SODIUM PHENYLACETATE/SODIUM BENZOATE	4	NDS
<i>sterile water for irrigation</i>	1	
TAVNEOS	4	QL(180 EA per 30 days); PA; NDS
<i>tis-u-sol</i>	1	
TYRVAYA	3	QL(8.4 ML per 30 days)
V-GO 20	2	QL(30 EA per 30 days); PA
V-GO 30	2	QL(30 EA per 30 days); PA
V-GO 40	2	QL(30 EA per 30 days); PA
VIJOICE PACKET	4	QL(28 EA per 28 days); PA; NDS
VIJOICE TABLET THERAPY PACK 125MG, 50MG	4	QL(28 EA per 28 days); PA; NDS
VIJOICE TABLET THERAPY PACK 0	4	QL(56 EA per 28 days); PA; NDS
VILTEPSO	5	PA; NDS
VISTOGARD	5	NDS
VOXZOGO	4	QL(30 EA per 30 days); PA; NDS
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate ophthalmic solution 1%</i>	1	
<i>bacitracin/polymyxin b</i>	1	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
BRIMONIDINE TARTRATE/TIMOLOL MALEATE	2	
BYOOVIZ	4	PA; NDS
<i>cyclosporine emulsion 0.05%</i>	1	
CYSTADROPS	4	QL(20 ML per 28 days); NDS
CYSTARAN	4	QL(60 ML per 28 days); NDS
<i>dorzolamide hcl/timolol maleate</i>	1	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	1	
EYLEA	5	PA; NDS
<i>isopto atropine solution 1%</i>	1	
LACRISERT	3	
<i>neo-polycin</i>	1	
<i>neo-polycin hc</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	

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<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	1	
OXERVATE	4	QL(56 ML per 28 days); PA; NDS
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
PRED-G	3	
PRED-G S.O.P.	3	
<i>proparacaine hcl</i>	1	
RESTASIS MULTIDOSE	2	
SIMBRINZA	2	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
TOBRADEX ST	3	
TOBRADEX OINTMENT	2	
<i>tobramycin/dexamethasone</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
VABYSMO	5	PA; NDS
ZYLET	3	
<i>Ophthalmic Anti-allergy Agents</i>		
ALOCRIAL	2	
ALOMIDE	2	
<i>azelastine hcl ophthalmic solution 0.05%</i>	1	
<i>bepotastine besilate</i>	1	
<i>cromolyn sodium solution 4%</i>	1	
<i>epinastine hcl</i>	1	
LASTACAFT	3	
<i>olopatadine hcl ophthalmic solution 0.1%</i>	1	
<i>olopatadine hydrochloride solution 0.2%</i>	1	
<i>Ophthalmic Anti-Infectives</i>		
<i>bacitracin ointment 500unit/gm</i>	1	
BESIVANCE	3	
CILOXAN OINTMENT	2	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	1	
<i>erythromycin ointment 5mg/gm</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak ointment</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	
<i>levofloxacin ophthalmic solution 0.5%, 1.5%</i>	1	
<i>moxifloxacin hydrochloride ophthalmic solution 0.5%</i>	1	
NATACYN	2	
<i>ofloxacin ophthalmic solution 0.3%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium</i>	1	
<i>tobramycin solution 0.3%</i>	1	
TOBREX OINTMENT	3	
<i>trifluridine</i>	1	
ZIRGAN	3	
<i>Ophthalmic Anti-inflammatories</i>		
ACUVAIL	3	ST
ALREX	3	
<i>bromfenac sodium solution 0.075%</i>	1	
<i>bromfenac sodium solution 0.07%</i>	1	QL(12 ML per 365 days)
BROMSITE	2	ST
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	1	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	
<i>difluprednate</i>	1	
FLAREX	3	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
ILEVRO	2	QL(4 ML per 30 days)
INVELTYS	3	
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	1	
LOTEMAX SM	3	QL(20 GM per 365 days)
LOTEMAX OINTMENT	3	QL(14 GM per 365 days)
<i>loteprednol etabonate suspension</i>	1	
<i>loteprednol etabonate gel</i>	1	QL(20 GM per 365 days)
MAXIDEX SUSPENSION	3	
NEVANAC	2	QL(4 ML per 30 days)
PRED MILD	2	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic solution 1%</i>	1	
PROLENSA	2	QL(12 ML per 365 days)
TRIESENCE	3	
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
<i>betaxolol hcl solution 0.5%</i>	1	
BETIMOL	2	
BETOPTIC-S	2	
<i>carteolol hcl</i>	1	
<i>levobunolol hcl solution 0.5%</i>	1	
<i>timolol maleate ophthalmic gel forming</i>	1	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
<i>acetazolamide er</i>	1	
ALPHAGAN P SOLUTION 0.1%	3	

