

## Medicare Part D Prescription Drug Plan (PDP)

### **Your 2025 Comprehensive Formulary** (list of covered drugs or “Drug List”)

Sponsored by CalPERS, administered by Optum Rx<sup>®</sup>, which is offered in conjunction with your Anthem Medicare Preferred medical plan

Effective January 1, 2025



**Please read: this document contains information about the drugs we cover in this plan.** This comprehensive formulary was updated on 08/26/2024, and is a complete drug list covered by our plan. For more recent information or if you have questions, please contact:

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### Optum Rx Member Services

**Phone (toll-free):** 1-855-505-8106  
**TTY users:** 711  
**Hours of operation:** 24 hours a day, 7 days a week  
**Website:** [welcome.optumrx.com/calpers](https://welcome.optumrx.com/calpers)

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**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” or “our plan,” it means Medicare Part D Prescription Drug Plan.

In most instances, you must use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium, and/or copayments/coinsurance may change on January 1, 2026.

## What is the Comprehensive Formulary?

A formulary is a list of covered drugs selected by Medicare Part D Prescription Drug Plan in consultation with Optum Rx and a team of healthcare providers. It represents the prescription therapies believed to be a necessary part of a quality treatment program. This plan will generally cover the drugs listed in our formulary 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 formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we, the Medicare Part D Prescription Drug Plan, may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [optumrx.com/calpers](http://optumrx.com/calpers).

**Changes that can affect you this year:** In the cases below, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions.
  - **Biological Product** – A prescription drug that is made from natural and living sources like animal cells, plant cells, bacteria, or yeast. Biological products are more complex than other drugs and cannot be copied exactly, so alternative forms are called biosimilars. (See also “**Original Biological Product**” and “**Biosimilar**”).
  - **Biosimilar** – A biological product that is very similar, but not identical, to the original biological product. Biosimilars are as safe and effective as the original biological product. Some biosimilars may be substituted for the original biological product at the pharmacy without needing a new prescription (See “**Interchangeable Biosimilar**”).
  - **Interchangeable Biosimilar** – A biosimilar that may be used as a substitute for an original biosimilar product at the pharmacy without needing a new prescription because it meets additional requirements related to the potential for automatic substitution. Automatic substitution at the pharmacy is subject to state law.

When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar (brand name) versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar (brand name) that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier. We must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Formulary?”

### **Changes that will not affect you if you are currently taking the drug.**

- Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above.
- This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year.
- You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 01/01/2025. To get updated information about the drugs covered by Medicare Part D Prescription Drug Plan please contact us. Our contact information appears on the front and back cover pages.

### **How do I use the formulary?**

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

- **Medical Condition**

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical 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 8. Then, look under the category name for your drug.

- **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 112. The Index provides an alphabetical list of all drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index.

### **Formulary design**

The formulary structure features generic drugs, preferred brand-name drugs, and non-preferred brand-name drugs.

Drug Tier	Helpful Tips
Tier 1	Mostly 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.
Tier 3	Drugs listed under Tier 3 generally have higher copayments than preferred brand-name drugs and may include some specialty or high-cost drugs*.

\* High-Cost (and some Specialty) drugs are those that cost \$950 or more for up to a 30-day maximum supply. These types of drugs are in the Formulary as “NDS” under the Requirements/Limits column.

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

### What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. There are generic drug substitutes available for many brand name drugs.

### How can generic drugs be used?

Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

### What are original biological products and how are they related to biosimilars (see page 2 for definitions)?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 1, Section 3.3, “The ‘Drug List’ tells which Part D drugs are covered.”

### Are there any restrictions on my coverage?

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

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**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.

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**Quantity Limits (QL)**

For certain drugs, there is a limit on the amount of the drug we will cover. This may be in addition to a standard one-month or three-month supply.

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**Step Therapy (ST)**

In some cases, it is required that you first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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To find out if your drug has any additional requirements or limits, look in the formulary that begins on page 8. You can also get more information about restrictions applied to specific covered drugs by visiting our website or by calling Optum Rx Member Services. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

You can ask Optum Rx to make an exception to these restrictions or limits, or for a list of other similar drugs that may treat your health condition. See the section “How do I request an exception to the formulary?” on page 5 for additional information.

**What are over-the-counter (OTC) drugs?**

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Medicare Part D Prescription Drug Plan pays for certain OTC drugs. The cost of these OTC drugs will not count toward your total Part D drug costs.

**What if my drug is not on the formulary?**

If your drug is not included in this formulary (list of covered drugs), you should first contact OptumRx Member Services and ask if your drug is covered. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

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

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

CalPERS offers supplemental coverage on **some** prescription drugs not normally covered under Medicare Part D. Please contact Optum Rx for any questions regarding your supplemental coverage. Our contact information is shown on the front and back cover pages.

**How do I request an exception to the formulary?**

You can ask Optum Rx to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make:

- You can ask us to cover a drug even if it is not on our formulary. 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 us to waive coverage restrictions or limits on your drug. For example, for certain drugs, we may limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug

**Note:** If we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

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

You or your prescriber should contact Optum Rx for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.**

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

### **Should I talk to my prescriber about changing my drugs or requesting an exception?**

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 31-day transition supply, written for as many pills as necessary, unless you have a prescription written for fewer days. We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you get a formulary exception.

If you are a current enrollee with a level-of-care change and you need a drug that is not on our formulary, or if your ability to get your drugs is limited, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days) while you seek a formulary exception. If you are in the process of seeking an exception, we will consider allowing continued coverage until a decision is made.

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### **For more information**

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

Last Updated: 08/26/2024

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

## Formulary

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

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

Requirements/Limits	Helpful Tips
<b>B/D</b>	This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
<b>NDS</b>	Non-Extended Days' Supply. This prescription drug is not available for an extended days' supply.
<b>PA</b>	Prior Authorization. Our plan requires you or your physician 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, your drug may not be covered.
<b>QL</b>	Quantity Limit. For certain drugs, our plan limits the amount of the drug we will cover. This may be in addition to a standard one-month or three-month supply.
<b>ST</b>	Step Therapy. In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.



Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<i><b>Nonsteroidal Anti-inflammatory Drugs</b></i>		
CAMBIA	3	
CELEBREX	3	QL(60 EA per 30 days)
<i>celecoxib capsule</i>	1	QL(60 EA per 30 days)
COXANTO	3	PA; NDS
<i>diclofenac epolamine</i>	1	QL(60 EA per 30 days); PA
<i>diclofenac potassium packet</i>	1	
<i>diclofenac potassium capsule</i>	1	NDS
<i>diclofenac potassium tablet 50mg</i>	1	
<i>diclofenac potassium tablet 25mg</i>	1	NDS
<i>diclofenac sodium dr</i>	1	
<i>diclofenac sodium er</i>	1	
<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>	1	PA; NDS
DICLONA	3	NDS
<i>diflunisal tablet 500mg</i>	1	
DUEXIS	3	QL(90 EA per 30 days); PA; NDS
<i>ec-naproxen tablet delayed release 500mg</i>	1	
ELYXYB	3	PA
<i>etodolac capsule, tablet</i>	1	
FLECTOR	3	QL(60 EA per 30 days); PA
<i>flurbiprofen tablet</i>	1	
<i>ibu</i>	1	
<i>ibuprofen lysine</i>	1	NDS
<i>ibuprofen/famotidine</i>	1	QL(90 EA per 30 days); PA
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
INDOCIN SUSPENSION	3	
INDOCIN SUPPOSITORY	3	NDS
<i>indomethacin er</i>	1	
<i>indomethacin capsule 25mg, 50mg</i>	1	
<i>ketoprofen capsule 25mg</i>	1	
<i>ketorolac tromethamine nasal solution 15.75mg/spray</i>	1	QL(5 EA per 30 days); NDS
<i>ketorolac tromethamine tablet 10mg</i>	1	QL(20 EA per 30 days)
LICART	3	QL(30 EA per 30 days); PA
LODINE TABLET 400MG	3	
LOFENA	3	NDS
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	1	
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375MG	3	

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Last Updated: 08/26/2024

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



Drug Name	Drug Tier	Requirements/Limits
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500MG	3	NDS
NAPROSYN SUSPENSION	3	PA; NDS
<i>naproxen dr tablet delayed release 375mg</i>	1	
<i>naproxen sodium cr tablet extended release 24 hour 375mg</i>	1	
<i>naproxen sodium er tablet extended release 24 hour 375mg</i>	1	
<i>naproxen sodium tablet 275mg, 550mg</i>	1	
<i>naproxen/esomeprazole magnesium</i>	1	QL(60 EA per 30 days); PA; NDS
<i>naproxen suspension</i>	1	PA; NDS
<i>naproxen tablet delayed release 500mg</i>	1	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
NEOPROFEN	3	NDS
<i>oxaprozin tablet</i>	1	
<i>oxaprozin capsule</i>	1	PA; NDS
PENNSAID SOLUTION	3	PA; NDS
<i>piroxicam capsule</i>	1	
RELAFEN DS	3	NDS
SPRIX	3	QL(5 EA per 30 days); NDS
<i>sulindac tablet</i>	1	
TOLECTIN 600	3	ST
<i>tolmetin sodium capsule</i>	1	
<i>tolmetin sodium tablet 600mg</i>	1	
VIMOVO	3	QL(60 EA per 30 days); PA; NDS
ZIPSOR	3	NDS
<b><i>Opioid Analgesics, Long-acting</i></b>		
BELBUCA	3	QL(60 EA per 30 days); NDS
<i>buprenorphine</i>	1	QL(4 EA per 28 days); NDS
BUTRANS	3	QL(4 EA per 28 days); NDS
CONZIP	3	PA; NDS
<i>fentanyl</i>	1	NDS
<i>hydrocodone bitartrate er capsule extended release 12 hour</i>	1	NDS
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent</i>	1	ST; 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
HYSINGLA ER	3	ST; NDS
INFUMORPH 200	3	B/D; NDS
INFUMORPH 500	3	B/D; NDS
<i>levorphanol tartrate tablet</i>	1	NDS
<i>methadone hcl injection, oral solution, tablet</i>	1	NDS
<i>methadone hydrochloride intensol</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
<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 100mg, 10mg, 120mg, 20mg, 30mg, 45mg, 50mg, 60mg, 75mg, 80mg, 90mg</i>	1	NDS
<i>morphine sulfate er tablet extended release</i>	1	NDS
MS CONTIN TABLET EXTENDED RELEASE	3	NDS
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100MG, 150MG, 50MG	2	NDS
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200MG, 250MG	3	NDS
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 40mg, 80mg</i>	1	ST; NDS
<i>oxycodone hydrochloride er</i>	1	ST; NDS
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT	3	ST; NDS
<i>oxymorphone hydrochloride er tablet extended release 12 hour 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	1	NDS
<i>oxymorphone hydrochloride er</i>	1	NDS
<i>tramadol hcl er capsule extended release 24 hour 100mg, 200mg, 300mg</i>	1	PA; NDS
<i>tramadol hcl er tablet extended release 24 hour</i>	1	NDS
<i>tramadol hydrochloride er</i>	1	NDS
XTAMPZA ER	2	NDS
<b><i>Opioid Analgesics, Short-acting</i></b>		
<i>acetaminophen/caffeine/dihydrocodeine capsule</i>	1	QL(300 EA per 30 days); NDS
<i>acetaminophen/codeine</i>	1	NDS
ACTIQ	3	PA; NDS
APADAZ	3	NDS
<i>ascomp/codeine</i>	1	NDS
<i>benzhydrocodone/acetaminophen</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
DEMEROL INJECTION 100MG/ML, 25MG/ML, 50MG/ML, 75MG/ML	3	PA; NDS
DILAUDID LIQUID	3	NDS
DILAUDID INJECTION 0.2MG/ML, 1MG/ML, 2MG/ML	3	NDS
DILAUDID TABLET 2MG, 4MG, 8MG	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>duramorph</i>	1	NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	NDS
<i>fentanyl citrate oral transmucosal</i>	1	PA; NDS
<i>fentanyl citrate tablet</i>	1	PA; NDS
<i>fentanyl citrate injection 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml, 25mcg/0.5ml, 500mcg/10ml, 50mcg/ml</i>	1	B/D; NDS
FENTORA TABLET 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	3	PA; NDS
FIORICET/CODEINE CAPSULE 300MG; 50MG; 40MG; 30MG	3	NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	1	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	1	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	1	NDS
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	NDS
<i>hydromorphone hcl liquid, suppository, tablet</i>	1	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	1	NDS
<i>hydromorphone hydrochloride injection 0.2mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	1	NDS
LORTAB ELIXIR 300MG/15ML; 10MG/15ML	3	NDS
<i>meperidine hcl oral solution</i>	1	NDS
<i>meperidine hcl injection 100mg/ml, 25mg/ml, 50mg/ml</i>	1	PA; NDS
<i>meperidine hcl tablet 50mg</i>	1	NDS
<i>morphine sulfate/sodium chloride injection 1mg/ml</i>	1	NDS
<i>morphine sulfate oral solution, suppository, 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, 8mg/ml</i>	1	NDS
<i>nalbuphine hcl injection 10mg/ml, 20mg/ml</i>	1	NDS
NALOCET	3	NDS
NUCYNTA	3	NDS
OXAYDO	3	NDS
<i>oxycodone and acetaminophen</i>	1	NDS
<i>oxycodone hcl capsule</i>	1	NDS
<i>oxycodone hydrochloride/acetaminophen</i>	1	NDS
<i>oxycodone hydrochloride capsule, concentrate, solution, tablet</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone/acetaminophen tablet 300mg; 10mg, 300mg; 2.5mg, 300mg; 5mg, 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	NDS
<i>oxymorphone hydrochloride</i>	1	NDS
<i>pentazocine/naloxone hcl</i>	1	NDS
PERCOCET TABLET 325MG; 10MG, 325MG; 2.5MG, 325MG; 5MG, 325MG; 7.5MG	3	NDS
PROLATE	3	NDS
QDOLO	3	NDS
ROXICODONE TABLET 15MG, 30MG	3	NDS
SEGLENTIS	3	QL(120 EA per 30 days); ST; NDS
<i>tramadol hydrochloride/acetaminophen</i>	1	NDS
<i>tramadol hydrochloride solution, tablet</i>	1	NDS
TREZIX CAPSULE 320.5MG; 30MG; 16MG	3	QL(300 EA per 30 days); NDS
<b>Anesthetics</b>		
<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 prefilled syringe 2%</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hydrochloride solution</i>	1	QL(250 ML per 30 days); PA
<i>lidocaine/prilocaine cream</i>	1	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	1	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	1	PA
LIDOCAN	3	PA
LIDODERM	3	PA
LIDOTRAL GEL, SOLUTION	3	PA
PLIAGLIS CREAM	3	QL(30 GM per 30 days); PA
<i>premium lidocaine</i>	1	QL(150 GM per 30 days); PA
QUTENZA	3	QL(4 EA per 90 days); PA; NDS
SYNERA	3	
TRIDACAINE	3	PA
TRIDACAINE II	3	PA
TRIDACAINE III	3	PA
ZTLIDO	3	QL(90 EA per 30 days); PA
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>Alcohol Deterrents/Anti-craving</i>		
<i>acamprosate calcium dr</i>	1	
<i>disulfiram tablet</i>	1	
<i>naltrexone hcl tablet</i>	1	
VIVITROL	3	NDS
<i>Opioid Dependence</i>		
BRIXADI	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
BUPRENEX INJECTION 0.3MG/ML	3	NDS
<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 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)
LUCEMYRA	3	QL(224 EA per 14 days); NDS
SUBLOCADE	3	NDS
SUBOXONE FILM 12MG; 3MG, 4MG; 1MG	2	QL(60 EA per 30 days)
SUBOXONE FILM 2MG; 0.5MG, 8MG; 2MG	2	QL(90 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 2.9MG; 0.71MG	3	QL(180 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 11.4MG; 2.9MG	3	QL(30 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 1.4MG; 0.36MG	3	QL(360 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 8.6MG; 2.1MG	3	QL(60 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 0.7MG; 0.18MG, 5.7MG; 1.4MG	3	QL(90 EA per 30 days)
<b><i>Opioid Reversal Agents</i></b>		
KLOXXADO	3	ST
<i>naloxone hcl injection 4mg/10ml</i>	1	
<i>naloxone hydrochloride liquid</i>	1	
<i>naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	1	
OPVEE	3	
ZIMHI	3	ST
<b><i>Smoking Cessation Agents</i></b>		
<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	2	QL(360 ML per 365 days)
TYRVAYA	3	QL(8.4 ML per 30 days)
<i>varenicline starting month box</i>	1	QL(504 EA per 365 days)
<i>varenicline tartrate</i>	1	QL(504 EA per 365 days)
<b>Antibacterials</b>		
<b><i>Aminoglycosides</i></b>		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	1	
ARIKAYCE	3	PA; NDS
<i>gentamicin sulfate pediatric</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	

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Drug Name	Drug Tier	Requirements/Limits
HUMATIN	3	NDS
<i>neomycin sulfate</i>	1	
<i>streptomycin sulfate injection 1gm</i>	1	NDS
<i>tobramycin sulfate injection</i>	1	
ZEMDRI	3	NDS
<b><i>Antibacterials, Other</i></b>		
AEMCOLO	3	PA
<i>aztreonam injection 1gm</i>	1	
<i>aztreonam injection 2gm</i>	1	NDS
<i>clindacin etz pledgets</i>	1	
<i>clindamycin hcl capsule 300mg</i>	1	
<i>clindamycin hydrochloride capsule</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate cream 2%</i>	1	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>colistimethate sodium</i>	1	NDS
COLY-MYCIN M	3	NDS
CUBICIN RF	3	NDS
DALVANCE	3	NDS
<i>daptomycin</i>	1	NDS
<i>daptomycin/sodium chloride</i>	1	
IMPAVIDO	3	NDS
KIMYRSA	3	NDS
LIKMEZ	3	PA
<i>lincomycin hcl injection</i>	1	
<i>linezolid suspension reconstituted</i>	1	QL(1800 ML per 28 days); NDS
<i>linezolid tablet</i>	1	QL(56 EA per 28 days)
<i>linezolid injection 600mg/300ml</i>	1	
<i>linezolid injection 600mg/300ml; 0.9%</i>	1	NDS
<i>methenamine hippurate</i>	1	
<i>metronidazole vaginal</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	
<i>nitrofurantoin suspension</i>	1	NDS
ORBACTIV	3	NDS
SIVEXTRO	3	QL(6 EA per 30 days); NDS
<i>tigecycline</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>tinidazole</i>	1	
<i>trimethoprim tablet</i>	1	
TYGACIL	3	NDS
VANCOCIN CAPSULE 125MG	3	QL(120 EA per 30 days); NDS
VANCOCIN CAPSULE 250MG	3	QL(240 EA per 30 days); NDS
<i>vancomycin hcl injection 10gm</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 oral solution reconstituted</i>	1	
<i>vancomycin hydrochloride injection 1.75gm, 1gm, 2gm, 500mg, 750mg</i>	1	
VIBATIV INJECTION 750MG	3	NDS
VOQUEZNA DUAL PAK	3	PA
VOQUEZNA TRIPLE PAK	3	PA
XACDURO	3	NDS
XENLETA	3	NDS
ZYVOX SUSPENSION RECONSTITUTED	3	QL(1800 ML per 28 days); NDS
ZYVOX TABLET	3	QL(56 EA per 28 days); NDS
ZYVOX INJECTION 200MG/100ML	3	NDS
<b><i>Beta-lactam, Cephalosporins</i></b>		
AVYCAZ	3	NDS
<i>cefaclor capsule</i>	1	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1	
<i>cefadroxil capsule, suspension reconstituted</i>	1	
<i>cefazolin sodium injection 1gm</i>	1	
<i>cefazolin injection 2gm, 3gm</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	1	
<i>cefepime/dextrose injection 2gm/50ml; 5%</i>	1	
<i>cefixime capsule</i>	1	
<i>cefotaxime sodium injection 1gm, 2gm</i>	1	
<i>cefotetan injection 1gm, 2gm</i>	1	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	1	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	
<i>cefuroxime axetil tablet</i>	1	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	1	
<i>cephalexin capsule, suspension reconstituted</i>	1	

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FETROJA	3	NDS
<i>tazicef injection 1gm, 2gm, 6gm</i>	1	
TEFLARO	3	NDS
ZERBAXA	3	NDS
<b>Beta-lactam, Penicillins</b>		
<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 10gm, 125mg, 1gm, 2gm, 500mg</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	
AUGMENTIN TABLET 500MG; 125MG	3	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin</i>	1	NDS
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>oxacillin sodium injection 1.5gm/50ml; 1gm/50ml, 10gm, 1gm, 2gm, 300mg/50ml; 2gm/50ml</i>	1	
<i>penicillin g sodium</i>	1	NDS
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	
<b>Carbapenems</b>		
<i>ertapenem</i>	1	
<i>ertapenem sodium</i>	1	
<i>imipenem/cilastatin</i>	1	
<i>meropenem</i>	1	
<i>meropenem/sodium chloride</i>	1	
RECARBRIO	3	NDS
VABOMERE	3	
<b>Macrolides</b>		
<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	3	NDS
ERYPED 400	3	NDS
<i>erythromycin dr</i>	1	

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<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted 400mg/5ml</i>	1	NDS
<b>Quinolones</b>		
BAXDELA	3	NDS
<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	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	1	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	1	
<i>moxifloxacin hydrochloride tablet 400mg</i>	1	
<i>ofloxacin tablet 300mg, 400mg</i>	1	
<b>Sulfonamides</b>		
<i>sulfadiazine tablet</i>	1	NDS
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	1	
<i>sulfatrim pediatric</i>	1	
<b>Tetracyclines</b>		
<i>demeclocycline hcl tablet</i>	1	
DORYX MPC TABLET DELAYED RELEASE 60MG	3	NDS
DORYX TABLET DELAYED RELEASE 200MG	3	NDS
<i>doxy 100</i>	1	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	1	
<i>doxycycline hyclate injection 100mg</i>	1	
<i>doxycycline hyclate tablet 100mg</i>	1	
<i>doxycycline monohydrate capsule 100mg, 50mg, 75mg</i>	1	
<i>doxycycline monohydrate tablet</i>	1	
<i>doxycycline suspension reconstituted</i>	1	
LYMEPAK	3	NDS
MINOCIN INJECTION	3	NDS
<i>minocycline hcl capsule 75mg</i>	1	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	1	
<i>mondoxylene nl capsule 100mg</i>	1	
NUZYRA INJECTION	3	NDS
NUZYRA TABLET	3	QL(30 EA per 14 days); NDS
SEYSARA	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>tetracycline hydrochloride capsule</i>	1	
XERAVA	3	NDS
<b>Anticonvulsants</b>		
<i>Anticonvulsants, Other</i>		
BRIVIACT	3	PA; NDS
ELEPSIA XR	3	NDS
EPIDIOLEX	3	PA; NDS
EPRONTIA	3	
<i>felbamate</i>	1	
FELBATOL	3	NDS
FINTEPLA	3	PA; NDS
FYCOMPA SUSPENSION	3	NDS
FYCOMPA TABLET 2MG	3	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	3	NDS
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 500MG	3	
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 750MG	3	NDS
KEPPRA INJECTION, ORAL SOLUTION	3	NDS
KEPPRA TABLET 500MG	3	
KEPPRA TABLET 1000MG, 750MG	3	NDS
LAMICTAL CHEWABLE DISPERSIBLE TABLET CHEWABLE 5MG	3	
LAMICTAL CHEWABLE DISPERSIBLE TABLET CHEWABLE 25MG	3	NDS
LAMICTAL ODT TABLET DISINTEGRATING	3	
LAMICTAL ODT KIT	3	NDS
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	3	NDS
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 100MG, 200MG, 250MG, 300MG, 50MG	3	NDS
LAMICTAL TABLET	3	NDS
<i>lamotrigine er</i>	1	
<i>lamotrigine odt</i>	1	
<i>lamotrigine starter kit/blue</i>	1	
<i>lamotrigine starter kit/green</i>	1	
<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 oral solution, tablet</i>	1	
<i>levetiracetam injection 500mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
NAYZILAM	3	QL(10 EA per 30 days)
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 200MG	3	
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 150MG	3	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>	1	
<i>subvenite starter kit/orange</i>	1	
TOPAMAX SPRINKLE CAPSULE SPRINKLE 25MG	3	
TOPAMAX TABLET 50MG	3	
TOPAMAX TABLET 100MG, 200MG	3	NDS
<i>topiramate er capsule extended release 24 hour 100mg</i>	1	
<i>topiramate er capsule extended release 24 hour 200mg</i>	1	NDS
<i>topiramate er capsule er 24 hour sprinkle</i>	1	
<i>topiramate capsule sprinkle, tablet</i>	1	
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 200MG	3	NDS
<i>valproic acid</i>	1	
<b>Calcium Channel Modifying Agents</b>		
CELONTIN CAPSULE 300MG	3	
<i>ethosuximide</i>	1	
<i>methsuximide</i>	1	
<b>Gamma-aminobutyric Acid (GABA) Modulating Agents</b>		
<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	3	PA; NDS
<i>diazepam rectal gel</i>	1	
<i>divalproex sodium dr</i>	1	
<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)

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GABITRIL TABLET 12MG, 16MG, 2MG	3	
GABITRIL TABLET 4MG	3	NDS
KLONOPIN TABLET 2MG	3	QL(300 EA per 30 days)
KLONOPIN TABLET 0.5MG, 1MG	3	QL(90 EA per 30 days)
LIBERVANT	3	QL(10 EA per 30 days)
LYRICA SOLUTION	3	QL(900 ML per 30 days)
LYRICA CAPSULE 300MG	3	QL(60 EA per 30 days)
LYRICA CAPSULE 100MG, 150MG, 200MG, 225MG, 25MG, 50MG, 75MG	3	QL(90 EA per 30 days)
MYSOLINE TABLET	3	NDS
NEURONTIN SOLUTION	3	QL(2160 ML per 30 days)
NEURONTIN CAPSULE 400MG	3	QL(270 EA per 30 days)
NEURONTIN CAPSULE 100MG, 300MG	3	QL(360 EA per 30 days)
NEURONTIN TABLET 800MG	3	QL(150 EA per 30 days); NDS
NEURONTIN TABLET 600MG	3	QL(180 EA per 30 days); NDS
ONFI SUSPENSION	3	NDS
ONFI TABLET 10MG, 20MG	3	NDS
<i>phenobarbital sodium injection 130mg/ml, 65mg/ml</i>	1	
<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>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)
<i>primidone tablet</i>	1	
SABRIL	3	PA; NDS
SYMPAZAN	3	NDS
<i>tiagabine hydrochloride</i>	1	
VALTOCO 10 MG DOSE	3	QL(10 EA per 30 days); NDS
VALTOCO 15 MG DOSE	3	QL(10 EA per 30 days); NDS
VALTOCO 20 MG DOSE	3	QL(10 EA per 30 days); NDS
VALTOCO 5 MG DOSE	3	QL(10 EA per 30 days); NDS
<i>vigabatrin</i>	1	PA; NDS
VIGADRONE	3	PA; NDS
VIGAFYDE	3	PA; NDS
<i>vigpoder</i>	1	PA; NDS
ZTALMY	3	PA; NDS
<b><i>Sodium Channel Agents</i></b>		
APTIOM	3	NDS
BANZEL	3	NDS
<i>carbamazepine er</i>	1	

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<i>carbamazepine tablet chewable, suspension, tablet</i>	1	
DILANTIN CAPSULE 30MG	3	
<i>epitol</i>	1	
<i>lacosamide oral solution, tablet</i>	1	
<i>lacosamide injection</i>	1	NDS
<i>oxcarbazepine</i>	1	
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 600MG	3	NDS
<i>phenytek</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin tablet chewable, suspension</i>	1	
<i>rufinamide suspension</i>	1	NDS
<i>rufinamide tablet 200mg</i>	1	
<i>rufinamide tablet 400mg</i>	1	NDS
TRILEPTAL SUSPENSION	3	
TRILEPTAL TABLET 300MG	3	
TRILEPTAL TABLET 600MG	3	NDS
VIMPAT INJECTION, ORAL SOLUTION	3	NDS
VIMPAT TABLET 100MG, 150MG, 200MG	3	NDS
XCOPRI TABLET	3	PA; NDS
XCOPRI TABLET THERAPY PACK 0	3	PA
XCOPRI TABLET THERAPY PACK 0	3	PA; NDS
ZONEGRAN CAPSULE 100MG, 25MG	3	NDS
ZONISADE	3	ST
<i>zonisamide</i>	1	
<b>Antidementia Agents</b>		
<b><i>Antidementia Agents, Other</i></b>		
<i>ergoloid mesylates tablet</i>	1	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	2	QL(30 EA per 30 days); ST
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK	2	QL(56 EA per 365 days); ST
<b><i>Cholinesterase Inhibitors</i></b>		
ADLARITY	3	ST
<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 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	
<b><i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i></b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl titration pak</i>	1	
<i>memantine hydrochloride er</i>	1	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	1	
NAMENDA XR	3	QL(30 EA per 30 days)
<b>Antidepressants</b>		
<i>Antidepressants, Other</i>		
APLENZIN	3	QL(30 EA per 30 days); ST; NDS
AUVELITY	3	QL(60 EA per 30 days); ST; NDS
<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)
<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	
<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	
<i>quetiapine fumarate tablet 150mg</i>	1	QL(90 EA per 30 days)
SPRAVATO 56MG DOSE	3	PA; NDS
SPRAVATO 84MG DOSE	3	PA; NDS
SYMBYAX CAPSULE 25MG; 3MG, 25MG; 6MG	3	QL(90 EA per 30 days)
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 150MG, 200MG	3	QL(60 EA per 30 days)
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 100MG	3	QL(90 EA per 30 days)
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300MG	3	QL(30 EA per 30 days); NDS
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150MG	3	QL(90 EA per 30 days); NDS
ZURZUVAE CAPSULE 30MG	3	QL(14 EA per 14 days); PA; NDS
ZURZUVAE CAPSULE 20MG, 25MG	3	QL(28 EA per 14 days); PA; NDS
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	3	QL(30 EA per 30 days); ST; NDS
MARPLAN	3	

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Drug Name	Drug Tier	Requirements/Limits
PARNATE	3	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</b>		
<i>citalopram hydrobromide solution, tablet</i>	1	
<i>citalopram hydrobromide capsule</i>	1	ST
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 20MG, 60MG	3	QL(60 EA per 30 days)
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 30MG	3	QL(90 EA per 30 days)
<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 100mg</i>	1	QL(120 EA per 30 days); ST
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	1	QL(30 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 50mg</i>	1	QL(30 EA per 30 days); ST
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 30mg, 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</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>	1	
<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	
PAXIL	3	
PAXIL CR	3	
PEXEVA TABLET 10MG, 20MG	3	QL(30 EA per 30 days)
PEXEVA TABLET 30MG	3	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100MG	3	QL(120 EA per 30 days)
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	QL(30 EA per 30 days)
PROZAC CAPSULE 20MG	3	
PROZAC CAPSULE 40MG	3	NDS
<i>sertraline hcl concentrate</i>	1	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride concentrate</i>	1	
<i>sertraline hydrochloride capsule</i>	1	ST
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	
TRINTELLIX	3	QL(30 EA per 30 days)
<i>venlafaxine besylate er</i>	1	ST
<i>venlafaxine hcl</i>	1	
<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)
VIIBRYD TABLET	3	QL(30 EA per 30 days)
<i>vilazodone hydrochloride</i>	1	QL(30 EA per 30 days)
<b>Tricyclics</b>		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	1	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	1	
<i>amoxapine</i>	1	
ANAFRANIL	3	NDS
<i>clomipramine hcl capsule</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	
NORPRAMIN TABLET 10MG, 25MG	3	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	1	
<i>nortriptyline hcl solution</i>	1	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	1	
PAMELOR CAPSULE	3	NDS
<i>protriptyline hcl</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate capsule</i>	1	
<b>Antiemetics</b>		
<b><i>Antiemetics, Other</i></b>		
ANTIVERT TABLET CHEWABLE	3	
ANTIVERT TABLET 50MG	3	
BARHEMSYS	3	B/D
BONJESTA	3	QL(60 EA per 30 days)
<i>compro</i>	1	
DICLEGIS	3	QL(120 EA per 30 days)
<i>doxylamine succinate/pyridoxine hydrochloride</i>	1	QL(120 EA per 30 days)
<i>meclizine hcl tablet</i>	1	
<i>meclizine hydrochloride tablet 25mg, 50mg</i>	1	
PHENERGAN FORTIS	3	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	1	
<i>prochlorperazine maleate tablet</i>	1	
<i>prochlorperazine suppository 25mg</i>	1	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	1	
<i>promethazine hcl tablet 12.5mg</i>	1	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	1	
<i>promethegan</i>	1	
<i>scopolamine</i>	1	
TRANSDERM-SCOP	3	
<i>trimethobenzamide hydrochloride</i>	1	B/D
<b><i>Emetogenic Therapy Adjuncts</i></b>		
AKYNZEO INJECTION	3	
AKYNZEO CAPSULE	3	QL(2 EA per 30 days); B/D
ANZEMET TABLET 50MG	3	QL(5 EA per 30 days); B/D
APONVIE	3	
<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
<i>dronabinol</i>	1	QL(60 EA per 30 days); PA
EMEND TRIPACK	3	QL(6 EA per 30 days); B/D
EMEND SUSPENSION RECONSTITUTED	3	QL(6 EA per 30 days); B/D
EMEND CAPSULE 80MG	3	QL(8 EA per 30 days); B/D
<i>granisetron hydrochloride tablet</i>	1	QL(30 EA per 30 days); B/D
MARINOL CAPSULE 2.5MG	3	QL(60 EA per 30 days); PA
MARINOL CAPSULE 10MG, 5MG	3	QL(60 EA per 30 days); PA; NDS
<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 tablet</i>	1	B/D

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<i>ondansetron hydrochloride injection 4mg/2ml</i>	1	
<i>ondansetron odt</i>	1	B/D
<i>palonosetron hydrochloride injection 0.25mg/5ml</i>	1	
SANCUSO	3	QL(2 EA per 30 days); NDS
SUSTOL	3	QL(1.2 ML per 30 days); NDS
SYNDROS	3	QL(120 ML per 30 days); PA; NDS
VARUBI TABLET THERAPY PACK	3	QL(4 EA per 28 days); B/D
<b>Antifungals</b>		
<i>Antifungals</i>		
ABELCET	3	B/D
AMBISOME	3	B/D; NDS
<i>amphotericin b liposome</i>	1	B/D; NDS
<i>amphotericin b injection</i>	1	B/D
ANCOBON	3	NDS
CANCIDAS	3	NDS
<i>caspofungin acetate</i>	1	
<i>clotrimazole troche</i>	1	
<i>clotrimazole solution</i>	1	QL(60 ML per 30 days)
<i>clotrimazole cream</i>	1	QL(90 GM per 30 days)
CRESEMBA INJECTION	3	NDS
CRESEMBA CAPSULE	3	PA; NDS
DIFLUCAN TABLET 200MG	3	NDS
<i>econazole nitrate cream</i>	1	
ERAXIS	3	NDS
ERTACZO	3	NDS
EXTINA	3	NDS
<i>fluconazole in sodium chloride</i>	1	
<i>fluconazole suspension reconstituted, tablet</i>	1	
<i>flucytosine capsule</i>	1	NDS
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	1	
<i>itraconazole capsule</i>	1	PA
<i>itraconazole solution</i>	1	PA; NDS
JUBLIA	3	NDS
KERYDIN	3	PA
<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</i>	1	
<i>micafungin/sodium chloride</i>	1	
MYCAMINE INJECTION 50MG	3	
MYCAMINE INJECTION 100MG	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
NOXAFIL INJECTION	3	NDS
NOXAFIL PACKET, SUSPENSION, TABLET DELAYED RELEASE	3	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)
ORAVIG	3	NDS
<i>oxiconazole nitrate</i>	1	QL(90 GM per 30 days)
OXISTAT CREAM	3	QL(90 GM per 30 days)
<i>posaconazole dr</i>	1	PA; NDS
<i>posaconazole injection</i>	1	NDS
<i>posaconazole suspension</i>	1	PA; NDS
REZZAYO	3	NDS
SPORANOX CAPSULE, SOLUTION	3	PA; NDS
<i>sulconazole nitrate solution</i>	1	
<i>tavaborole</i>	1	PA
<i>terbinafine hcl tablet</i>	1	QL(84 EA per 180 days)
<i>terconazole cream</i>	1	
TOLSURA	3	PA; NDS
VFEND IV	3	PA; NDS
VFEND SUSPENSION RECONSTITUTED	3	NDS
VIVJOA	3	PA
<i>voriconazole tablet</i>	1	
<i>voriconazole suspension reconstituted</i>	1	NDS
<i>voriconazole injection</i>	1	PA; NDS
<b>Antigout Agents</b>		
<b><i>Antigout Agents</i></b>		
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine capsule</i>	1	
<i>colchicine tablet 0.6mg</i>	1	
<i>febuxostat</i>	1	
GLOPERBA	3	ST
KRYSTEXXA	3	PA; NDS
<i>probenecid/colchicine</i>	1	
<i>probenecid tablet</i>	1	
<b>Antimigraine Agents</b>		
<b><i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i></b>		
AIMOVIG INJECTION 140MG/ML	2	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	2	QL(2 ML per 28 days); PA
AJOVY	3	QL(4.5 ML per 84 days); PA
EMGALITY INJECTION 120MG/ML	2	QL(2 ML per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
EMGALITY INJECTION 100MG/ML	2	QL(3 ML per 28 days); PA
QULIPTA	3	QL(30 EA per 30 days); PA; NDS
UBRELVY	3	QL(16 EA per 30 days); PA; NDS
<b><i>Ergot Alkaloids</i></b>		
CAFERGOT TABLET	3	QL(24 EA per 28 days)
<i>dihydroergotamine mesylate injection</i>	1	QL(24 ML per 28 days); PA; NDS
<i>dihydroergotamine mesylate nasal solution</i>	1	QL(8 ML per 30 days); PA; NDS
ERGOMAR	3	NDS
<i>ergotamine tartrate/caffeine</i>	1	QL(24 EA per 28 days)
MIGERGOT	3	QL(20 EA per 28 days); NDS
MIGRANAL	3	QL(8 ML per 30 days); PA; NDS
TRUDHESA	3	QL(12 ML per 28 days); PA
<b><i>Prophylactic</i></b>		
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	
VYEPTI	3	QL(3 ML per 84 days); PA
<b><i>Serotonin (5-HT) Receptor Agonist</i></b>		
<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)
FROVA	3	QL(12 EA per 30 days)
<i>frovatriptan succinate</i>	1	QL(12 EA per 30 days)
IMITREX STATDOSE REFILL	3	QL(5 ML per 30 days); NDS
IMITREX STATDOSE SYSTEM INJECTION 4MG/0.5ML	3	QL(5 ML per 30 days)
IMITREX STATDOSE SYSTEM INJECTION 6MG/0.5ML	3	QL(5 ML per 30 days); NDS
IMITREX SOLUTION	3	QL(12 EA per 30 days)
IMITREX TABLET	3	QL(9 EA per 30 days)
MAXALT-MLT TABLET DISINTEGRATING 10MG	3	QL(18 EA per 30 days)
MAXALT TABLET 10MG	3	QL(18 EA per 30 days)
<i>naratriptan hcl</i>	1	QL(9 EA per 30 days)
ONZETRA XSAIL	3	QL(16 EA per 30 days)
RELPAX	3	QL(12 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)
<i>sumatriptan/naproxen sodium</i>	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)
TREXIMET TABLET 500MG; 85MG	3	QL(9 EA per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
ZEMBRACE SYMTOUCH	3	QL(8 ML per 30 days); NDS
<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)
<i>zolmitriptan solution 5mg</i>	1	QL(12 EA per 30 days)
ZOMIG TABLET	3	QL(12 EA per 30 days); NDS
ZOMIG SOLUTION 5MG	3	QL(12 EA per 30 days)
<b>Antimyasthenic Agents</b>		
<i>Parasympathomimetics</i>		
MESTINON TIMESPAN	3	NDS
MESTINON SOLUTION, TABLET	3	NDS
<i>pyridostigmine bromide solution</i>	1	
<i>pyridostigmine bromide tablet 60mg</i>	1	
VYVGART HYTRULO	3	PA; NDS
<b>Antimycobacterials</b>		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet 100mg, 25mg</i>	1	
MYCOBUTIN	3	
<i>rifabutin</i>	1	
<i>Antituberculars</i>		
<i>cycloserine</i>	1	NDS
<i>ethambutol hydrochloride</i>	1	
<i>isoniazid injection, syrup, tablet</i>	1	
PRIFTIN	3	
<i>pyrazinamide tablet</i>	1	
RIFADIN INJECTION	3	NDS
<i>rifampin capsule, injection</i>	1	
SIRTURO	3	NDS
TRECTOR	3	
<b>Antineoplastics</b>		
<i>Alkylating Agents</i>		
BELRAPZO	3	NDS
<i>bendamustine hydrochloride</i>	1	NDS
BENDEKA	3	NDS
BICNU	3	NDS
<i>busulfan</i>	1	NDS
BUSULFEX	3	NDS
<i>carmustine</i>	1	NDS
<i>cisplatin injection 100mg/100ml</i>	1	
<i>cisplatin injection 50mg</i>	1	NDS
<i>cyclophosphamide monohydrate injection</i>	1	NDS
<i>cyclophosphamide capsule, tablet</i>	1	B/D