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<i>apraclonidine</i>	1	
<i>brimonidine tartrate</i>	1	
<i>brinzolamide</i>	1	
<i>dorzolamide hydrochloride</i>	1	
IOPIDINE SOLUTION 1%	3	
<i>methazolamide tablet</i>	1	
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125%	2	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	1	
RHOPRESSA	2	QL(2.5 ML per 25 days)
<i>Ophthalmic Prostaglandin and Prostanamide Analogs</i>		
<i>bimatoprost</i>	1	QL(5 ML per 30 days)
DURYSTA	5	NDS
<i>latanoprost solution</i>	1	
LUMIGAN	2	QL(2.5 ML per 25 days)
<i>tafluprost</i>	1	QL(30 EA per 30 days)
XELPROS	3	QL(2.5 ML per 25 days); ST
Otic Agents		
<i>Otic Agents</i>		
<i>acetic acid</i>	1	
CIPRO HC	2	
<i>ciprofloxacin/dexamethasone</i>	1	
<i>ciprofloxacin solution 0.2%</i>	1	
CORTISPORIN-TC	3	
<i>flac</i>	1	
<i>fluocinolone acetonide ear drops</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>hydrocortisone/acetic acid</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>ofloxacin otic solution 0.3%</i>	1	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ALVESCO	3	QL(12.2 GM per 30 days)
ASMANEX HFA	3	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	3	QL(1 EA per 30 days)
BECONASE AQ SUSPENSION	3	QL(50 GM per 25 days)
BREZTRI AEROSPHERE	2	QL(23.6 GM per 28 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	QL(120 ML per 30 days); B/D

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FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	2	QL(240 EA per 30 days)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST	2	QL(60 EA per 30 days)
FLOVENT HFA AEROSOL 44MCG/ACT	3	QL(21.2 GM per 30 days)
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL(24 GM per 30 days)
<i>flunisolide solution 0.025%</i>	1	QL(50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	1	
<i>mometasone furoate suspension 50mcg/act</i>	1	QL(34 GM per 30 days)
PULMICORT FLEXHALER	2	QL(2 EA per 30 days)
QNASL	3	QL(10.6 GM per 30 days)
QNASL CHILDRENS	3	QL(6.8 GM per 30 days)
ZETONNA	3	QL(6.1 GM per 30 days)
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	1	QL(60 ML per 30 days)
<i>azelastine hydrochloride</i>	1	QL(60 ML per 30 days)
<i>azelastine hydrochloride/fluticasone propionate</i>	1	QL(23 GM per 30 days)
<i>carbinoxamine maleate solution</i>	1	
<i>carbinoxamine maleate tablet 4mg</i>	1	
<i>cetirizine hydrochloride solution 5mg/5ml</i>	1	
<i>clemastine fumarate tablet 2.68mg</i>	1	
<i>cyproheptadine hcl syrup</i>	1	
<i>cyproheptadine hydrochloride tablet</i>	1	
<i>desloratadine odt</i>	1	
<i>diphenhydramine hcl injection 50mg/ml</i>	1	
<i>diphenhydramine hydrochloride injection</i>	1	
<i>hydroxyzine hcl injection 25mg/ml</i>	1	
<i>hydroxyzine hcl tablet 50mg</i>	1	
<i>hydroxyzine hydrochloride</i>	1	
<i>hydroxyzine pamoate capsule</i>	1	
<i>levocetirizine dihydrochloride solution, tablet</i>	1	
<i>olopatadine hcl nasal solution 0.6%</i>	1	QL(30.5 GM per 30 days)
Antileukotrienes		
<i>montelukast sodium tablet chewable, packet, tablet</i>	1	
<i>zafirlukast</i>	1	
<i>zileuton er</i>	4	ST; NDS
ZYFLO	5	ST; NDS
Bronchodilators, Anticholinergic		
ATROVENT HFA	2	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA	2	QL(30 EA per 30 days)
<i>ipratropium bromide nasal solution</i>	1	
<i>ipratropium bromide inhalation solution</i>	1	QL(312.5 ML per 30 days); B/D
SPIRIVA HANDIHALER	2	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	2	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	2	QL(8 GM per 30 days)
<i>tiotropium bromide</i>	1	QL(30 EA per 30 days)
TUDORZA PRESSAIR	3	QL(1 EA per 30 days); ST
YUPELRI	5	QL(90 ML per 30 days); B/D; NDS
<i>Bronchodilators, Sympathomimetic</i>		
<i>albuterol sulfate er</i>	1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108MCG/ACT	3	QL(48 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL(13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL(17 GM per 30 days)
<i>albuterol sulfate tablet</i>	1	
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	1	QL(100 EA per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	1	QL(375 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	1	QL(525 ML per 30 days); B/D
<i>arformoterol tartrate</i>	1	QL(120 ML per 30 days); PA
EPINEPHRINE INJECTION 0.15MG/0.3ML	2	
<i>epinephrine injection 0.15mg/0.15ml, 0.3mg/0.3ml</i>	1	
<i>formoterol fumarate nebulization solution</i>	1	QL(120 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	1	QL(270 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	1	QL(540 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	1	QL(540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa</i>	1	QL(30 GM per 30 days)
<i>levalbuterol nebulization solution</i>	1	QL(90 EA per 30 days); B/D
PROAIR RESPICLICK	2	QL(2 EA per 30 days)
SEREVENT DISKUS	2	QL(60 EA per 30 days)
VENTOLIN HFA	3	QL(48 GM per 30 days); ST
<i>Cystic Fibrosis Agents</i>		
CAYSTON	4	PA; NDS
KALYDECO	4	PA; NDS
KITABIS PAK	4	B/D; NDS
ORKAMBI TABLET	5	QL(112 EA per 28 days); PA; NDS
ORKAMBI PACKET	5	QL(56 EA per 28 days); PA; NDS
PULMOZYME	4	PA; NDS
SYMDEKO TABLET THERAPY PACK 150MG; 100MG	5	QL(56 EA per 28 days); PA; NDS
SYMDEKO TABLET THERAPY PACK 75MG; 50MG	5	QL(60 EA per 30 days); PA; NDS
TOBI PODHALER	4	QL(224 EA per 56 days); NDS
<i>tobramycin nebulization solution 300mg/4ml, 300mg/5ml</i>	4	B/D; NDS
TRIKAFTA THERAPY PACK	4	QL(56 EA per 28 days); PA; NDS
TRIKAFTA TABLET THERAPY PACK	4	QL(84 EA per 28 days); PA; NDS
<i>Mast Cell Stabilizers</i>		