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<i>cyclophosphamide injection</i>	1	NDS
EVOMELA	3	NDS
GLEOSTINE CAPSULE 10MG, 40MG	3	
GLEOSTINE CAPSULE 100MG	3	NDS
<i>ifosfamide injection 3gm</i>	1	
LEUKERAN	3	NDS
MATULANE	3	NDS
<i>oxaliplatin injection 100mg/20ml, 100mg, 200mg/40ml, 50mg</i>	1	NDS
TEMODAR INJECTION	3	NDS
TEPADINA	3	NDS
<i>thiotepa injection 100mg, 15mg</i>	1	NDS
TREANDA INJECTION 100MG, 25MG	3	NDS
VALCHLOR	3	PA; NDS
VIVIMUSTA	3	NDS
YONDELIS	3	NDS
ZANOSAR	3	NDS
ZEPZELCA	3	PA; NDS
<b>Antiandrogens</b>		
<i>abiraterone acetate tablet 250mg</i>	1	PA
<i>abiraterone acetate tablet 500mg</i>	1	PA; NDS
<i>bicalutamide</i>	1	
CASODEX	3	
ERLEADA	3	PA; NDS
EULEXIN	3	NDS
<i>flutamide</i>	1	
NILANDRON TABLET 150MG	3	NDS
<i>nilutamide</i>	1	NDS
NUBEQA	3	PA; NDS
XTANDI	3	PA; NDS
YONSA	3	PA; NDS
ZYTIGA	3	PA; NDS
<b>Antiangiogenic Agents</b>		
<i>lenalidomide</i>	1	PA; NDS
POMALYST	3	PA; NDS
REVLIMID	3	PA; NDS
THALOMID	3	PA; NDS
<b>Antiestrogens/Modifiers</b>		
EMCYT	3	NDS
FARESTON	3	NDS
FASLODEX INJECTION 250MG/5ML	3	NDS
<i>fulvestrant</i>	1	NDS
ORSERDU	3	PA; NDS

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SOLTAMOX	3	NDS
<i>tamoxifen citrate tablet</i>	1	
<i>toremifene citrate</i>	1	NDS
<b><i>Antimetabolites</i></b>		
ALIMTA	3	NDS
ARRANON	3	NDS
<i>cladribine</i>	1	B/D; NDS
<i>clofarabine</i>	1	NDS
CLOLAR	3	NDS
<i>cytarabine aqueous</i>	1	B/D
<i>cytarabine injection 100mg/ml, 20mg/ml</i>	1	B/D
DROXIA	3	
<i>floxuridine injection</i>	1	B/D; NDS
<i>fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
FOLOTYN	3	PA; NDS
<i>gemcitabine hydrochloride injection 200mg/2ml</i>	1	
<i>gemcitabine hydrochloride injection 1.5gm/15ml, 1gm/10ml, 2gm/20ml</i>	1	NDS
<i>hydroxyurea capsule</i>	1	
INFUGEM	3	NDS
<i>mercaptopurine tablet</i>	1	
<i>nelarabine</i>	1	NDS
NIPENT	3	NDS
<i>pemetrexed disodium</i>	1	NDS
<i>pemetrexed injection 1gm/40ml</i>	1	
<i>pemetrexed injection 1000mg, 100mg/4ml, 100mg, 1gm/40ml, 500mg/20ml, 500mg, 750mg, 850mg/34ml</i>	1	NDS
PEMFEXY	3	NDS
PEMRYDI RTU	3	NDS
<i>pralatrexate</i>	1	PA; NDS
PURIXAN	3	NDS
SIKLOS TABLET 100MG	3	PA
SIKLOS TABLET 1000MG	3	PA; NDS
TABLOID	3	NDS
VYXEOS	3	PA; NDS
<b><i>Antineoplastics, Other</i></b>		
ABRAXANE	3	NDS
<i>adriamycin injection 50mg</i>	1	B/D
ADSTILADRIN	3	PA; NDS
AKEEGA	3	PA; NDS
ANKTIVA	3	PA; NDS

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<i>arsenic trioxide</i>	1	NDS
ASPARLAS	3	NDS
<i>azacitidine</i>	1	NDS
<i>bleomycin sulfate</i>	1	B/D
<i>bortezomib injection 1mg, 2.5mg, 3.5mg/1.4ml</i>	1	PA
<i>bortezomib injection 3.5mg</i>	1	PA; NDS
COLUMVI	3	PA; NDS
COSMEGEN	3	NDS
<i>dactinomycin</i>	1	NDS
<i>decitabine</i>	1	NDS
<i>docetaxel injection 160mg/8ml, 20mg/2ml, 80mg/8ml</i>	1	NDS
DOXIL	3	NDS
<i>doxorubicin hcl injection 2mg/ml, 50mg</i>	1	B/D
<i>doxorubicin hydrochloride liposomal</i>	1	NDS
<i>doxorubicin hydrochloride injection 10mg</i>	1	B/D
ELLENCE INJECTION 50MG/25ML	3	
ELREXFIO	3	PA; NDS
ELZONRIS	3	PA; NDS
EPKINLY	3	PA; NDS
<i>eribulin mesylate</i>	1	PA; NDS
ETHYOL	3	NDS
HALAVEN	3	PA; NDS
IBRANCE TABLET 100MG, 125MG, 75MG	3	PA; NDS
IDAMYCIN PFS INJECTION 10MG/10ML, 20MG/20ML, 5MG/5ML	3	NDS
<i>idarubicin hcl</i>	1	NDS
IMDELLTRA	3	PA; NDS
INREBIC	3	PA; NDS
ISTODAX	3	PA; NDS
IWILFIN	3	PA; NDS
IXEMPRA KIT	3	NDS
JEVTANA	3	PA; NDS
KIMMTRAK	3	PA; NDS
KISQALI FEMARA 200 DOSE	3	PA; NDS
KISQALI FEMARA 400 DOSE	3	PA; NDS
KISQALI FEMARA 600 DOSE	3	PA; NDS
<i>leucovorin calcium tablet</i>	1	
<i>leucovorin calcium injection 500mg</i>	1	
<i>levoleucovorin injection 50mg</i>	1	NDS
LONSURF	3	PA; NDS
LYSODREN	3	NDS
<i>mitomycin injection 20mg, 40mg, 5mg</i>	1	NDS

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MUTAMYCIN	3	NDS
OGSIVEO	3	PA; NDS
OJEMDA	3	PA; NDS
ONCASPAR	3	NDS
ONUREG	3	PA; NDS
<i>paclitaxel protein-bound particles</i>	1	NDS
<i>pemetrexed injection 100mg/4ml</i>	1	NDS
PHEGO	3	PA; NDS
PHOTOFRIN	3	NDS
PROLEUKIN	3	NDS
<i>romidepsin injection 10mg</i>	1	PA; NDS
RYLAZE	3	NDS
RYTELO	3	PA; NDS
SYNRIBO	3	NDS
TALVEY	3	PA; NDS
TECVAYLI	3	PA; NDS
TICE BCG	3	
TRISENOX INJECTION 12MG/6ML	3	NDS
TRUSELTIQ	3	PA; NDS
<i>valrubicin</i>	1	NDS
VALSTAR	3	NDS
VELCADE	3	PA; NDS
VIDAZA	3	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
VONJO	3	PA; NDS
ZALTRAP	3	PA; NDS
ZOLINZA	3	PA; NDS
<b><i>Antineoplastics</i></b>		
OPDUALAG	3	PA; NDS
<b><i>Aromatase Inhibitors, 3rd Generation</i></b>		
<i>anastrozole tablet</i>	1	
ARIMIDEX	3	
AROMASIN	3	NDS
<i>exemestane</i>	1	
<i>letrozole</i>	1	
<b><i>Enzyme Inhibitors</i></b>		
CAMPTOSAR	3	NDS
ETOPOPHOS	3	NDS
HYCAMTIN INJECTION	3	NDS
<i>irinotecan hydrochloride</i>	1	NDS

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<i>irinotecan injection 500mg/25ml</i>	1	NDS
KYPROLIS	3	PA; NDS
ONIVYDE	3	NDS
<i>topotecan hcl injection 4mg</i>	1	NDS
<b><i>Molecular Target Inhibitors</i></b>		
AFINITOR	3	QL(30 EA per 30 days); PA; NDS
AFINITOR DISPERZ	3	PA; NDS
ALECENSA	3	PA; NDS
ALIQOPA	3	PA; NDS
ALUNBRIG TABLET THERAPY PACK	3	QL(60 EA per 365 days); PA; NDS
ALUNBRIG TABLET 30MG	3	QL(120 EA per 30 days); PA; NDS
ALUNBRIG TABLET 180MG, 90MG	3	QL(30 EA per 30 days); PA; NDS
AUGTYRO	3	PA; NDS
AYVAKIT	3	QL(30 EA per 30 days); PA; NDS
BALVERSA	3	PA; NDS
BELEODAQ	3	PA; NDS
BOSULIF	3	PA; NDS
BRAFTOVI CAPSULE 75MG	3	PA; NDS
BRUKINSA	3	PA; NDS
CABOMETYX TABLET 40MG, 60MG	3	PA; NDS
CABOMETYX TABLET 20MG	3	QL(30 EA per 30 days); PA; NDS
CALQUENCE	3	PA; NDS
CAPRELSA TABLET 300MG	3	PA; NDS
CAPRELSA TABLET 100MG	3	QL(60 EA per 30 days); PA; NDS
COMETRIQ	3	PA; NDS
COPIKTRA	3	PA; NDS
COTELLIC	3	PA; NDS
DAURISMO	3	PA; NDS
ERIVEDGE	3	PA; NDS
<i>erlotinib hydrochloride tablet</i>	1	PA; NDS
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	1	PA; NDS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	1	QL(30 EA per 30 days); PA; NDS
EXKIVITY	3	NDS
<i>fludarabine phosphate injection 50mg/2ml, 50mg</i>	1	NDS
FOTIVDA	3	PA; NDS
FRUZAQLA	3	PA; NDS
FYARRO	3	PA; NDS
GAVRETO	3	PA; NDS
<i>gefitinib</i>	1	PA; NDS
GILOTRIF	3	QL(30 EA per 30 days); PA; NDS
GLEEVEC TABLET	3	PA; NDS
IBRANCE CAPSULE 100MG, 125MG, 75MG	3	PA; NDS

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ICLUSIG TABLET 30MG, 45MG	3	PA; NDS
ICLUSIG TABLET 10MG, 15MG	3	QL(30 EA per 30 days); PA; NDS
IDHIFA	3	QL(30 EA per 30 days); PA; NDS
<i>imatinib mesylate</i>	1	PA
IMBRUVICA	3	PA; NDS
INLYTA	3	PA; NDS
INQOVI	3	PA; NDS
IRESSA	3	PA; NDS
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	3	PA; NDS
JAKAFI TABLET 10MG	3	QL(60 EA per 30 days); PA; NDS
JAYPIRCA TABLET 100MG	3	PA; NDS
JAYPIRCA TABLET 50MG	3	QL(30 EA per 30 days); PA; NDS
KISQALI	3	PA; NDS
KOSELUGO	3	PA; NDS
KRAZATI	3	PA; NDS
<i>lapatinib ditosylate</i>	1	PA; NDS
LENVIMA 10 MG DAILY DOSE	3	PA; NDS
LENVIMA 12MG DAILY DOSE	3	PA; NDS
LENVIMA 14 MG DAILY DOSE	3	PA; NDS
LENVIMA 18 MG DAILY DOSE	3	PA; NDS
LENVIMA 20 MG DAILY DOSE	3	PA; NDS
LENVIMA 24 MG DAILY DOSE	3	PA; NDS
LENVIMA 4 MG DAILY DOSE	3	PA; NDS
LENVIMA 8 MG DAILY DOSE	3	PA; NDS
LORBRENA	3	PA; NDS
LUMAKRAS	3	PA; NDS
LYNPARZA TABLET	3	PA; NDS
LYTGOBI	3	PA; NDS
MEKINIST	3	PA; NDS
MEKTOVI	3	PA; NDS
NERLYNX	3	QL(180 EA per 30 days); PA; NDS
NEXAVAR	3	PA; NDS
NINLARO	3	PA; NDS
ODOMZO	3	PA; NDS
OJJAARA	3	PA; NDS
<i>pazopanib hydrochloride</i>	1	PA; NDS
PEMAZYRE	3	QL(30 EA per 30 days); PA; NDS
PIQRAY 200MG DAILY DOSE	3	PA; NDS
PIQRAY 250MG DAILY DOSE	3	PA; NDS
PIQRAY 300MG DAILY DOSE	3	PA; NDS
QINLOCK	3	PA; NDS
RETEVMO CAPSULE	3	PA; NDS

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RETEVMO TABLET 120MG, 160MG	3	PA; NDS
RETEVMO TABLET 80MG	3	QL(60 EA per 30 days); PA; NDS
RETEVMO TABLET 40MG	3	QL(90 EA per 30 days); PA; NDS
REZLIDHIA	3	PA; NDS
ROZLYTREK	3	PA; NDS
RUBRACA	3	PA; NDS
RYDAPT	3	PA; NDS
SCSEMBLIX TABLET 40MG	3	PA; NDS
SCSEMBLIX TABLET 100MG	3	QL(120 EA per 30 days); PA; NDS
SCSEMBLIX TABLET 20MG	3	QL(60 EA per 30 days); PA; NDS
<i>sorafenib</i>	1	PA; NDS
<i>sorafenib tosylate</i>	1	PA; NDS
SPRYCEL	3	PA; NDS
STIVARGA	3	PA; NDS
<i>sunitinib malate</i>	1	PA; NDS
SUTENT	3	PA; NDS
TABRECTA	3	QL(120 EA per 30 days); PA; NDS
TAFINLAR	3	PA; NDS
TAGRISSE TABLET 80MG	3	PA; NDS
TAGRISSE TABLET 40MG	3	QL(30 EA per 30 days); PA; NDS
TALZENNA	3	PA; NDS
TARCEVA	3	PA; NDS
TASIGNA	3	PA; NDS
TAZVERIK	3	PA; NDS
<i>temsirolimus</i>	1	NDS
TEPMETKO	3	PA; NDS
TIBSOVO	3	PA; NDS
TORISEL	3	NDS
<i>torpenz</i>	1	QL(30 EA per 30 days); PA; NDS
TRUQAP	3	PA; NDS
TUKYSA	3	PA; NDS
TURALIO	3	PA; NDS
TYKERB	3	PA; NDS
VANFLYTA	3	PA; NDS
VENCLEXTA STARTING PACK	3	PA; NDS
VENCLEXTA TABLET 10MG	2	PA
VENCLEXTA TABLET 100MG, 50MG	3	PA; NDS
VERZENIO	3	PA; NDS
VIJOICE PACKET	3	QL(28 EA per 28 days); PA; NDS
VIJOICE TABLET THERAPY PACK 125MG, 50MG	3	QL(28 EA per 28 days); PA; NDS
VIJOICE TABLET THERAPY PACK 0	3	QL(56 EA per 28 days); PA; NDS
VITRAKVI	3	PA; NDS

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VIZIMPRO	3	PA; NDS
VOTRIENT	3	PA; NDS
XALKORI	3	PA; NDS
XOSPATA	3	PA; NDS
XPOVIO	3	PA; NDS
XPOVIO 60 MG TWICE WEEKLY	3	PA; NDS
XPOVIO 80 MG TWICE WEEKLY	3	PA; NDS
ZEJULA CAPSULE	3	PA; NDS
ZEJULA TABLET 200MG, 300MG	3	PA; NDS
ZEJULA TABLET 100MG	3	QL(30 EA per 30 days); PA; NDS
ZELBORAF	3	PA; NDS
ZYDELIG	3	PA; NDS
ZYKADIA TABLET	3	PA; NDS
<i>Monoclonal Antibodies/Antibody-Drug Conjugates</i>		
ADCETRIS	3	PA; NDS
ALYMSYS	3	PA; NDS
ARZERRA	3	PA; NDS
AVASTIN	3	PA; NDS
BAVENCIO	3	PA; NDS
BESPOUSA	3	PA; NDS
BLINCYTO	3	PA; NDS
CYRAMZA	3	PA; NDS
DANYELZA	3	PA; NDS
DARZALEX	3	PA; NDS
DARZALEX FASPRO	3	PA; NDS
ELAHERE	3	PA; NDS
EMPLICITI	3	PA; NDS
ENHERTU	3	PA; NDS
ERBITUX	3	PA; NDS
GAZYVA	3	PA; NDS
HERCEPTIN HYLECTA	3	PA; NDS
HERCEPTIN INJECTION 150MG	3	PA; NDS
HERZUMA	3	PA; NDS
IMFINZI	3	PA; NDS
IMJUDO	3	PA; NDS
JEMPERLI	3	PA; NDS
KADCYLA	3	PA; NDS
KANJINTI	3	PA; NDS
KEYTRUDA INJECTION 100MG/4ML	3	PA; NDS
LIBTAYO	3	PA; NDS
LOQTORZI	3	PA; NDS
LUMOXITI	3	PA; NDS

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LUNSUMIO	3	PA; NDS
MARGENZA	3	PA; NDS
MONJUVI	3	PA; NDS
MVASI	3	PA; NDS
MYLOTARG	3	PA; NDS
OGIVRI	3	PA; NDS
ONTRUZANT	3	PA; NDS
OPDIVO	3	PA; NDS
PADCEV	3	PA; NDS
PERJETA	3	PA; NDS
POLIVY	3	PA; NDS
PORTRAZZA	3	PA; NDS
POTELIGEO	3	PA; NDS
RIABNI	3	PA; NDS
RITUXAN	3	PA
RITUXAN HYCELA	3	PA; NDS
RUXIENCE	3	PA; NDS
RYBREVANT	3	PA; NDS
SARCLISA	3	PA; NDS
TECENTRIQ	3	PA; NDS
TIVDAK	3	PA; NDS
TRAZIMERA	3	PA; NDS
TRODELVY	3	PA; NDS
TRUXIMA	3	PA
UNITUXIN	3	PA; NDS
VECTIBIX INJECTION 100MG/5ML, 400MG/20ML	3	NDS
VEGZELMA	3	PA; NDS
YERVOY	3	PA; NDS
ZEVALIN Y-90	3	NDS
ZIRABEV	3	PA; NDS
ZYNLONTA	3	PA; NDS
ZYNYZ	3	PA; NDS
<b><i>Retinoids</i></b>		
<i>bexarotene</i>	1	PA; NDS
PANRETIN	3	NDS
TARGRETIN	3	PA; NDS
<i>tretinoin capsule 10mg</i>	1	NDS
<b><i>Treatment Adjuncts</i></b>		
<i>dexrazoxane</i>	1	NDS
ELITEK	3	NDS
KHAPZORY	3	NDS
MESNEX TABLET	3	NDS