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<i>cromolyn sodium nebulization solution 20mg/2ml</i>	4	B/D; NDS
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline injection</i>	1	
<i>elixophyllin</i>	1	
<i>roflumilast</i>	1	PA
<i>theophylline</i>	1	
<i>theophylline er tablet extended release 12 hour, tablet extended release 24 hour</i>	1	
Pulmonary Antihypertensives		
ADEMPAS	4	QL(90 EA per 30 days); PA; NDS
<i>alyq</i>	1	QL(60 EA per 30 days); PA
<i>ambrisentan</i>	4	QL(30 EA per 30 days); PA; NDS
<i>bosentan</i>	4	QL(60 EA per 30 days); PA; NDS
OPSUMIT	4	QL(30 EA per 30 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 1	4	QL(336 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 2	4	QL(672 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 3	4	QL(504 EA per 365 days); PA; NDS
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	2	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	4	PA; NDS
<i>sildenafil citrate suspension reconstituted</i>	1	PA
<i>sildenafil citrate tablet</i>	1	QL(90 EA per 30 days); PA
<i>sildenafil injection</i>	4	PA; NDS
<i>tadalafil tablet 20mg</i>	1	QL(60 EA per 30 days); PA
TRACLEER TABLET SOLUBLE	5	QL(112 EA per 28 days); PA; NDS
<i>treprostinil</i>	4	PA; NDS
TYVASO	4	QL(87 ML per 30 days); PA; NDS
TYVASO REFILL KIT	4	QL(87 ML per 30 days); PA; NDS
TYVASO STARTER KIT	4	QL(87 ML per 30 days); PA; NDS
UPTRAVI TITRATION PACK	5	QL(400 EA per 365 days); PA; NDS
UPTRAVI INJECTION	5	PA; NDS
UPTRAVI TABLET	5	QL(60 EA per 30 days); PA; NDS
VENTAVIS	4	QL(270 ML per 30 days); PA; NDS
Pulmonary Fibrosis Agents		
OFEV	4	PA; NDS
<i>pirfenidone</i>	4	PA; NDS
Respiratory Tract Agents, Other		
<i>acetylcysteine solution</i>	1	B/D
ADVAIR HFA	2	QL(24 GM per 30 days)
ANORO ELLIPTA	2	QL(60 EA per 30 days)
BREO ELLIPTA	2	QL(60 EA per 30 days)
<i>breyana</i>	1	QL(10.3 GM per 30 days)
BRONCHITOL	5	QL(560 EA per 28 days); PA; NDS
CINQAIR	5	PA; NDS