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VORANIGO TABLET 40MG	3	PA; NDS
VORANIGO TABLET 10MG	3	QL(60 EA per 30 days); PA; NDS
VORAXAZE	3	NDS
<b>Antiparasitics</b>		
<i>Anthelmintics</i>		
<i>albendazole tablet</i>	1	NDS
EMVERM	3	
<i>ivermectin tablet 3mg</i>	1	PA
<i>praziquantel tablet</i>	1	
STROMECTOL TABLET 3MG	3	PA
<i>Antiprotozoals</i>		
ALINIA	3	NDS
<i>artesunate</i>	1	NDS
<i>atovaquone</i>	1	
<i>atovaquone/proguanil hcl</i>	1	
<i>benznidazole</i>	1	
<i>chloroquine phosphate tablet</i>	1	
COARTEM	3	
DARAPRIM	3	PA; NDS
<i>hydroxychloroquine sulfate tablet</i>	1	
<i>mefloquine hcl</i>	1	
MEPRON SUSPENSION	3	NDS
NEBUPENT	3	B/D
<i>nitazoxanide</i>	1	NDS
<i>pentamidine isethionate injection</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	B/D
PLAQUENIL	3	
<i>primaquine phosphate tablet</i>	1	
<i>pyrimethamine tablet</i>	1	PA; NDS
QUALAQUIN	3	PA
<i>quinine sulfate capsule 324mg</i>	1	PA
SOVUNA	3	ST
<b>Antiparkinson Agents</b>		
<i>Anticholinergics</i>		
<i>benztropine mesylate tablet</i>	1	
<i>trihexyphenidyl hcl solution</i>	1	
<i>trihexyphenidyl hydrochloride</i>	1	
<i>Antiparkinson Agents, Other</i>		
<i>carbidopa/levodopa/entacapone</i>	1	
COMTAN	3	
<i>entacapone</i>	1	
GOCOVRI	3	PA; NDS

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NOURIANZ	3	PA; NDS
ONGENTYS	3	ST
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK	3	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129MG, 193MG	3	PA
STALEVO 100	3	NDS
STALEVO 125	3	NDS
STALEVO 150	3	NDS
STALEVO 200	3	NDS
TASMAR TABLET 100MG	3	QL(180 EA per 30 days); NDS
<i>tolcapone</i>	1	QL(180 EA per 30 days); NDS
<b><i>Dopamine Agonists</i></b>		
APOKYN INJECTION 30MG/3ML	3	QL(90 ML per 30 days); PA; NDS
<i>apomorphine hydrochloride injection</i>	1	QL(90 ML per 30 days); PA; NDS
<i>bromocriptine mesylate capsule, tablet</i>	1	
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	
<b><i>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</i></b>		
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa tablet</i>	1	
DHIVY	3	ST
DUOPA	3	PA; NDS
INBRIJA	3	PA; NDS
LODOSYN	3	NDS
RYTARY	3	ST
<b><i>Monoamine Oxidase B (MAO-B) Inhibitors</i></b>		
AZILECT	3	
<i>rasagiline mesylate tablet</i>	1	
<i>selegiline hcl capsule, tablet</i>	1	
XADAGO	3	QL(30 EA per 30 days); ST; NDS
ZELAPAR	3	NDS
<b>Antipsychotics</b>		
<b><i>1st Generation/Typical</i></b>		
<i>chlorpromazine hcl tablet</i>	1	
<i>chlorpromazine hydrochloride concentrate, tablet</i>	1	

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<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 25mg, 50mg, 5mg</i>	1	
<i>molindone hydrochloride</i>	1	
<i>perphenazine tablet</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</i>	1	
<i>trifluoperazine hydrochloride tablet 1mg</i>	1	
<b>2nd Generation/Atypical</b>		
ABILIFY ASIMTUFII	3	NDS
ABILIFY MAINTENA	3	NDS
ABILIFY MYCITE MAINTENANCE KIT	3	QL(30 EA per 30 days); ST; NDS
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 15MG, 20MG, 2MG, 30MG, 5MG	3	QL(60 EA per 365 days); ST; NDS
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 10MG	3	ST; NDS
ABILIFY TABLET	3	QL(30 EA per 30 days); NDS
<i>aripiprazole odt tablet disintegrating 15mg</i>	1	QL(60 EA per 30 days)
<i>aripiprazole odt tablet disintegrating 10mg</i>	1	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	3	NDS
ARISTADA INITIO	3	NDS
<i>asenapine maleate sl</i>	1	QL(60 EA per 30 days)
CAPLYTA	3	QL(30 EA per 30 days); PA; NDS
FANAPT	3	QL(60 EA per 30 days); ST; NDS
FANAPT TITRATION PACK	3	QL(16 EA per 365 days); ST
GEODON INJECTION	3	QL(60 EA per 30 days)
GEODON CAPSULE 20MG	3	QL(60 EA per 30 days)
GEODON CAPSULE 40MG, 60MG, 80MG	3	QL(60 EA per 30 days); NDS
INVEGA HAFYERA	3	ST; NDS
INVEGA SUSTENNA INJECTION 39MG/0.25ML	3	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA	3	NDS
INVEGA TABLET EXTENDED RELEASE 24 HOUR 1.5MG, 3MG, 9MG	3	QL(30 EA per 30 days)
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6MG	3	QL(60 EA per 30 days)
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	3	QL(30 EA per 30 days); NDS
LATUDA TABLET 80MG	3	QL(60 EA per 30 days); 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	3	QL(30 EA per 30 days); ST; NDS
NUPLAZID CAPSULE	3	PA; NDS
NUPLAZID TABLET 10MG	3	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	3	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, 200mg, 25mg, 50mg</i>	1	QL(90 EA per 30 days)
REXULTI	3	QL(30 EA per 30 days); NDS
RISPERDAL CONSTA INJECTION 12.5MG, 25MG	3	
RISPERDAL CONSTA INJECTION 37.5MG, 50MG	3	NDS
RISPERDAL SOLUTION	3	QL(240 ML per 30 days); NDS
RISPERDAL TABLET 0.5MG, 1MG, 4MG	3	QL(60 EA per 30 days)
RISPERDAL TABLET 2MG, 3MG	3	QL(60 EA per 30 days); NDS
<i>risperidone er injection 12.5mg, 25mg</i>	1	
<i>risperidone er injection 37.5mg, 50mg</i>	1	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)
SAPHRIS	3	QL(60 EA per 30 days)
SECUADO	3	QL(30 EA per 30 days); ST; NDS
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150MG, 300MG, 400MG, 50MG	3	QL(60 EA per 30 days)
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200MG	3	QL(90 EA per 30 days)
SEROQUEL TABLET 300MG, 400MG	3	QL(60 EA per 30 days)
SEROQUEL TABLET 100MG, 200MG, 25MG, 50MG	3	QL(90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
UZEDY	3	ST; NDS
VRAYLAR CAPSULE THERAPY PACK	3	QL(14 EA per 365 days)
VRAYLAR CAPSULE	3	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	3	NDS
ZYPREXA ZYDIS TABLET DISINTEGRATING 10MG, 5MG	3	QL(30 EA per 30 days)
ZYPREXA ZYDIS TABLET DISINTEGRATING 15MG, 20MG	3	QL(30 EA per 30 days); NDS
ZYPREXA TABLET 10MG, 2.5MG, 5MG, 7.5MG	3	QL(30 EA per 30 days)
ZYPREXA TABLET 15MG, 20MG	3	QL(30 EA per 30 days); NDS
<b>Treatment-Resistant</b>		
<i>clozapine odt tablet disintegrating 200mg</i>	1	QL(120 EA per 30 days)
<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)
<i>clozapine odt tablet disintegrating 12.5mg</i>	1	QL(90 EA per 30 days)
<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)
CLOZARIL TABLET 200MG	3	QL(120 EA per 30 days)
CLOZARIL TABLET 50MG	3	QL(180 EA per 30 days)
CLOZARIL TABLET 25MG	3	QL(270 EA per 30 days)
CLOZARIL TABLET 100MG	3	QL(270 EA per 30 days); NDS
VERSACLOZ	3	QL(540 ML per 30 days); NDS
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen tablet</i>	1	
<i>baclofen suspension</i>	1	ST; NDS
<i>baclofen injection 20000mcg/20ml, 500mcg/ml</i>	1	B/D
<i>baclofen injection 40mg/20ml, 50mcg/ml</i>	1	B/D; NDS
<i>baclofen oral solution 10mg/5ml</i>	1	ST
<i>baclofen oral solution 5mg/5ml</i>	1	ST; NDS
BOTOX	3	PA
DANTRIUM IV	3	NDS
<i>dantrolene sodium capsule</i>	1	
<i>dantrolene sodium injection</i>	1	NDS
DYSPORT	3	PA
FLEQSUVY	3	ST; NDS
GABLOFEN INJECTION 10000MCG/20ML, 20000MCG/20ML	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
GABLOFEN INJECTION 20000MCG/20ML, 40000MCG/20ML, 50MCG/ML	3	B/D; NDS
LIORESAL INTRATHECAL INJECTION 0.05MG/ML, 10MG/20ML	3	B/D
LIORESAL INTRATHECAL INJECTION 10MG/5ML, 40MG/20ML	3	B/D; NDS
LYVISPAH PACKET 20MG	3	QL(120 EA per 30 days); ST
LYVISPAH PACKET 5MG	3	QL(270 EA per 30 days); ST
LYVISPAH PACKET 10MG	3	QL(90 EA per 30 days); ST
MYOBLOC	3	PA
OZOBAX	3	ST; NDS
OZOBAX DS	3	ST; NDS
<i>revonto</i>	1	NDS
SOHONOS CAPSULE 5MG	3	QL(112 EA per 28 days); PA; NDS
SOHONOS CAPSULE 2.5MG	3	QL(224 EA per 28 days); PA; NDS
SOHONOS CAPSULE 1.5MG	3	QL(364 EA per 28 days); PA; NDS
SOHONOS CAPSULE 10MG	3	QL(56 EA per 28 days); PA; NDS
SOHONOS CAPSULE 1MG	3	QL(560 EA per 28 days); PA; NDS
<i>tizanidine hcl tablet 2mg</i>	1	
<i>tizanidine hydrochloride tablet 4mg</i>	1	
XEOMIN INJECTION 100UNIT, 50UNIT	3	PA
XEOMIN INJECTION 200UNIT	3	PA; NDS
<b>Antivirals</b>		
<b><i>Anti-cytomegalovirus (CMV) Agents</i></b>		
<i>cidofovir</i>	1	NDS
<i>foscarnet sodium injection 6000mg/250ml</i>	1	B/D; NDS
FOSCAVIR INJECTION 6000MG/250ML	3	B/D; NDS
<i>ganciclovir injection 500mg/10ml, 500mg</i>	1	B/D
LIVTENCITY	3	NDS
PREVYMIS	3	NDS
VALCYTE	3	NDS
<i>valganciclovir</i>	1	
<i>valganciclovir hydrochloride</i>	1	NDS
<b><i>Anti-hepatitis B (HBV) Agents</i></b>		
<i>adefovir dipivoxil</i>	1	
BARACLUDE TABLET	3	QL(30 EA per 30 days); NDS
BARACLUDE SOLUTION	3	QL(600 ML per 30 days); NDS
<i>entecavir</i>	1	QL(30 EA per 30 days)
EPIVIR HBV SOLUTION	3	
<i>lamivudine tablet 100mg</i>	1	
VEMLIDY	3	NDS
<b><i>Anti-hepatitis C (HCV) Agents</i></b>		

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Drug Name	Drug Tier	Requirements/Limits
EPCLUSA PACKET 200MG; 50MG	3	QL(168 EA per 365 days); PA; NDS
EPCLUSA PACKET 150MG; 37.5MG	3	QL(84 EA per 365 days); PA; NDS
EPCLUSA TABLET 200MG; 50MG	3	QL(168 EA per 365 days); PA; NDS
EPCLUSA TABLET 400MG; 100MG	3	QL(84 EA per 365 days); PA; NDS
HARVONI PACKET 33.75MG; 150MG	3	QL(168 EA per 365 days); PA; NDS
HARVONI PACKET 45MG; 200MG	3	QL(336 EA per 365 days); PA; NDS
HARVONI TABLET 90MG; 400MG	3	QL(168 EA per 365 days); PA; NDS
HARVONI TABLET 45MG; 200MG	3	QL(336 EA per 365 days); PA; NDS
<i>ledipasvir/sofosbuvir</i>	1	QL(168 EA per 365 days); PA; NDS
MAVYRET TABLET	3	QL(336 EA per 365 days); PA; NDS
MAVYRET PACKET	3	QL(560 EA per 365 days); PA; NDS
<i>ribavirin tablet 200mg</i>	1	
<i>sofosbuvir/velpatasvir</i>	1	QL(84 EA per 365 days); PA; NDS
SOVALDI TABLET	3	QL(336 EA per 365 days); PA; NDS
SOVALDI PACKET 150MG	3	QL(168 EA per 365 days); PA; NDS
SOVALDI PACKET 200MG	3	QL(336 EA per 365 days); PA; NDS
VIEKIRA PAK	3	QL(672 EA per 365 days); NDS
VOSEVI	3	QL(84 EA per 365 days); PA; NDS
ZEPATIER	3	QL(112 EA per 365 days); PA; NDS
<b><i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i></b>		
BIKTARVY	3	QL(30 EA per 30 days)
CABENUVA	3	
DOVATO	3	QL(30 EA per 30 days)
GENVOYA	3	QL(30 EA per 30 days)
ISENTRESS HD	3	QL(60 EA per 30 days)
ISENTRESS PACKET, TABLET	3	QL(60 EA per 30 days)
ISENTRESS TABLET CHEWABLE 25MG	2	QL(180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100MG	3	QL(180 EA per 30 days)
JULUCA	3	QL(30 EA per 30 days)
STRIBILD	3	QL(30 EA per 30 days)
TIVICAY PD	3	QL(180 EA per 30 days)
TIVICAY TABLET 10MG, 25MG	3	QL(30 EA per 30 days)
TIVICAY TABLET 50MG	3	QL(60 EA per 30 days)
VOCABRIA	3	
<b><i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i></b>		
COMPLERA	3	QL(30 EA per 30 days)
DELSTRIGO	3	QL(30 EA per 30 days)
EDURANT	3	QL(30 EA per 30 days)
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	1	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	1	QL(30 EA per 30 days)
<i>efavirenz tablet</i>	1	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz capsule</i>	1	QL(90 EA per 30 days)
<i>etravirine</i>	1	QL(60 EA per 30 days)
INTELENCE TABLET 25MG	3	QL(120 EA per 30 days)
INTELENCE TABLET 100MG, 200MG	3	QL(60 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 400mg</i>	1	QL(30 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 100mg</i>	1	QL(60 EA per 30 days)
<i>nevirapine suspension</i>	1	QL(1200 ML per 30 days)
<i>nevirapine tablet</i>	1	QL(60 EA per 30 days)
PIFELTRO	3	QL(30 EA per 30 days)
SUSTIVA CAPSULE 200MG, 50MG	3	QL(90 EA per 30 days)
SYMFI	3	QL(30 EA per 30 days)
SYMFI LO	3	QL(30 EA per 30 days)
<b><i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i></b>		
<i>abacavir sulfate</i>	1	QL(60 EA per 30 days)
<i>abacavir sulfate/lamivudine</i>	1	QL(30 EA per 30 days)
<i>abacavir tablet</i>	1	QL(60 EA per 30 days)
<i>abacavir solution</i>	1	QL(960 ML per 30 days)
CIMDUO	3	QL(30 EA per 30 days)
COMBIVIR	3	QL(60 EA per 30 days)
DESCOVY	3	QL(30 EA per 30 days)
<i>emtricitabine</i>	1	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil</i>	1	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate</i>	1	QL(30 EA per 30 days)
EMTRIVA CAPSULE	3	QL(30 EA per 30 days)
EMTRIVA SOLUTION	3	QL(850 ML per 30 days)
EPIVIR SOLUTION	3	QL(960 ML per 30 days)
EPIVIR TABLET 300MG	3	QL(30 EA per 30 days)
EPIVIR TABLET 150MG	3	QL(60 EA per 30 days)
EPZICOM	3	QL(30 EA per 30 days)
<i>lamivudine/zidovudine</i>	1	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	1	QL(960 ML per 30 days)
<i>lamivudine tablet 300mg</i>	1	QL(30 EA per 30 days)
<i>lamivudine tablet 150mg</i>	1	QL(60 EA per 30 days)
ODEFSEY	3	QL(30 EA per 30 days)
RETROVIR IV INFUSION	3	
RETROVIR CAPSULE	3	QL(180 EA per 30 days)
RETROVIR SYRUP	3	QL(1920 ML per 30 days)
<i>stavudine capsule</i>	1	
<i>tenofovir disoproxil fumarate</i>	1	QL(30 EA per 30 days)
TRIUMEQ	3	QL(30 EA per 30 days)
TRIUMEQ PD	3	QL(180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRIZIVIR	3	QL(60 EA per 30 days)
TRUVADA	3	QL(30 EA per 30 days)
VIREAD POWDER	3	QL(240 GM per 30 days)
VIREAD TABLET	3	QL(30 EA per 30 days)
ZIAGEN TABLET	3	QL(60 EA per 30 days)
ZIAGEN SOLUTION	3	QL(960 ML per 30 days)
<i>zidovudine capsule</i>	1	QL(180 EA per 30 days)
<i>zidovudine syrup</i>	1	QL(1920 ML per 30 days)
<i>zidovudine tablet</i>	1	QL(60 EA per 30 days)
<b>Anti-HIV Agents, Other</b>		
FUZEON	3	
<i>maraviroc tablet 300mg</i>	1	QL(120 EA per 30 days)
<i>maraviroc tablet 150mg</i>	1	QL(60 EA per 30 days)
RUKOBIA	3	QL(60 EA per 30 days)
SELZENTRY SOLUTION	3	
SELZENTRY TABLET 300MG	3	QL(120 EA per 30 days)
SELZENTRY TABLET 25MG	3	QL(480 EA per 30 days)
SELZENTRY TABLET 150MG, 75MG	3	QL(60 EA per 30 days)
SUNLENCA INJECTION	3	
SUNLENCA TABLET THERAPY PACK 300MG	3	QL(10 EA per 365 days)
SUNLENCA TABLET THERAPY PACK 300MG	3	QL(8 EA per 365 days)
TROGARZO	3	
TYBOST	2	QL(30 EA per 30 days)
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>		
APTIVUS CAPSULE	3	QL(120 EA per 30 days)
<i>atazanavir sulfate capsule 300mg</i>	1	QL(30 EA per 30 days)
<i>atazanavir capsule 150mg</i>	1	
<i>atazanavir capsule 200mg</i>	1	QL(60 EA per 30 days)
<i>darunavir tablet 800mg</i>	1	QL(30 EA per 30 days)
<i>darunavir tablet 600mg</i>	1	QL(60 EA per 30 days)
EVOTAZ	3	QL(30 EA per 30 days)
<i>fosamprenavir calcium</i>	1	QL(120 EA per 30 days)
KALETRA SOLUTION	3	
KALETRA TABLET 200MG; 50MG	3	
LEXIVA TABLET	3	QL(120 EA per 30 days)
LEXIVA SUSPENSION	3	QL(1800 ML per 30 days)
<i>lopinavir/ritonavir</i>	1	
NORVIR PACKET, TABLET	3	QL(360 EA per 30 days)
NORVIR SOLUTION	3	QL(480 ML per 30 days)
PREZCOBIX	3	QL(30 EA per 30 days)
PREZISTA SUSPENSION	3	QL(400 ML per 30 days)
PREZISTA TABLET 150MG	3	QL(180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA TABLET 800MG	3	QL(30 EA per 30 days)
PREZISTA TABLET 75MG	3	QL(300 EA per 30 days)
PREZISTA TABLET 600MG	3	QL(60 EA per 30 days)
REYATAZ PACKET	3	QL(180 EA per 30 days)
REYATAZ CAPSULE 300MG	3	QL(30 EA per 30 days)
REYATAZ CAPSULE 200MG	3	QL(60 EA per 30 days)
<i>ritonavir</i>	1	QL(360 EA per 30 days)
SYMTUZA	3	QL(30 EA per 30 days)
VIRACEPT TABLET 625MG	3	QL(120 EA per 30 days)
VIRACEPT TABLET 250MG	3	QL(300 EA per 30 days)
<b>Anti-influenza Agents</b>		
<i>amantadine hcl capsule, solution</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)
RAPIVAB	3	NDS
RELENZA DISKHALER	3	QL(240 EA per 365 days)
<i>rimantadine hydrochloride</i>	1	
TAMIFLU CAPSULE 75MG	3	QL(110 EA per 365 days)
TAMIFLU CAPSULE 30MG	3	QL(168 EA per 365 days)
TAMIFLU CAPSULE 45MG	3	QL(84 EA per 365 days)
TAMIFLU SUSPENSION RECONSTITUTED 6MG/ML	3	QL(1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	2	
XOFLUZA TABLET THERAPY PACK 20MG	2	QL(4 EA per 365 days)
<b>Antiherpetic Agents</b>		
<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	
SITAVIG	3	QL(2 EA per 30 days)
<i>valacyclovir hydrochloride</i>	1	QL(120 EA per 30 days)
VALTREX	3	QL(120 EA per 30 days)
VYJUVEK	3	PA; NDS
<b>Antiviral, Coronavirus Agents</b>		
LAGEVRIO	2	QL(40 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL(20 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL(30 EA per 5 days); (300mg-100mg Pak)
VEKLURY INJECTION 100MG	3	QL(4 EA per 3 days); NDS
<b>Anxiolytics</b>		

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<b>Anxiolytics, Other</b>		
<i>bupirone hcl tablet 15mg</i>	1	
<i>bupirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	1	
<b>Benzodiazepines</b>		
<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)
<i>alprazolam tablet 2mg</i>	1	QL(150 EA per 30 days)
ATIVAN INJECTION	3	NDS
ATIVAN TABLET 2MG	3	QL(150 EA per 30 days); NDS
ATIVAN TABLET 0.5MG, 1MG	3	QL(90 EA per 30 days); NDS
<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)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1.5MG, 2MG	3	QL(150 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1MG	3	QL(30 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 3MG	3	QL(90 EA per 30 days)
<i>midazolam hcl injection 5mg/ml</i>	1	
<i>oxazepam</i>	1	QL(120 EA per 30 days)
TRANXENE T TABLET 7.5MG	3	QL(360 EA per 30 days)
VALIUM TABLET 10MG	3	QL(120 EA per 30 days)
VALIUM TABLET 5MG	3	QL(240 EA per 30 days)
VALIUM TABLET 2MG	3	QL(300 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 2MG	3	QL(150 EA per 30 days)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	3	QL(30 EA per 30 days)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 3MG	3	QL(90 EA per 30 days)
XANAX TABLET 0.25MG, 0.5MG, 1MG	3	QL(120 EA per 30 days)
XANAX TABLET 2MG	3	QL(150 EA per 30 days)
<b>Bipolar Agents</b>		
<i>Bipolar Agents, Other</i>		
IGALMI	3	PA
<i>Mood Stabilizers</i>		
<i>lithium</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate capsule, tablet</i>	1	
LITHOBID	3	
<b>Blood Glucose Regulators</b>		
<i>Antidiabetic Agents</i>		
<i>acarbose tablet</i>	1	
ADLYXIN	3	QL(6 ML per 28 days)
ADLYXIN STARTER PACK	3	QL(12 ML per 365 days)
<i>alogliptin</i>	1	QL(30 EA per 30 days); ST
<i>alogliptin/metformin hcl</i>	1	ST
<i>alogliptin/metformin hydrochloride</i>	1	ST
<i>alogliptin/pioglitazone tablet 12.5mg; 30mg, 25mg; 15mg, 25mg; 30mg, 25mg; 45mg</i>	1	ST
<i>bexagliflozin</i>	1	QL(30 EA per 30 days); ST
BRENZAVVY	3	QL(30 EA per 30 days); ST
BYDUREON BCISE	3	QL(3.4 ML per 28 days); PA
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</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tablet</i>	1	
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 500MG	3	PA
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 1000MG	3	PA; NDS
<i>glyburide/metformin hydrochloride</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	2	
INVOKAMET	3	ST
INVOKAMET XR	3	ST
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	QL(30 EA per 30 days)
JENTADUETO	2	
JENTADUETO XR	2	
KAZANO	3	ST
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg, 750mg</i>	1	
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg</i>	1	PA
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
<i>metformin hydrochloride tablet 625mg</i>	1	PA; NDS
<i>miglitol</i>	1	
MOUNJARO	2	QL(2 ML per 28 days); PA
<i>nateglinide</i>	1	
NESINA	3	QL(30 EA per 30 days); ST
OSENI TABLET 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	3	ST
OZEMPIC INJECTION 2MG/1.5ML	2	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	2	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	1	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
QTERN	3	ST
<i>repaglinide</i>	1	
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); ST
<i>saxagliptin hydrochloride/metformin hydrochloride er</i>	1	ST
SEGLUROMET	3	ST
<i>sitagliptin</i>	1	QL(30 EA per 30 days); ST
SOLIQUA 100/33	2	
STEGLUJAN	3	ST
SYMLINPEN 120	3	PA; NDS
SYMLINPEN 60	3	PA; NDS
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR	2	
TRULICITY	2	QL(2 ML per 28 days); PA
XIGDUO XR	2	
XULTOPHY 100/3.6	3	
<b><i>Glycemic Agents</i></b>		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
<i>diazoxide suspension</i>	1	NDS
GLUCAGEN HYPOKIT	3	ST
<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	
GVOKE PFS	2	
ZEGALOGUE	3	ST
<b><i>Insulins</i></b>		
ADMELOG	3	ST
ADMELOG SOLOSTAR	3	ST
AFREZZA POWDER 0, 12UNIT, 4UNIT, 8UNIT	3	PA
AFREZZA POWDER 0	3	PA; NDS
BASAGLAR KWIKPEN	3	ST
BASAGLAR TEMPO PEN	3	ST
FIASP	3	ST
FIASP FLEXTOUCH	3	ST
FIASP PENFILL	3	ST
HUMALOG	2	
HUMALOG JUNIOR KWIKPEN	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
HUMULIN R U-500 KWIKPEN	2	
<i>insulin lispro</i>	1	
LANTUS	2	
LANTUS SOLOSTAR	2	

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Drug Name	Drug Tier	Requirements/Limits
LYUMJEV	2	
LYUMJEV KWIKPEN	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	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
<b>Blood Products and Modifiers</b>		
<i>Anticoagulants</i>		
<i>argatroban/sodium chloride</i>	1	NDS
<i>argatroban injection 250mg/2.5ml, 50mg/50ml</i>	1	NDS
ARIXTRA INJECTION 2.5MG/0.5ML	3	
ARIXTRA INJECTION 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	3	NDS
CEPROTIN	3	NDS
<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	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	1	

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<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	1	NDS
FRAGMIN INJECTION 10000UNIT/4ML, 2500UNIT/0.2ML	3	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	3	NDS
<i>heparin sodium/dextrose injection 5%; 25000unit/250ml, 5%; 25000unit/500ml</i>	1	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 5000unit/ml</i>	1	
<i>jantoven</i>	1	
LOVENOX INJECTION 120MG/0.8ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	3	
LOVENOX INJECTION 100MG/ML, 150MG/ML, 300MG/3ML	3	NDS
TISSEEL KIT	3	NDS
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	2	QL(102 EA per 365 days)
XARELTO SUSPENSION RECONSTITUTED	3	QL(600 ML per 30 days); NDS
XARELTO TABLET 10MG, 20MG	2	QL(30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	2	QL(60 EA per 30 days)
<b><i>Blood Products and Modifiers, Other</i></b>		
ADAKVEO	3	PA; NDS
ALVAIZ	3	PA; NDS
<i>anagrelide hydrochloride</i>	1	
APHEXDA	3	NDS
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/ML	3	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	3	PA; NDS
EPOGEN INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
FABHALTA	3	QL(60 EA per 30 days); PA; NDS
FULPHILA	3	PA; NDS
FYLNETRA	3	PA; NDS
GRANIX	3	ST; NDS
LEUKINE INJECTION 250MCG	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
MOZOBIL	3	NDS
MULPLETA	3	PA; NDS
NEULASTA	3	PA; NDS
NEULASTA ONPRO KIT	3	PA; NDS
NEUPOGEN	3	ST; NDS
NIVESTYM	3	ST; NDS
NPLATE	3	PA; NDS
NYVEPRIA	3	PA; NDS
<i>plerixafor</i>	1	NDS
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	3	PA; NDS
PROMACTA	3	PA; NDS
REBLOZYL	3	PA; NDS
RELEUKO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	3	ST
RELEUKO INJECTION 300MCG/ML, 480MCG/1.6ML	3	ST; NDS
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
RETACRIT INJECTION 40000UNIT/ML	3	PA; NDS
ROLVEDON	3	PA; NDS
STIMUFEND	3	PA; NDS
UDENYCA	3	PA; NDS
UDENYCA ONBODY	3	PA; NDS
VAFSEO TABLET 300MG	3	QL(60 EA per 30 days); PA; NDS
VAFSEO TABLET 150MG	3	QL(90 EA per 30 days); PA
XOLREMDI	3	QL(120 EA per 30 days); PA; NDS
ZARXIO	3	NDS
ZIEXTENZO	3	PA; NDS
<b><i>Hemostasis Agents</i></b>		
AMICAR SOLUTION, TABLET	3	NDS
<i>aminocaproic acid solution, tablet</i>	1	NDS
<i>tranexamic acid tablet</i>	1	
<b><i>Platelet Modifying Agents</i></b>		
<i>aspirin/dipyridamole</i>	1	
<i>aspirin/dipyridamole er</i>	1	
BRILINTA	2	
CABLIVI	3	QL(30 EA per 30 days); PA; NDS
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
DOPTELET	3	PA; NDS
<i>eptifibatide injection 200mg/100ml, 20mg/10ml, 75mg/100ml</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
KENGREAL	3	NDS
<i>prasugrel hydrochloride</i>	1	
TAVALISSE	3	PA; NDS
YOSPRALA	3	QL(30 EA per 30 days)
<b>Cardiovascular Agents</b>		
<b><i>Alpha-adrenergic Agonists</i></b>		
<i>clonidine</i>	1	
<i>clonidine hydrochloride er</i>	1	ST
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	1	
<i>droxidopa</i>	1	PA; NDS
<i>guanfacine hydrochloride</i>	1	
<i>methyldopa tablet 250mg, 500mg</i>	1	
<i>midodrine hcl</i>	1	
NEXICLON XR TABLET EXTENDED RELEASE 24 HOUR	3	ST
NORTHERA	3	PA; NDS
<b><i>Alpha-adrenergic Blocking Agents</i></b>		
DIBENZYLINE	3	PA; NDS
<i>phenoxybenzamine hydrochloride</i>	1	PA; NDS
<i>prazosin hydrochloride capsule</i>	1	
<b><i>Angiotensin II Receptor Antagonists</i></b>		
<i>candesartan cilexetil</i>	1	
EDARBI	3	
<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	
<i>valsartan solution</i>	1	ST; NDS
<b><i>Angiotensin-converting Enzyme (ACE) Inhibitors</i></b>		
<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	
EPANED SOLUTION	3	
<i>fosinopril sodium</i>	1	
<i>lisinopril tablet</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS	3	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril</i>	1	
VASOTEC TABLET 20MG	3	NDS
<b><i>Antiarrhythmics</i></b>		
<i>amiodarone hydrochloride tablet</i>	1	
BETAPACE AF TABLET 120MG, 160MG	3	
BETAPACE TABLET 120MG, 160MG, 80MG	3	NDS
<i>digitek tablet 0.125mg, 0.25mg</i>	1	
<i>digoxin solution</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>lidocaine hcl injection 100mg/5ml, 50mg/5ml</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
NEXTERONE INJECTION 360MG/200ML; 41.4MG/ML	3	
NORPACE CR	3	
<i>pacerone tablet 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hydrochloride er</i>	1	
<i>quinidine sulfate tablet</i>	1	
RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 325MG	3	
RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 425MG	3	NDS
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (af) tablet 80mg</i>	1	
<i>sotalol hydrochloride (af)</i>	1	
<i>sotalol hydrochloride af</i>	1	
<i>sotalol hydrochloride injection</i>	1	NDS
<i>sotalol hydrochloride tablet 160mg, 80mg</i>	1	
<b><i>Beta-adrenergic Blocking Agents</i></b>		
<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	
HEMANGEOL	3	NDS
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 60MG, 80MG	3	

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INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 160MG	3	NDS
INDERAL XL	3	
INNOPRAN XL	3	
<i>labetalol hydrochloride tablet</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tablet</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	1	
<i>nebivolol</i>	1	
<i>nebivolol hydrochloride</i>	1	
<i>pindolol tablet</i>	1	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</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	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
<i>amlodipine besylate tablet</i>	1	
CLEVIPREX	3	NDS
CONJUPRI	3	ST
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>levamlodipine</i>	1	ST
<i>nicardipine hcl capsule</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine capsule</i>	1	
NORLIQVA	3	ST
NYMALIZE SOLUTION 6MG/ML	3	NDS
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 180MG	3	
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 240MG, 300MG, 360MG	3	NDS
CARDIZEM TABLET 120MG, 60MG	3	
<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, 420mg</i>	1	
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	1	

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<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 tablet 120mg</i>	1	
<i>matzim la</i>	1	
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	
<i>verapamil hcl er tablet extended release</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 tablet extended release 180mg</i>	1	
<i>verapamil hydrochloride tablet 120mg</i>	1	
<b>Cardiovascular Agents, Other</b>		
<i>acetazolamide sodium</i>	1	NDS
ADRENALIN INJECTION 1MG/ML	3	
<i>aliskiren</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	1	
ASPRUZYO SPRINKLE	3	QL(60 EA per 30 days); ST
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
CAMZYOS	3	QL(30 EA per 30 days); PA; NDS
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
CORLANOR SOLUTION	3	QL(450 ML per 30 days); PA
CORLANOR TABLET	3	QL(60 EA per 30 days); PA
DEFITELIO	3	NDS
DEMSER	3	PA; NDS
<i>dobutamine hcl/d5w injection 5%; 1mg/ml</i>	1	B/D
<i>dobutamine hcl injection 250mg/20ml</i>	1	B/D
<i>dobutamine hydrochloride/dextrose 5%</i>	1	B/D
<i>dopamine hydrochloride</i>	1	B/D
<i>dopamine hydrochloride/dextrose</i>	1	B/D
<i>dopamine/d5w injection 5%; 3.2mg/ml</i>	1	B/D
EDARBYCLOR	3	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO CAPSULE SPRINKLE	2	QL(240 EA per 30 days)
ENTRESTO TABLET	2	QL(60 EA per 30 days)

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<i>epinephrine injection 1mg/ml</i>	1	
EVKEEZA	3	PA; NDS
FILSPARI	3	QL(30 EA per 30 days); 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
<i>lisinopril/hydrochlorothiazide</i>	1	
LODOCO	3	PA
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metyrosine</i>	1	PA; NDS
<i>milrinone lactate in dextrose</i>	1	B/D
<i>milrinone lactate injection 10mg/10ml, 20mg/20ml, 50mg/50ml</i>	1	B/D
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>pentoxifylline er</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
<i>telmisartan/amlodipine</i>	1	
<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	3	NDS
VYNDAMAX	3	QL(30 EA per 30 days); PA; NDS
<b><i>Diuretics, Loop</i></b>		
<i>bumetanide injection, tablet</i>	1	
EDECIN TABLET 25MG	3	NDS
<i>ethacrynate sodium</i>	1	NDS
<i>ethacrynic acid tablet</i>	1	
FUROSCIX	3	PA
<i>furosemide injection, oral solution, tablet</i>	1	
SOANZ	3	ST
SODIUM EDECIN	3	NDS
<i>toremide tablet</i>	1	
<b><i>Diuretics, Potassium-sparing</i></b>		
<i>amiloride hcl tablet</i>	1	
<i>triamterene capsule</i>	1	
<b><i>Diuretics, Thiazide</i></b>		
<i>chlorthalidone tablet 25mg, 50mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	1	
<b><i>Dyslipidemics, Fibric Acid Derivatives</i></b>		
<i>fenofibrate micronized</i>	1	
<i>fenofibrate tablet 120mg, 145mg, 160mg, 48mg, 54mg</i>	1	
<i>fenofibric acid dr</i>	1	
FENOGLIDE TABLET 120MG	3	
<i>gemfibrozil tablet</i>	1	
<b><i>Dyslipidemics, HMG CoA Reductase Inhibitors</i></b>		
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20MG, 40MG, 60MG	3	ST
ATORVALIQ	3	ST
<i>atorvastatin calcium</i>	1	
EZALLOR SPRINKLE	3	ST
FLOLIPID	3	ST
<i>fluvastatin</i>	1	
<i>fluvastatin sodium er</i>	1	
LIVALO	2	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	
ZYPITAMAG TABLET 2MG, 4MG	3	ST
<b><i>Dyslipidemics, Other</i></b>		
<i>cholestyramine light</i>	1	
<i>colesevelam hydrochloride tablet</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	3	QL(30 EA per 30 days); PA; NDS
JUXTAPID CAPSULE 20MG, 30MG	3	QL(60 EA per 30 days); PA; NDS
LEQVIO	3	QL(3 ML per 180 days); PA
LOVAZA	3	
NEXLETOL	3	QL(30 EA per 30 days); PA
NEXLIZET	3	QL(30 EA per 30 days); PA
<i>niacin er</i>	1	
<i>omega-3-acid ethyl esters</i>	1	
PRALUENT	2	QL(2 ML per 28 days); PA
<i>prevalite</i>	1	

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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>rosuvastatin/ezetimibe</i>	1	ST
ROSZET	3	ST
<b><i>Mineralocorticoid Receptor Antagonists</i></b>		
<i>eplerenone</i>	1	
KERENDIA	3	QL(30 EA per 30 days); PA
<i>spironolactone tablet</i>	1	
<b><i>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</i></b>		
FARXIGA	2	QL(30 EA per 30 days)
INPEFA	3	ST
INVOKANA	3	QL(30 EA per 30 days); ST
JARDIANCE	2	QL(30 EA per 30 days)
STEGLATRO TABLET 15MG	3	QL(30 EA per 30 days); ST
STEGLATRO TABLET 5MG	3	QL(60 EA per 30 days); ST
<b><i>Vasodilators, Direct-acting Arterial/Venous</i></b>		
ISORDIL TITRADOSE TABLET 5MG	3	
ISORDIL TITRADOSE TABLET 40MG	3	NDS
<i>isosorbide dinitrate tablet</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	3	
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	3	NDS
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin solution 0.4mg/spray</i>	1	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	1	
VERQUVO	2	QL(30 EA per 30 days); PA
<b><i>Vasodilators, Direct-acting Arterial</i></b>		
<i>hydralazine hcl injection</i>	1	
<i>hydralazine hcl tablet 10mg</i>	1	
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	1	
<i>minoxidil tablet</i>	1	
<b>Central Nervous System Agents</b>		
<b><i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i></b>		
ADDERALL	3	QL(90 EA per 30 days)
ADDERALL XR	3	QL(60 EA per 30 days)
<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)
DESOXYN	3	QL(150 EA per 30 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 15MG	3	QL(120 EA per 30 days); NDS
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10MG	3	QL(180 EA per 30 days); NDS
<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 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)
DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE	3	QL(30 EA per 30 days)
<i>methamphetamine hcl</i>	1	QL(150 EA per 30 days); PA
XELSTRYM	3	QL(30 EA per 30 days)
ZENZEDI TABLET 10MG	3	QL(180 EA per 30 days)
ZENZEDI TABLET 2.5MG, 7.5MG	3	QL(240 EA per 30 days)
ZENZEDI TABLET 30MG	3	QL(60 EA per 30 days)
ZENZEDI TABLET 15MG, 20MG, 5MG	3	QL(90 EA per 30 days)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
APTENSIO XR	3	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 100mg, 18mg, 25mg</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>atomoxetine capsule 10mg</i>	1	QL(60 EA per 30 days)
CONCERTA TABLET EXTENDED RELEASE 18MG, 27MG, 54MG	3	QL(30 EA per 30 days)
CONCERTA TABLET EXTENDED RELEASE 36MG	3	QL(60 EA per 30 days)
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISINTEGRATING 25.9MG	3	QL(60 EA per 30 days)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</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)