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COMBIVENT RESPIMAT	2	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	3	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	3	QL(17.6 GM per 30 days); PA
FASENRA PEN	4	PA; NDS
FASENRA INJECTION 10MG/0.5ML	2	PA
FASENRA INJECTION 30MG/ML	4	PA; NDS
<i>fluticasone propionate/salmeterol diskus</i>	1	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	1	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	1	QL(540 ML per 30 days); B/D
NUCALA INJECTION 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA; NDS
NUCALA INJECTION 100MG	5	QL(3 EA per 28 days); PA; NDS
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA; NDS
<i>promethazine vc</i>	1	
STIOLTO RESPIMAT	2	QL(24 GM per 30 days)
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT	2	QL(12 GM per 30 days)
SYMBICORT AEROSOL 80MCG/ACT; 4.5MCG/ACT	2	QL(13.8 GM per 30 days)
TEZSPIRE	5	QL(1.91 ML per 28 days); PA; NDS
TRELEGY ELLIPTA	2	QL(60 EA per 30 days)
<i>wixela inhub</i>	1	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>carisoprodol/aspirin/codeine</i>	1	PA; NDS
<i>carisoprodol tablet</i>	1	PA
<i>chlorzoxazone tablet 375mg, 500mg, 750mg</i>	1	
<i>chlorzoxazone tablet 250mg</i>	4	NDS
<i>cyclobenzaprine hydrochloride tablet</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol tablet 500mg, 750mg</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>orphenadrine citrate injection</i>	1	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	2	QL(30 EA per 30 days)
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	1	QL(30 EA per 30 days)
EDLUAR	3	QL(30 EA per 30 days)
<i>estazolam</i>	1	QL(30 EA per 30 days)
<i>eszopiclone</i>	1	QL(30 EA per 30 days)
HETLIOZ LQ	5	QL(158 ML per 30 days); PA; NDS
<i>ramelteon</i>	1	QL(30 EA per 30 days)
<i>tasimelteon</i>	4	QL(30 EA per 30 days); PA; NDS
<i>temazepam</i>	1	QL(30 EA per 30 days)
<i>triazolam</i>	1	QL(60 EA per 30 days)

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<i>zaleplon capsule 5mg</i>	1	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	1	QL(60 EA per 30 days)
<i>zolpidem tartrate er</i>	1	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet sublingual, tablet</i>	1	QL(30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	1	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	1	QL(60 EA per 30 days); PA
<i>modafinil tablet</i>	1	QL(30 EA per 30 days); PA
SODIUM OXYBATE	4	QL(540 ML per 30 days); PA; NDS
WAKIX	5	QL(60 EA per 30 days); PA; NDS
XYREM	4	QL(540 ML per 30 days); PA; NDS
XYWAV	5	QL(540 ML per 30 days); PA; NDS

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

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<i>indomethacin</i>	6	<i>irbesartan</i>	45
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If you believe we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to:

Optum Rx Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344

Phone: **1-800-562-6223 (TTY 711)**
Fax: 1-855-351-5495
Email: **Optum_Civil_Rights@Optum.com**

If you need help filing a complaint, please call the number located on the back of your prescription ID card (TTY 711). Representatives are available 24 hours a day, 7 days a week. You can also file a complaint directly with the U.S. Department of Health and Human Services online, by phone, or by mail:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at:
<https://www.hhs.gov/ocr/complaints/index.html>

Phone: Toll-free **1-800-368-1019**, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

This information is available in other formats like large print. To ask for another format, please call the telephone number listed on your prescription ID card.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-577-6517. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-577-6517. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-577-6517。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-577-6517。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

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French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-577-6517. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-855-577-6517 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-577-6517. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول . سيقوم شخص ما يتحدث العربية 1-855-577-6517 على مترجم فوري، ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية.

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Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-577-6517. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-577-6517. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-577-6517. Ta usługa jest bezpłatna.

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This formulary was updated on November 1, 2024, and is a complete list of drugs covered by our plan.

For a complete listing or other questions, please contact:

Optum Rx Member Services

Phone (toll-free): **1-855-577-6517**
TTY users: **711**
Hours of operation: 24 hours a day, 7 days a week
Website: **optumrx.com**

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