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FOCALIN	3	QL(60 EA per 30 days)
FOCALIN XR	3	QL(30 EA per 30 days)
<i>guanfacine hydrochloride er</i>	1	
METADATE CD	3	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 10mg, 20mg, 40mg</i>	1	QL(30 EA per 30 days)
<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, 45mg, 54mg, 63mg, 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)
RELEXXII TABLET EXTENDED RELEASE 18MG, 27MG, 45MG, 54MG, 63MG, 72MG	3	QL(30 EA per 30 days)
RELEXXII TABLET EXTENDED RELEASE 36MG	3	QL(60 EA per 30 days)
RITALIN	3	QL(90 EA per 30 days)
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 20MG, 30MG, 40MG	3	QL(30 EA per 30 days)
STRATTERA CAPSULE 100MG, 18MG, 25MG, 40MG, 60MG, 80MG	3	QL(30 EA per 30 days)
STRATTERA CAPSULE 10MG	3	QL(60 EA per 30 days)
<b><i>Central Nervous System, Other</i></b>		
ALLZITAL	3	
AUSTEDO	3	QL(120 EA per 30 days); PA; NDS
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	3	QL(56 EA per 365 days); PA; NDS
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	3	QL(84 EA per 365 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	3	QL(210 EA per 30 days); PA; NDS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	3	QL(30 EA per 30 days); PA; NDS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	3	QL(60 EA per 30 days); PA; NDS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	3	QL(90 EA per 30 days); PA; NDS
BUPAP TABLET 300MG; 50MG	3	
<i>butalbital/acetaminophen capsule</i>	1	NDS
<i>butalbital/acetaminophen tablet 300mg; 50mg, 325mg; 50mg</i>	1	
<i>butalbital/aspirin/caffeine capsule</i>	1	
<i>caffeine citrate solution 60mg/3ml</i>	1	NDS
<i>clonidine hydrochloride injection 100mcg/ml, 500mcg/ml</i>	1	B/D
DURACLON INJECTION 100MCG/ML	3	B/D
<i>edaravone</i>	1	PA; NDS
EXSERVAN	3	PA; NDS
FIRDAPSE	3	QL(300 EA per 30 days); PA; NDS
INGREZZA CAPSULE THERAPY PACK	3	QL(56 EA per 365 days); PA; NDS
INGREZZA CAPSULE SPRINKLE 0; 80MG, 60MG	3	QL(30 EA per 30 days); PA; NDS
INGREZZA CAPSULE SPRINKLE 0; 40MG	3	QL(60 EA per 30 days); PA; NDS
INGREZZA CAPSULE 60MG, 80MG	3	QL(30 EA per 30 days); PA; NDS
INGREZZA CAPSULE 40MG	3	QL(60 EA per 30 days); PA; NDS
NUEDEXTA	3	PA; NDS
PRIALT	3	B/D; NDS
QALSODY	3	PA; NDS
RADICAVA	3	PA; NDS
RADICAVA ORS	3	PA; NDS
RADICAVA ORS STARTER KIT	3	PA; NDS
RELYVRIO	3	QL(60 EA per 30 days); PA; NDS
RILUTEK	3	NDS
<i>riluzole</i>	1	
TEGLUTIK	3	PA; NDS
<i>tencon tablet 325mg; 50mg</i>	1	
<i>tetrabenazine tablet 12.5mg</i>	1	PA
<i>tetrabenazine tablet 25mg</i>	1	PA; NDS
TIGLUTIK	3	PA; NDS
VEOZAH	3	QL(30 EA per 30 days); PA
XENAZINE	3	PA; NDS
<b><i>Fibromyalgia Agents</i></b>		
SAVELLA	2	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	2	QL(110 EA per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>Multiple Sclerosis Agents</i>		
AMPYRA	3	QL(60 EA per 30 days); PA
AUBAGIO	3	QL(30 EA per 30 days); PA
AVONEX PEN	3	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	3	QL(4 EA per 28 days); PA
BAFIERTAM	3	QL(120 EA per 30 days); PA
BETASERON	3	QL(15 EA per 30 days); PA
BRIUMVI	3	PA
COPAXONE INJECTION 40MG/ML	3	QL(12 ML per 28 days); PA
COPAXONE INJECTION 20MG/ML	3	QL(30 ML per 30 days); PA
<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>	1	QL(120 EA per 365 days); PA
EXTAVIA	3	QL(15 EA per 30 days); PA
<i>fingolimod hydrochloride</i>	1	QL(30 EA per 30 days); PA
GILENYA CAPSULE 0.5MG	3	QL(30 EA per 30 days); PA
GILENYA CAPSULE 0.25MG	3	QL(60 EA per 30 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	1	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	1	QL(30 ML per 30 days); PA
<i>glatopa injection 40mg/ml</i>	1	QL(12 ML per 28 days); PA
<i>glatopa injection 20mg/ml</i>	1	QL(30 ML per 30 days); PA
KESIMPTA	3	QL(0.4 ML per 28 days); PA
MAVENCLAD	3	PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	3	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	3	QL(24 EA per 365 days); PA
MAYZENT TABLET 0.25MG	3	QL(120 EA per 30 days); PA
MAYZENT TABLET 1MG, 2MG	3	QL(30 EA per 30 days); PA
<i>mitoxantrone hcl injection 2mg/ml</i>	1	PA
OCREVUS	3	PA
PLEGRIDY	3	QL(1 ML per 28 days); PA
PLEGRIDY STARTER PACK INJECTION 0	3	QL(2 ML per 365 days); PA
PLEGRIDY STARTER PACK INJECTION 0	3	QL(4 ML per 365 days); PA
PONVORY	3	QL(30 EA per 30 days); PA
PONVORY 14-DAY STARTER PACK	3	QL(28 EA per 365 days); PA
REBIF	3	QL(6 ML per 28 days); PA
REBIF REBIDOSE	3	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	3	QL(8.4 ML per 365 days); PA
REBIF TITRATION PACK	3	QL(8.4 ML per 365 days); PA
TASCENSO ODT	3	QL(30 EA per 30 days); PA
TECFIDERA	3	QL(60 EA per 30 days); PA

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TECFIDERA STARTER PACK	3	QL(120 EA per 365 days); PA
<i>teriflunomide</i>	1	QL(30 EA per 30 days); PA
TYSABRI	3	PA
VUMERITY	3	QL(120 EA per 30 days); PA
ZEPOSIA	3	QL(30 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK	3	QL(14 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	3	QL(56 EA per 365 days); PA; (28 Capsules Pack)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	3	QL(74 EA per 365 days); PA; (37 Capsules Pack)
<b>Dental and Oral Agents</b>		
<i>Dental and Oral Agents</i>		
ARESTIN	3	NDS
<i>chlorhexidine gluconate solution</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	1	
KEPIVANCE INJECTION 5.16MG	3	NDS
<i>kourzeq</i>	1	
<i>lidocaine hcl solution 4%</i>	1	
<i>lidocaine hydrochloride viscous</i>	1	
<i>lidocaine viscous</i>	1	
<i>oralone dental paste</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	
<b>Dermatological Agents</b>		
<i>Acne and Rosacea Agents</i>		
ABSORICA LD	3	NDS
ABSORICA CAPSULE 20MG, 30MG, 40MG	3	NDS
<i>accutane</i>	1	
<i>acitretin</i>	1	
<i>adapalene/benzoyl peroxide gel 0.3%; 2.5%</i>	1	
<i>adapalene/benzoyl peroxide pad</i>	1	NDS
<i>adapalene pad</i>	1	
<i>adapalene solution</i>	1	NDS
<i>amnestem</i>	1	
ARAZLO	3	QL(90 GM per 30 days)
ATRALIN	3	PA
AVITA	3	PA
<i>azelaic acid</i>	1	QL(100 GM per 30 days)
AZELEX	3	QL(100 GM per 30 days)
<i>benzoyl peroxide forte- hc</i>	1	NDS
<i>benzoyl peroxide- hc</i>	1	

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<i>brimonidine tartrate gel 0.33%</i>	1	PA
<i>claravis</i>	1	
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	1	
<i>erythromycin/benzoyl peroxide</i>	1	
FABIOR	3	QL(100 GM per 30 days)
FINACEA FOAM	2	QL(50 GM per 30 days)
FINACEA GEL	3	QL(100 GM per 30 days)
<i>isotretinoin capsule</i>	1	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%, 1%</i>	1	
MIRVASO	3	PA
<i>myorisan</i>	1	
NORITATE	3	NDS
RETIN-A	3	PA
RETIN-A MICRO	3	PA
RETIN-A MICRO PUMP	3	PA
<i>rosadan</i>	1	
<i>tazarotene foam, gel</i>	1	QL(100 GM per 30 days)
<i>tazarotene cream</i>	1	QL(60 GM per 30 days)
TAZORAC GEL	3	QL(100 GM per 30 days)
TAZORAC CREAM	3	QL(60 GM per 30 days)
<i>tretinoin microsphere</i>	1	PA
<i>tretinoin microsphere pump</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
WINLEVI	3	PA
<i>zenatane</i>	1	
<b><i>Dermatitis and Pruritus Agents</i></b>		
ADBRY	3	QL(6 ML per 28 days); PA; NDS
<i>alclometasone dipropionate</i>	1	
<i>amcinonide lotion</i>	1	
<i>ammonium lactate cream, lotion</i>	1	
APEXICON E	3	NDS
<i>betamethasone dipropionate augmented cream, gel, ointment</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)
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate gel, ointment, shampoo, solution</i>	1	
CLOBEX LOTION, SHAMPOO	3	
CORDRAN TAPE	3	
<i>desonide cream</i>	1	

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<i>desonide ointment</i>	1	QL(120 GM per 30 days)
<i>desoximetasone cream</i>	1	QL(100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	1	
<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
EUCRISA	3	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	QL(60 GM per 30 days)
<i>fluocinonide cream 0.1%</i>	1	QL(120 GM per 30 days)
<i>fluocinonide cream 0.05%</i>	1	QL(60 GM per 30 days)
<i>fluocinonide gel, ointment</i>	1	QL(60 GM per 30 days)
<i>fluocinonide solution</i>	1	QL(60 ML per 30 days)
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate ointment 0.005%</i>	1	
<i>halobetasol propionate</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 butyrate lotion</i>	1	
<i>hydrocortisone valerate cream</i>	1	QL(60 GM per 30 days)
<i>hydrocortisone cream 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)
HYFTOR	3	PA; NDS
IMPOYZ	3	NDS
KENALOG AEROSOL SOLUTION	3	
KORSUVA	3	PA; NDS
LEXETTE	3	NDS
LOCOID LIPOCREAM	3	QL(60 GM per 30 days)
LOCOID LOTION	3	
LUXIQ	3	QL(100 GM per 30 days)
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate ointment 0.1%</i>	1	
<i>mometasone furoate solution 0.1%</i>	1	
OPZELURA	3	QL(240 GM per 30 days); PA; NDS
PANDEL	3	NDS
<i>pimecrolimus</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
PRUDOXIN	3	QL(90 GM per 30 days); PA
<i>selenium sulfide</i>	1	
SERNIVO	3	
SPEVIGO INJECTION 450MG/7.5ML	3	QL(300 ML per 84 days); PA; NDS
SPEVIGO INJECTION 150MG/ML	3	QL(4 ML per 28 days); PA; NDS
<i>tacrolimus ointment 0.03%, 0.1%</i>	1	
TOPICORT CREAM	3	QL(100 GM per 30 days)
<i>triamcinolone acetone cream, lotion</i>	1	
<i>triamcinolone acetone ointment 0.025%, 0.1%, 0.5%</i>	1	
ULTRAVATE LOTION	3	
VANOS	3	QL(120 GM per 30 days); NDS
VERDESO	3	NDS
ZONALON	3	QL(90 GM per 30 days); PA
ZORYVE CREAM 0.15%	3	PA
<b><i>Dermatological Agents, Other</i></b>		
<i>calcipotriene/betamethasone dipropionate</i>	1	QL(400 GM per 30 days)
<i>calcipotriene foam</i>	1	
<i>calcipotriene cream, ointment</i>	1	QL(120 GM per 30 days)
<i>calcipotriene solution</i>	1	QL(60 ML per 30 days)
CALCITRENE	3	QL(120 GM per 30 days)
CARAC	3	NDS
<i>clotrimazole/betamethasone dipropionate lotion</i>	1	QL(60 ML per 30 days)
<i>clotrimazole/betamethasone dipropionate cream</i>	1	QL(90 GM per 30 days)
<i>diclofenac sodium gel 3%</i>	1	QL(300 GM per 30 days); ST
DUOBRII	3	PA; NDS
EFUDEX CREAM	3	QL(40 GM per 30 days)
ENSTILAR	3	QL(420 GM per 28 days); NDS
FILSUVEZ	3	PA; NDS
<i>fluorouracil cream 0.5%</i>	1	NDS
<i>fluorouracil cream 5%</i>	1	QL(40 GM per 30 days)
<i>fluorouracil external solution 2%, 5%</i>	1	
<i>hydrocortisone acetate/pramoxine hydrochloride suppository</i>	1	NDS
<i>imiquimod pump</i>	1	QL(56 GM per 30 days)
<i>imiquimod cream 5%</i>	1	QL(48 EA per 30 days)
<i>imiquimod cream 3.75%</i>	1	QL(56 EA per 30 days)
KLISYRI	3	ST; NDS
<i>methoxsalen capsule</i>	1	NDS
NEO-SYNALAR	3	
<i>nystatin/triamcinolone</i>	1	
<i>nystatin/triamcinolone acetone ointment</i>	1	
OTEZLA TABLET 20MG, 30MG	3	QL(60 EA per 30 days); PA; NDS
<i>podofilox solution</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
RADIAURA	3	NDS
REGRANEX	3	PA; NDS
SANTYL	3	
<i>silver sulfadiazine</i>	1	
SOFDRA	3	QL(40.2 ML per 30 days); PA
SORILUX	3	
SOTYKTU	3	QL(30 EA per 30 days); PA; NDS
<i>ssd</i>	1	
TACLONEX	3	QL(400 GM per 30 days); NDS
<i>urea lotion 40%</i>	1	
UVADEX	3	NDS
VECTICAL	3	
VEREGEN	3	NDS
VTAMA	3	PA; NDS
WYNZORA	3	QL(420 GM per 28 days); NDS
XERESE	3	QL(10 GM per 30 days); NDS
ZORYVE CREAM 0.3%	3	PA
ZYCLARA	3	QL(56 EA per 30 days); NDS
ZYCLARA PUMP CREAM 2.5%	3	QL(15 GM per 30 days); NDS
ZYCLARA PUMP CREAM 3.75%	3	QL(56 GM per 30 days); NDS
<b><i>Pediculicides/Scabicides</i></b>		
<i>ivermectin cream 1%</i>	1	QL(45 GM per 30 days)
<i>malathion</i>	1	
<i>permethrin cream</i>	1	
SOOLANTRA	3	QL(45 GM per 30 days)
<b><i>Topical Anti-infectives</i></b>		
<i>acyclovir cream 5%</i>	1	QL(5 GM per 30 days)
<i>acyclovir ointment 5%</i>	1	QL(60 GM per 30 days)
ACZONE GEL 5%	3	
<i>benzoyl peroxide gel 6.5%</i>	1	NDS
CENTANY OINTMENT	3	QL(110 GM per 30 days)
<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	
CLEOCIN-T LOTION	3	QL(75 ML per 30 days)
CLINDAGEL	3	
<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 7.5%</i>	1	
DENAVIR	3	

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Drug Name	Drug Tier	Requirements/Limits
EPSOLAY	3	PA
<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)
ZOVIRAX CREAM	3	QL(5 GM per 30 days)
ZOVIRAX OINTMENT	3	QL(60 GM per 30 days)
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML; 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	3	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; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	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	3	B/D
CARBAGLU	3	NDS
<i>carglumic acid</i>	1	NDS
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 6/5	3	B/D
CLINIMIX 8/10	3	B/D
CLINIMIX 8/14	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 8/10	3	B/D
CLINIMIX E 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D
<i>dextrose 5%</i>	1	
<i>dextrose 5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%/sodium chloride 0.9%</i>	1	
<i>effer-k tablet effervescent 25meq</i>	1	
KABIVEN	3	B/D; NDS
<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>klor-con/ef</i>	1	
<i>magnesium sulfate injection 50%</i>	1	
PERIKABIVEN	3	B/D; NDS
<i>plenamine</i>	1	B/D
POKONZA	3	NDS
<i>potassium chloride er</i>	1	
<i>potassium citrate er</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	3	B/D
PROSOL	3	B/D
<i>sodium bicarbonate/dextrose</i>	1	
<i>sodium bicarbonate injection 4.2%, 8.4%</i>	1	
<i>sodium chloride 0.45% injection</i>	1	
<i>sodium chloride injection 0.45%, 0.9%</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	3	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	3	B/D
XENPOZYME	3	PA; NDS
<b><i>Electrolyte/Mineral/Metal Modifiers</i></b>		
CHEMET	3	NDS
CUPRIMINE CAPSULE 250MG	3	PA; NDS
CUVRIOR	3	PA; NDS
<i>deferasirox tablet</i>	1	PA
<i>deferasirox packet</i>	1	PA; NDS
<i>deferasirox tablet soluble 125mg</i>	1	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	1	PA; NDS
<i>deferiprone</i>	1	PA; NDS
DEPEN TITRATABS	3	NDS
EXJADE	3	PA; NDS
FERRIPROX	3	PA; NDS
FERRIPROX TWICE-A-DAY	3	PA; NDS
JADENU	3	PA; NDS
JADENU SPRINKLE	3	PA; NDS
JYNARQUE TABLET	3	QL(120 EA per 30 days); PA; NDS
JYNARQUE TABLET THERAPY PACK	3	QL(56 EA per 28 days); PA; NDS
<i>penicillamine tablet</i>	1	NDS
<i>penicillamine capsule</i>	1	PA; NDS
SAMSCA TABLET 15MG	3	QL(30 EA per 30 days); PA; NDS
SAMSCA TABLET 30MG	3	QL(60 EA per 30 days); PA; NDS
SYPRINE	3	PA; NDS
<i>tolvaptan tablet 15mg</i>	1	QL(30 EA per 30 days); PA; NDS
<i>tolvaptan tablet 30mg</i>	1	QL(60 EA per 30 days); PA; NDS
<i>trientine hydrochloride</i>	1	PA; NDS
XPHOZAH	3	QL(60 EA per 30 days); PA; NDS
<b><i>Phosphate Binders</i></b>		
AURYXIA	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>calcium acetate capsule</i>	1	
FOSRENOL PACKET	3	NDS
FOSRENOL TABLET CHEWABLE 1000MG, 500MG, 750MG	3	NDS
<i>lanthanum carbonate</i>	1	NDS
RENAGEL TABLET 800MG	3	
RENVELA	3	NDS
<i>sevelamer carbonate</i>	1	
VELPHORO	3	NDS
<b>Potassium Binders</b>		
KIONEX SUSPENSION	3	
LOKELMA	3	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i>	1	
VELTASSA	3	
<b>Vitamins</b>		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	1	
<b>Gastrointestinal Agents</b>		
<b>Anti-Constipation Agents</b>		
AMITIZA	2	QL(60 EA per 30 days)
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>generlac</i>	1	
IBSRELA	3	QL(60 EA per 30 days); PA; NDS
<i>lactulose solution 10gm/15ml</i>	1	
LINZESS	2	QL(30 EA per 30 days)
<i>lubiprostone</i>	1	QL(60 EA per 30 days)
MOTEGRITY	2	QL(30 EA per 30 days)
RELISTOR TABLET	3	QL(90 EA per 30 days); ST; NDS
RELISTOR INJECTION 8MG/0.4ML	3	QL(12 ML per 30 days); ST; NDS
RELISTOR INJECTION 12MG/0.6ML	3	QL(18 ML per 30 days); ST; NDS
SYMPROIC	3	QL(30 EA per 30 days); ST
TRULANCE	3	QL(30 EA per 30 days)
<b>Anti-Diarrheal Agents</b>		
<i>alosetron hydrochloride tablet 0.5mg</i>	1	PA
<i>alosetron hydrochloride tablet 1mg</i>	1	PA; NDS
<i>difenoxylate hydrochloride/atropine sulfate</i>	1	
<i>difenoxylate/atropine liquid</i>	1	
LOMOTIL TABLET	3	
<i>loperamide hcl capsule</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
LOTRONEX	3	PA; NDS
MOTOFEN	3	
MYTESI	3	QL(60 EA per 30 days)
VIBERZI	3	QL(60 EA per 30 days); PA; NDS
XERMELO	3	QL(90 EA per 30 days); PA; NDS
<b><i>Antispasmodics, Gastrointestinal</i></b>		
ANASPAZ	3	
<i>belladonna/opium suppository 16.2mg; 30mg</i>	1	NDS
<i>chlordiazepoxide hydrochloride/clidinium bromide</i>	1	
CUVPOSA	3	PA
DARTISLA ODT	3	PA
<i>dicyclomine hcl solution</i>	1	
<i>dicyclomine hydrochloride capsule, tablet</i>	1	
GLYCATE	3	PA
<i>glycopyrrolate oral solution, tablet</i>	1	PA
<i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	1	
<i>hyoscyamine sulfate er tablet extended release 12 hour</i>	1	
<i>hyoscyamine sulfate odt</i>	1	
<i>hyoscyamine sulfate sr tablet extended release 12 hour</i>	1	
<i>hyoscyamine sulfate elixir, solution, tablet</i>	1	
LEVBID	3	
LEVSIN TABLET	3	
LIBRAX	3	
<i>methscopolamine bromide tablet</i>	1	
NULEV	3	
OSCIMIN TABLET	3	
ROBINUL FORTE	3	PA
ROBINUL TABLET	3	PA
<b><i>Gastrointestinal Agents, Other</i></b>		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i>	1	
BYLVAY	3	PA; NDS
BYLVAY (PELLETS)	3	PA; NDS
<i>calcium disodium versenate</i>	1	NDS
CHENODAL	3	PA; NDS
CLENPIQ	2	
<i>edetate calcium disodium injection</i>	1	NDS
GATTEX	3	PA; NDS
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
GIMOTI	3	ST; NDS

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Drug Name	Drug Tier	Requirements/Limits
HELIDAC THERAPY	3	
IQIRVO	3	QL(30 EA per 30 days); PA; NDS
LIVDELZI	3	QL(30 EA per 30 days); PA; NDS
LIVMARLI SOLUTION 19MG/ML	3	QL(60 ML per 30 days); PA; NDS
LIVMARLI SOLUTION 9.5MG/ML	3	QL(90 ML per 30 days); PA; NDS
<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	
<i>metoclopramide odt tablet disintegrating 5mg</i>	1	
MYALEPT	3	PA; NDS
<i>nitroglycerin ointment 0.4%</i>	1	
OICALIVA	3	QL(30 EA per 30 days); PA; NDS
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	
PYLERA	3	NDS
RELTONE	3	NDS
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	1	
SUPREP BOWEL PREP KIT	2	
SUTAB	2	
<i>ursodiol capsule 200mg, 400mg</i>	1	NDS
<i>ursodiol tablet</i>	1	
VOQUEZNA TABLET 10MG	3	QL(30 EA per 30 days); PA
VOQUEZNA TABLET 20MG	3	QL(60 EA per 30 days); PA
VOWST	3	PA; NDS
XIFAXAN TABLET 200MG	3	PA
XIFAXAN TABLET 550MG	3	PA; NDS
ZINPLAVA	3	NDS
ZORBTIVE	3	PA; NDS
<b><i>Histamine2 (H2) Receptor Antagonists</i></b>		
<i>famotidine suspension reconstituted</i>	1	
<i>famotidine tablet 20mg, 40mg</i>	1	
<i>nizatidine capsule</i>	1	
PEPCID TABLET 40MG	3	
<b><i>Protectants</i></b>		
<i>misoprostol</i>	1	
<i>sucralfate suspension, tablet</i>	1	
<b><i>Proton Pump Inhibitors</i></b>		
ACIPHEX	3	QL(60 EA per 30 days)
DEXILANT	2	QL(30 EA per 30 days)
<i>dexlansoprazole</i>	1	QL(30 EA per 30 days)
<i>esomeprazole magnesium</i>	1	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
KONVOMEP	3	QL(600 ML per 30 days)
<i>lansoprazole capsule delayed release</i>	1	QL(60 EA per 30 days)
NEXIUM CAPSULE DELAYED RELEASE	3	QL(60 EA per 30 days)
NEXIUM PACKET 10MG, 20MG, 40MG	3	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(60 EA per 30 days)
<i>omeprazole/sodium bicarbonate capsule</i>	1	QL(30 EA per 30 days)
<i>omeprazole/sodium bicarbonate packet</i>	1	QL(30 EA per 30 days); NDS
<i>omeprazole capsule delayed release 20mg, 40mg</i>	1	QL(60 EA per 30 days)
<i>pantoprazole sodium packet, tablet delayed release</i>	1	QL(60 EA per 30 days)
PREVACID CAPSULE DELAYED RELEASE 30MG	3	QL(60 EA per 30 days)
PROTONIX PACKET, TABLET DELAYED RELEASE	3	QL(60 EA per 30 days)
<i>rabeprazole sodium</i>	1	QL(60 EA per 30 days)
<i>rabeprazole sodium dr sprinkle</i>	1	QL(60 EA per 30 days)
ZEGERID	3	QL(30 EA per 30 days); NDS
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ADZYNMA	3	PA; NDS
ALDURAZYME	3	PA; NDS
AMONDYS 45	3	PA; NDS
AMVUTTRA	3	QL(0.5 ML per 90 days); PA; NDS
ARALAST NP INJECTION 1000MG, 500MG	3	PA; NDS
<i>betaine anhydrous</i>	1	NDS
BUPHENYL	3	NDS
CERDELGA	3	PA; NDS
CEREZYME	3	PA; NDS
CHOLBAM	3	PA; NDS
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	
<i>cromolyn sodium concentrate 100mg/5ml</i>	1	
CRYSVITA	3	PA; NDS
CYSTADANE	3	NDS
CYSTAGON	3	
DAYBUE	3	QL(3600 ML per 30 days); PA; NDS
<i>dichlorphenamide</i>	1	QL(120 EA per 30 days); PA; NDS
DOJOLVI	3	PA; NDS
ELAPRASE	3	PA; NDS
ELELYSO	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
ELFABRIO	3	PA; NDS
ENDARI	3	PA; NDS
EVRYSDI	3	QL(240 ML per 30 days); PA; NDS
EXONDYS 51	3	PA; NDS
FABRAZYME	3	PA; NDS
GALAFOLD	3	QL(14 EA per 28 days); PA; NDS
GASTROCROM	3	NDS
GLASSIA	3	PA; NDS
JAVYGTOR	3	PA; NDS
JOENJA	3	QL(60 EA per 30 days); PA; NDS
KANUMA	3	PA; NDS
KEVEYIS	3	QL(120 EA per 30 days); PA; NDS
KUVAN	3	PA; NDS
<i>l-glutamine</i>	1	PA; NDS
LAMZEDE	3	PA; NDS
LUMIZYME	3	PA; NDS
MEPSEVII	3	PA; NDS
<i>miglustat</i>	1	PA; NDS
NAGLAZYME	3	PA; NDS
NEXVIAZYME	3	PA; NDS
<i>nitisinone</i>	1	NDS
NITYR	3	NDS
NULIBRY	3	PA; NDS
OLPRUVA	3	PA; NDS
ONPATTRO	3	PA; NDS
OPFOLDA	3	QL(8 EA per 28 days); PA
ORFADIN	3	NDS
ORMALVI	3	QL(120 EA per 30 days); PA; NDS
OXBRYTA TABLET SOLUBLE	3	QL(240 EA per 30 days); PA; NDS
OXBRYTA TABLET 500MG	3	QL(150 EA per 30 days); PA; NDS
OXBRYTA TABLET 300MG	3	QL(240 EA per 30 days); PA; NDS
PALYNZIQ INJECTION 10MG/0.5ML	3	QL(28 ML per 28 days); PA; NDS
PALYNZIQ INJECTION 20MG/ML	3	QL(56 ML per 28 days); PA; NDS
PALYNZIQ INJECTION 2.5MG/0.5ML	3	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
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT	3	ST; NDS

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Drug Name	Drug Tier	Requirements/Limits
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 15125UNIT; 4000UNIT; 14375UNIT, 30250UNIT; 8000UNIT; 28750UNIT, 90750UNIT; 24000UNIT; 86250UNIT	3	ST
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 60500UNIT; 16000UNIT; 57500UNIT	3	ST; NDS
PHEBURANE	3	NDS
POMBILITI	3	PA; NDS
PROCYSBI	3	PA; NDS
PROLASTIN-C INJECTION 1000MG/20ML	3	PA; NDS
PYRUKYND TAPER PACK	3	QL(30 EA per 30 days); PA; NDS
PYRUKYND TABLET 50MG	3	QL(120 EA per 30 days); PA; NDS
PYRUKYND TABLET 20MG, 5MG	3	QL(60 EA per 30 days); PA; NDS
RAVICTI	3	PA; NDS
REVCOVI	3	PA; NDS
<i>sapropterin dihydrochloride</i>	1	PA; NDS
<i>sodium phenylbutyrate powder, tablet</i>	1	NDS
SPINRAZA	3	PA; NDS
STRENSIQ	3	PA; NDS
SUCRAID	3	PA; NDS
TEGSEDI	3	PA; NDS
VILTEPSO	3	PA; NDS
VIMIZIM	3	PA; NDS
VIOKACE TABLET 39150UNIT; 10440UNIT; 39150UNIT	3	ST
VIOKACE TABLET 78300UNIT; 20880UNIT; 78300UNIT	3	ST; NDS
VOXZOGO	3	QL(30 EA per 30 days); PA; NDS
VPRIV	3	PA; NDS
VYNDAQEL	3	QL(120 EA per 30 days); PA; NDS
VYONDYS 53	3	PA; NDS
WAINUA	3	QL(0.8 ML per 28 days); PA; NDS
WELIREG	3	PA; NDS
XIAFLEX	3	PA; NDS
XURIDEN	3	QL(120 EA per 30 days); PA; NDS
<i>yargesa</i>	1	PA; NDS
ZAVESCA	3	PA; NDS
ZEMAIRA	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
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	
<b>Genitourinary Agents</b>		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er</i>	1	
DETROL	3	
DETROL LA	3	
DITROPAN XL TABLET EXTENDED RELEASE 24 HOUR 10MG, 5MG	3	
<i>fesoterodine fumarate er</i>	1	
<i>flavoxate hcl</i>	1	
GELNIQUE GEL 10%	3	
GEMTESA	3	
HYOPHEN	3	
<i>me/naphos/mb/hyo 1</i>	1	
MYRBETRIQ	2	
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride solution, tablet</i>	1	
OXYTROL	3	QL(8 EA per 28 days)
PHOSPHASAL	3	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
TOVIAZ	3	
<i>tropium chloride</i>	1	
<i>tropium chloride er</i>	1	
<i>uretron d/s tablet 0.12mg; 81.6mg; 10.8mg; 36.2mg; 40.8mg</i>	1	
URIBEL	3	
URIMAR-T TABLET	3	
URIMAR-T CAPSULE	3	NDS
<i>urin d/s</i>	1	
URNEVA	3	NDS
URO-MP	3	
URO-SP	3	
UROGESIC-BLUE	3	
USTELL	3	
UTIRA-C	3	

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Drug Name	Drug Tier	Requirements/Limits
VESICARE	3	
VESICARE LS	3	
VILAMIT MB	3	
<b><i>Benign Prostatic Hypertrophy Agents</i></b>		
<i>alfuzosin hcl er</i>	1	
CIALIS TABLET 2.5MG, 5MG	3	QL(30 EA per 30 days); PA
<i>doxazosin mesylate</i>	1	
<i>dutasteride/tamsulosin hydrochloride</i>	1	
<i>dutasteride capsule</i>	1	
ENTADFI	3	QL(30 EA per 30 days); ST
<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	
<b><i>Genitourinary Agents, Other</i></b>		
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tablet</i>	1	
ELMIRON	3	NDS
LITHOSTAT	3	
THIOLA	3	NDS
THIOLA EC	3	NDS
<i>tiopronin</i>	1	NDS
<i>tiopronin dr</i>	1	NDS
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b><i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i></b>		
ACTHAR	3	PA
ACTHAR GEL	3	PA
AGAMREE	3	PA; NDS
ALKINDI SPRINKLE CAPSULE SPRINKLE 1MG, 2MG, 5MG	3	NDS
<i>cortisone acetate tablet 25mg</i>	1	NDS
CORTROPHIN	3	PA
<i>deflazacort</i>	1	PA; NDS
<i>dexamethasone elixir, solution</i>	1	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
EMFLAZA	3	PA; NDS
<i>fludrocortisone acetate tablet</i>	1	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	
INTRAROSA	3	QL(28 EA per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone dose pack tablet therapy pack</i>	1	
<i>methylprednisolone sodium succinate injection 500mg</i>	1	
<i>methylprednisolone tablet</i>	1	
<i>prednisolone sodium phosphate solution 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	
<i>prednisolone solution</i>	1	
<i>prednisone solution, tablet therapy pack</i>	1	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
RAYOS	3	PA; NDS
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>chorionic gonadotropin</i>	1	PA
DDAVP INJECTION 4MCG/ML	3	NDS
DDAVP TABLET 0.2MG	3	
<i>desmopressin acetate tablet</i>	1	
<i>desmopressin acetate injection</i>	1	NDS
<i>desmopressin acetate nasal solution 0.01%</i>	1	
<i>desmopressin acetate nasal solution 1.5mg/ml</i>	1	NDS
EGRIFTA SV	3	QL(30 EA per 30 days); PA; NDS
FENSOLVI	3	QL(1 EA per 168 days); PA; NDS
GENOTROPIN	3	PA; NDS
GENOTROPIN MINIQUICK INJECTION 0.2MG	3	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	3	PA; NDS
HUMATROPE INJECTION 12MG, 24MG, 6MG	3	PA; NDS
INCRELEX	3	PA; NDS
ISTURISA TABLET 10MG	3	QL(180 EA per 30 days); PA; NDS
ISTURISA TABLET 1MG	3	QL(240 EA per 30 days); PA; NDS
ISTURISA TABLET 5MG	3	QL(360 EA per 30 days); PA; NDS
LUPRON DEPOT-PED (6-MONTH)	3	QL(1 EA per 168 days); PA; NDS
NGENLA	3	PA; NDS
NORDITROPIN FLEXPRO	3	PA; NDS
NOVAREL INJECTION 5000UNIT	3	PA
NUTROPIN AQ NUSPIN 10	3	PA; NDS
NUTROPIN AQ NUSPIN 20	3	PA; NDS
NUTROPIN AQ NUSPIN 5	3	PA; NDS
OMNITROPE	3	PA; NDS
PREGNYL	3	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NAACL	3	PA
SAIZEN	3	PA; NDS
SAIZENPREP RECONSTITUTIONKIT	3	PA; NDS
SEROSTIM	3	PA; NDS

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SKYTROFA	3	PA; NDS
SOGROYA	3	PA; NDS
ZOMACTON	3	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
<i>carboprost tromethamine</i>	1	NDS
HEMABATE	3	NDS
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<i>Androgens</i>		
ANDRODERM PATCH 24 HOUR 2MG/24HR, 4MG/24HR	3	PA
ANDROGEL PUMP GEL 1.62%	3	PA
ANDROGEL GEL 25MG/2.5GM	3	PA
AVEED	3	PA
<i>danazol capsule</i>	1	
DEPO-TESTOSTERONE INJECTION 100MG/ML, 200MG/ML	3	PA
FORTESTA	3	PA
JATENZO CAPSULE 158MG, 198MG	3	PA
JATENZO CAPSULE 237MG	3	PA; NDS
KYZATREX	3	PA
METHITEST	3	PA; NDS
<i>methyltestosterone capsule</i>	1	PA; NDS
NATESTO	3	PA
TESTIM	3	PA
<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 topical solution</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
TLANDO	3	PA
VOGELXO	3	PA
VOGELXO PUMP	3	PA
XYOSTED	3	PA
<i>Estrogens</i>		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>alyacen 7/7/7</i>	1	
<i>amabelz</i>	1	
<i>amethia</i>	1	QL(91 EA per 91 days)
<i>amethyst</i>	1	
ANNOVERA	3	QL(1 EA per 360 days)
<i>ashlyna</i>	1	QL(91 EA per 91 days)
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</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>chateal</i>	1	
<i>chateal eq</i>	1	
CLIMARA PRO	3	
<i>cryselle-28</i>	1	
<i>cyred</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	
<i>desogestrel/ethinyl estradiol</i>	1	
DIVIGEL GEL 0.5MG/0.5GM, 0.75MG/0.75GM, 1.25MG/1.25GM, 1MG/GM	3	
<i>dolishale</i>	1	
<i>dotti</i>	1	
<i>elinest</i>	1	
<i>enpresse-28</i>	1	
<i>estarylla</i>	1	
<i>estradiol/norethindrone acetate</i>	1	

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<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	
<b>ESTRING</b>	3	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	
<i>etonogestrel/ethinyl estradiol</i>	1	
<i>falmina</i>	1	
<i>fayosim</i>	1	QL(91 EA per 91 days)
<b>FEMRING</b>	3	QL(1 EA per 90 days)
<i>femynor</i>	1	
<i>fyavolv</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>iclevia</i>	1	QL(91 EA per 91 days)
<b>IMVEXXY MAINTENANCE PACK</b>	2	PA
<b>IMVEXXY STARTER PACK</b>	2	PA
<i>introvale</i>	1	QL(91 EA per 91 days)
<i>jinteli</i>	1	
<i>jolessa</i>	1	QL(91 EA per 91 days)
<i>joyeaux</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>kalliga</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>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	

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<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>lo-zumandimine</i>	1	
LOSEASONIQUE	3	QL(91 EA per 91 days)
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyllana</i>	1	
<i>marlissa</i>	1	
MENEST	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>norelgestromin/ethinyl estradiol</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	1	
<i>norethindrone acetate/ethinyl estradiol tablet</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	
<i>nylia 7/7/7</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
PREMARIN CREAM	2	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	
PREMPHASE	3	
PREMPRO	3	
QUARTETTE	3	QL(91 EA per 91 days)
<i>rivelsa</i>	1	QL(91 EA per 91 days)
SEASONIQUE	3	QL(91 EA per 91 days)
<i>setlakin</i>	1	QL(91 EA per 91 days)
<i>simliya</i>	1	

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<i>simpesse</i>	1	QL(91 EA per 91 days)
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>taysofy</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-mili</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>tyblume</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>xulane</i>	1	
<i>yuvafem</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<b>Progestins</b>		
<i>camila</i>	1	
CRINONE	3	PA
<i>deblitane</i>	1	
DEPO-PROVERA CONTRACEPTIVE	3	QL(1 ML per 90 days)
DEPO-SUBQ PROVERA 104	2	QL(0.65 ML per 90 days)
<i>emzahh</i>	1	
ENDOMETRIN	3	PA
<i>errin</i>	1	
<i>heather</i>	1	
<i>hydroxyprogesterone caproate injection 1.25gm/5ml</i>	1	PA; NDS
<i>incassia</i>	1	
<i>jencycla</i>	1	
LILETTA	2	
<i>lyleq</i>	1	
<i>lyza</i>	1	

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<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	
NEXPLANON	2	
<i>nora-be</i>	1	
<i>norethindrone acetate tablet</i>	1	
<i>norethindrone tablet</i>	1	
<i>norlyroc</i>	1	
<i>progesterone capsule</i>	1	
<i>sharobel</i>	1	
SKYLA	3	
<b>Selective Estrogen Receptor Modifying Agents</b>		
<i>clomid</i>	1	PA
OSPHENA	2	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium tablet</i>	1	
<i>levothyroxine sodium injection</i>	1	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>	1	NDS
<i>synthroid tablet</i>	1	
THYROGEN	3	PA; NDS
TRIOSTAT	3	NDS
<i>unithroid</i>	1	
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<i>cabergoline</i>	1	
ELIGARD INJECTION 30MG	3	QL(1 EA per 112 days); PA
ELIGARD INJECTION 45MG	3	QL(1 EA per 168 days); PA
ELIGARD INJECTION 7.5MG	3	QL(1 EA per 28 days); PA
ELIGARD INJECTION 22.5MG	3	QL(1 EA per 84 days); PA
FIRMAGON INJECTION 80MG	3	QL(1 EA per 28 days); PA
FIRMAGON INJECTION 120MG/VIAL	3	QL(4 EA per 365 days); PA; NDS
KORLYM	3	QL(120 EA per 30 days); PA; NDS
<i>lanreotide acetate</i>	1	PA; NDS
<i>leuprolide acetate injection 1mg/0.2ml</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>leuprolide acetate injection 22.5mg</i>	1	QL(1 EA per 84 days); PA
LUPRON DEPOT (1-MONTH)	3	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT (3-MONTH)	3	QL(1 EA per 84 days); PA; NDS
LUPRON DEPOT (4-MONTH)	3	QL(1 EA per 112 days); PA; NDS
LUPRON DEPOT (6-MONTH)	3	QL(1 EA per 168 days); PA; NDS
LUPRON DEPOT-PED (1-MONTH)	3	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT-PED (3-MONTH)	3	QL(1 EA per 84 days); PA; NDS
<i>mifepristone tablet 200mg</i>	1	
<i>mifepristone tablet 300mg</i>	1	QL(120 EA per 30 days); PA; NDS
MYCAPSSA	3	PA; NDS
MYFEMBREE	3	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, 500mcg/ml</i>	1	PA; NDS
ORGOVYX	3	PA; NDS
ORIAHNN	3	QL(56 EA per 28 days); PA; NDS
ORILISSA TABLET 150MG	3	QL(30 EA per 30 days); PA; NDS
ORILISSA TABLET 200MG	3	QL(60 EA per 30 days); PA; NDS
RECORLEV	3	QL(240 EA per 30 days); PA; NDS
SANDOSTATIN LAR DEPOT	3	PA; NDS
SANDOSTATIN INJECTION 50MCG/ML	3	PA
SANDOSTATIN INJECTION 100MCG/ML, 500MCG/ML	3	PA; NDS
SIGNIFOR	3	QL(60 ML per 30 days); PA; NDS
SIGNIFOR LAR	3	QL(1 EA per 28 days); PA; NDS
SOMATULINE DEPOT	3	PA; NDS
SOMAVERT	3	PA; NDS
SUPPRELIN LA	3	QL(1 EA per 365 days); PA; NDS
SYNAREL	3	NDS
TRELSTAR MIXJECT INJECTION 22.5MG	3	QL(1 EA per 168 days); PA
TRELSTAR MIXJECT INJECTION 3.75MG	3	QL(1 EA per 28 days); PA
TRELSTAR MIXJECT INJECTION 11.25MG	3	QL(1 EA per 84 days); PA
TRIPTODUR	3	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
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	1	
<i>propylthiouracil tablet</i>	1	
<b>Immunological Agents</b>		
<i>Angioedema Agents</i>		
BERINERT	3	PA; NDS
CINRYZE	3	PA; NDS
FIRAZYR	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
HAEGARDA	3	PA; NDS
<i>icatibant acetate</i>	1	PA; NDS
KALBITOR	3	PA; NDS
ORLADEYO	3	QL(30 EA per 30 days); PA; NDS
RUCONEST	3	PA; NDS
SAJAZIR	3	PA; NDS
TAKHZYRO	3	PA; NDS
<b><i>Immunoglobulins</i></b>		
ALYGLO	3	PA; NDS
ASCENIV	3	PA; NDS
ATGAM	3	NDS
BEYFORTUS	3	
BIVIGAM INJECTION 10%, 5GM/50ML	3	PA; NDS
CUTAQUIG	3	PA; NDS
CUVITRU	3	PA; NDS
CYTOGAM INJECTION 50MG/ML	3	PA; NDS
FLEBOGAMMA DIF INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	3	PA; NDS
GAMASTAN	2	PA
GAMMAGARD LIQUID	3	PA; NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	3	PA; NDS
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	3	PA; NDS
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	3	PA; NDS
GAMUNEX-C	3	PA; NDS
HEPAGAM B INJECTION 312UNIT/ML	3	B/D; NDS
HIZENTRA	3	PA; NDS
HYPERHEP B INJECTION 110UNIT/0.5ML	3	B/D
HYPERHEP B INJECTION 220UNIT/ML	3	B/D; NDS
HYQVIA	3	PA; NDS
NABI-HB INJECTION 312UNIT/ML	3	B/D; NDS
OCTAGAM INJECTION 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	3	PA; NDS
PANZYGA	3	PA; NDS
PRIVIGEN	3	PA; NDS
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	3	NDS
THYMOGLOBULIN	3	NDS
VARIZIG INJECTION 125UNIT/1.2ML	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
WINRHO SDF INJECTION 15000UNIT/13ML, 1500UNIT/1.3ML, 2500UNIT/2.2ML, 5000UNIT/4.4ML	3	NDS
XEMBIFY	3	PA; NDS
<i>Immunological Agents, Other</i>		
ACTEMRA ACTPEN	3	PA
ACTEMRA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	3	PA
ACTEMRA INJECTION 162MG/0.9ML	3	QL(3.6 ML per 28 days); PA
ARCALYST	3	PA; NDS
BENLYSTA INJECTION 200MG/ML	3	PA; NDS
BIMZELX	3	QL(2 ML per 28 days); PA; NDS
CIBINQO	3	QL(30 EA per 30 days); PA; NDS
COSENTYX SENSOREADY PEN	3	QL(10 ML per 28 days); PA; NDS
COSENTYX UNOREADY	3	QL(10 ML per 28 days); PA; NDS
COSENTYX INJECTION 125MG/5ML	3	PA; NDS
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	3	QL(10 ML per 28 days); PA; NDS
DUPIXENT INJECTION 100MG/0.67ML	3	QL(1.34 ML per 28 days); PA; NDS
DUPIXENT INJECTION 200MG/1.14ML	3	QL(4.56 ML per 28 days); PA; NDS
DUPIXENT INJECTION 300MG/2ML	3	QL(8 ML per 28 days); PA; NDS
EMPAVELI	3	PA; NDS
ENJAYMO	3	PA; NDS
ENTYVIO INJECTION 300MG	3	PA; NDS
ENTYVIO INJECTION 108MG/0.68ML	3	QL(1.36 ML per 28 days); PA; NDS
GAMIFANT	3	PA; NDS
ILARIS INJECTION 150MG/ML	3	QL(2 ML per 28 days); PA; NDS
ILUMYA	3	QL(1 ML per 28 days); PA; NDS
KEVZARA	3	QL(2.28 ML per 28 days); PA
KINERET	3	PA
LEMTRADA	3	PA
LITFULO	3	QL(30 EA per 30 days); PA; NDS
NEMLUVIO	3	QL(2 EA per 28 days); PA; NDS
ODACTRA	3	QL(30 EA per 30 days); PA
OMVOH INJECTION 100MG/ML	3	QL(2 ML per 28 days); PA; NDS
OMVOH INJECTION 300MG/15ML	3	QL(3 ML per 365 days); PA; NDS
ORENCIA CLICKJECT	3	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	3	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	3	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	3	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	3	QL(110 EA per 365 days); PA; NDS
PALFORZIA INITIAL DOSE ESCALATION	3	PA; NDS
PALFORZIA LEVEL 1	3	PA; NDS
PALFORZIA LEVEL 10	3	PA; NDS

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PALFORZIA LEVEL 11 (MAINTENANCE)	3	PA; NDS
PALFORZIA LEVEL 11 (TITRATION)	3	PA; NDS
PALFORZIA LEVEL 2	3	PA; NDS
PALFORZIA LEVEL 3	3	PA; NDS
PALFORZIA LEVEL 4	3	PA; NDS
PALFORZIA LEVEL 5	3	PA; NDS
PALFORZIA LEVEL 6	3	PA; NDS
PALFORZIA LEVEL 7	3	PA; NDS
PALFORZIA LEVEL 8	3	PA; NDS
PALFORZIA LEVEL 9	3	PA; NDS
PIASKY	3	PA; NDS
PROVENGE	3	PA; NDS
RIDAURA	3	NDS
RINVOQ	3	QL(30 EA per 30 days); PA
RINVOQ LQ	3	QL(360 ML per 30 days); PA
RYSTIGGO INJECTION 280MG/2ML	3	PA; NDS
SAPHNELO	3	PA; NDS
SILIQ	3	QL(7.5 ML per 28 days); PA; NDS
SIMULECT	3	NDS
SKYRIZI PEN	3	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJECTION 150MG/ML	3	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJECTION 180MG/1.2ML	3	QL(1.2 ML per 56 days); PA; NDS
SKYRIZI INJECTION 360MG/2.4ML	3	QL(2.4 ML per 56 days); PA; NDS
SKYRIZI INJECTION 600MG/10ML	3	QL(3 ML per 365 days); PA; NDS
SOLIRIS	3	PA; NDS
STELARA INJECTION 130MG/26ML	3	PA; NDS
STELARA INJECTION 45MG/0.5ML, 90MG/ML	3	QL(3 ML per 84 days); PA; NDS
SYLVANT	3	PA; NDS
TALTZ INJECTION 20MG/0.25ML	3	QL(0.5 ML per 28 days); PA; NDS
TALTZ INJECTION 40MG/0.5ML	3	QL(1 ML per 28 days); PA; NDS
TALTZ INJECTION 80MG/ML	3	QL(4 ML per 28 days); PA; NDS
TAVNEOS	3	QL(180 EA per 30 days); PA; NDS
TEPEZZA	3	PA; NDS
TREMFYA	3	QL(2 ML per 56 days); PA; NDS
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	3	PA
TYENNE INJECTION 162MG/0.9ML	3	QL(3.6 ML per 28 days); PA
ULTOMIRIS INJECTION 1100MG/11ML, 300MG/3ML	3	PA; NDS
VELSIPITY	3	QL(30 EA per 30 days); PA; NDS
VEOPOZ	3	PA; NDS
VYVGART	3	PA; NDS
XELJANZ XR	3	QL(30 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ SOLUTION	3	QL(300 ML per 30 days); PA
XELJANZ TABLET	3	QL(60 EA per 30 days); PA
XOLAIR	3	PA; NDS
ZILBRYSQ	3	PA; NDS
<b><i>Immunostimulants</i></b>		
ACTIMMUNE	3	PA; NDS
ALFERON N INJECTION 5000000UNIT/ML	3	NDS
BESREMI	3	PA; NDS
PEGASYS INJECTION 180MCG/ML	3	PA; NDS
<b><i>Immunosuppressants</i></b>		
<i>adalimumab-adbm crohns/uc/hs starter</i>	1	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
<i>adalimumab-adbm psoriasis/uveitis starter</i>	1	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
<i>adalimumab-adbm starter package for crohns disease/uc/hs</i>	1	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
<i>adalimumab-adbm starter package for psoriasis/uveitis</i>	1	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
<i>adalimumab-adbm injection 10mg/0.2ml, 20mg/0.4ml</i>	1	QL(2 EA per 28 days); PA; Boehringer Ingelheim labeled products only
<i>adalimumab-adbm injection 40mg/0.4ml, 40mg/0.8ml</i>	1	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ARAVA TABLET 10MG, 20MG	3	
ASTAGRAF XL	3	B/D
AVSOLA	3	PA
AZASAN	3	B/D
<i>azathioprine injection, tablet</i>	1	B/D
BENLYSTA INJECTION 120MG, 400MG	3	PA; NDS
CELLCEPT	3	B/D
CELLCEPT INTRAVENOUS	3	B/D
CIMZIA STARTER KIT	3	QL(6 EA per 365 days); PA
CIMZIA INJECTION 200MG	3	QL(1 EA per 28 days); PA
CIMZIA INJECTION 200MG/ML	3	QL(2 EA per 28 days); PA
<i>cyclosporine modified</i>	1	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	1	B/D
<i>cyclosporine injection 50mg/ml</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI	3	QL(8 ML per 28 days); PA
ENBREL SURECLICK	3	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	3	QL(4 ML per 28 days); PA
ENBREL INJECTION 50MG/ML	3	QL(8 ML per 28 days); PA
ENVARUSUS XR	3	B/D
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	1	B/D
<i>gengraf capsule 100mg, 25mg</i>	1	B/D
<i>gengraf solution</i>	1	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	3	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	3	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	3	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	3	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	3	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	3	QL(6 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	3	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	3	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	3	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	3	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	3	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	3	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	3	QL(6 EA per 28 days); PA; Abbvie labeled products only
IMURAN TABLET	3	B/D
INFLECTRA	3	PA
<i>infliximab</i>	1	PA
JYLAMVO	3	PA
<i>leflunomide</i>	1	
LUPKYNIS	3	QL(180 EA per 30 days); PA; NDS
<i>methotrexate sodium tablet</i>	1	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	1	
<i>methotrexate injection 50mg/2ml</i>	1	

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<i>mycophenolate mofetil capsule, injection, suspension reconstituted, tablet</i>	1	B/D
<i>mycophenolic acid dr</i>	1	B/D
MYFORTIC	3	B/D
MYHIBBIN	3	B/D
NEORAL	3	B/D
NULOJIX	3	NDS
ORENCIA INJECTION 250MG	3	PA
OTREXUP INJECTION 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	3	QL(1.6 ML per 28 days); PA
PEGASYS INJECTION 180MCG/0.5ML	3	PA; NDS
PROGRAF CAPSULE, PACKET	3	B/D
RAPAMUNE	3	B/D
RASUVO INJECTION 7.5MG/0.15ML	3	QL(0.6 ML per 28 days); PA
RASUVO INJECTION 10MG/0.2ML	3	QL(0.8 ML per 28 days); PA
RASUVO INJECTION 12.5MG/0.25ML	3	QL(1 ML per 28 days); PA
RASUVO INJECTION 15MG/0.3ML	3	QL(1.2 ML per 28 days); PA
RASUVO INJECTION 17.5MG/0.35ML	3	QL(1.4 ML per 28 days); PA
RASUVO INJECTION 20MG/0.4ML	3	QL(1.6 ML per 28 days); PA
RASUVO INJECTION 22.5MG/0.45ML	3	QL(1.8 ML per 28 days); PA
RASUVO INJECTION 25MG/0.5ML	3	QL(2 ML per 28 days); PA
RASUVO INJECTION 30MG/0.6ML	3	QL(2.4 ML per 28 days); PA
REDITREX INJECTION 7.5MG/0.3ML	3	QL(1.2 ML per 28 days); PA
REDITREX INJECTION 10MG/0.4ML	3	QL(1.6 ML per 28 days); PA
REDITREX INJECTION 12.5MG/0.5ML	3	QL(2 ML per 28 days); PA
REDITREX INJECTION 15MG/0.6ML	3	QL(2.4 ML per 28 days); PA
REDITREX INJECTION 17.5MG/0.7ML	3	QL(2.8 ML per 28 days); PA
REDITREX INJECTION 20MG/0.8ML	3	QL(3.2 ML per 28 days); PA
REDITREX INJECTION 22.5MG/0.9ML	3	QL(3.6 ML per 28 days); PA
REDITREX INJECTION 25MG/ML	3	QL(4 ML per 28 days); PA
REMICADE	3	PA
RENFLEXIS	3	PA
REZUROCK	3	QL(60 EA per 30 days); PA; NDS
SANDIMMUNE ORAL SOLUTION	3	B/D
SANDIMMUNE INJECTION	3	NDS
SANDIMMUNE CAPSULE 100MG, 25MG	3	B/D
SIMPONI ARIA	3	PA
SIMPONI INJECTION 50MG/0.5ML	3	QL(0.5 ML per 28 days); PA
SIMPONI INJECTION 100MG/ML	3	QL(3 ML per 28 days); PA
<i>sirolimus solution, tablet</i>	1	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	1	B/D

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XATMEP	3	PA
ZORTRESS	3	B/D
<b>Vaccines</b>		
<i>abrysvo</i>	1	QL(1 EA per 252 days)
<i>acthib injection 0</i>	1	
<i>adacel</i>	1	
<i>arexvy</i>	1	QL(1 EA per 999 days)
<i>bcg vaccine injection 50mg</i>	1	
<i>bexsero</i>	1	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	2	
<i>boostrix injection 2.5lf/0.5ml; 18.5mcg/0.5ml; 5lf/0.5ml</i>	1	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	
DENGVAXIA	2	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	1	
<i>engerix-b</i>	1	B/D
GARDASIL 9 INJECTION 0	2	
<i>gardasil 9 injection 0</i>	1	
<i>havrix injection 1440elu/ml, 720elu/0.5ml</i>	1	
<i>heplisav-b</i>	1	B/D
<i>hiberix</i>	1	
<i>imovax rabies (h.d.c.v.)</i>	1	B/D
INFANRIX	2	
<i>ipol inactivated ipv</i>	1	
IXCHIQ	2	
<i>ixiaro</i>	1	
<i>jynneos</i>	1	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
<i>m-m-r ii</i>	1	
<i>menactra</i>	1	
<i>menquadfi</i>	1	
<i>menveo</i>	1	
<i>mresvia</i>	1	QL(0.5 ML per 999 days)
<i>pediarix injection 25lfu/0.5ml; 10mcg/0.5ml; 58mcg/0.5ml; 0; 10lfu/0.5ml</i>	1	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	2	
PENBRAYA	2	
PENTACEL	2	
<i>prehevbrio</i>	1	B/D
<i>priorix</i>	1	

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PROQUAD	2	
QUADRACEL	2	
<i>rabavert</i>	1	B/D
<i>recombivax hb</i>	1	B/D
ROTARIX	2	
<i>rotateq solution</i>	1	
<i>shingrix</i>	1	
<i>stamaril</i>	1	
<i>tdvax</i>	1	
<i>tenivac</i>	1	
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	1	
TICOVAC	2	
<i>trumenba</i>	1	
<i>twinrix</i>	1	
TYPHIM VI INJECTION 25MCG/0.5ML	2	
<i>typhim vi injection 25mcg/0.5ml</i>	1	
<i>vaqta</i>	1	
<i>varivax</i>	1	
VAXELIS	2	
<i>yf-vax</i>	1	
<b>Inflammatory Bowel Disease Agents</b>		
<i>Aminosalicylates</i>		
ASACOL HD	3	
<i>balsalazide disodium</i>	1	
CANASA SUPPOSITORY 1000MG	3	NDS
COLAZAL	3	NDS
DIPENTUM	3	NDS
LIALDA	3	
<i>mesalamine dr tablet delayed release</i>	1	
<i>mesalamine er</i>	1	
<i>mesalamine enema, kit, suppository</i>	1	
ROWASA KIT	3	NDS
SFROWASA	3	NDS
<i>sulfasalazine tablet, tablet delayed release</i>	1	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	1	NDS
<i>budesonide capsule delayed release particles 3mg</i>	1	
CORTIFOAM FOAM	3	
EOHILIA	3	QL(60 ML per 30 days); PA; NDS
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone enema 100mg/60ml</i>	1	
ORTIKOS	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
TARPEYO	3	QL(120 EA per 30 days); PA; NDS
UCERIS TABLET EXTENDED RELEASE 24 HOUR	3	NDS
<b>Metabolic Bone Disease Agents</b>		
<i>Metabolic Bone Disease Agents</i>		
ACTONEL TABLET 150MG	3	QL(1 EA per 28 days)
ACTONEL TABLET 35MG	3	QL(4 EA per 28 days)
<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)
AELVIA	3	QL(4 EA per 28 days)
BINOSTO	3	QL(4 EA per 28 days)
<i>calcitonin salmon injection</i>	1	NDS
<i>calcitonin-salmon solution</i>	1	QL(3.7 ML per 30 days)
<i>calcitriol capsule</i>	1	
<i>cinacalcet hydrochloride</i>	1	
<i>doxercalciferol capsule</i>	1	
EVENITY	3	QL(2.34 ML per 28 days); PA; NDS
FORTEO INJECTION 600MCG/2.4ML	3	PA; NDS
FOSAMAX PLUS D	3	QL(4 EA per 28 days)
FOSAMAX TABLET 70MG	3	QL(4 EA per 28 days)
<i>ibandronate sodium tablet</i>	1	QL(1 EA per 28 days)
MIACALCIN INJECTION	3	NDS
<i>paricalcitol capsule</i>	1	
PROLIA	3	QL(2 ML per 365 days)
RAYALDEE	3	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)
SENSIPAR TABLET 30MG	3	
SENSIPAR TABLET 60MG, 90MG	3	NDS
<i>teriparatide</i>	1	PA; NDS
TYMLOS	3	PA; NDS
XGEVA	3	PA; NDS
ZEMPLAR INJECTION 5MCG/ML	3	NDS
<i>zoledronic acid injection 4mg/100ml</i>	1	
<b>Miscellaneous Therapeutic Agents</b>		
<i>Miscellaneous Therapeutic Agents</i>		
<i>alcohol prep pads</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
AMMONUL	3	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)
CLINOLIPID	3	B/D
COSELA	3	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>	1	B/D; NDS
DESFERAL INJECTION 500MG	3	B/D; NDS
DUVYZAT	3	QL(360 ML per 30 days); PA; NDS
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	2	
<i>fomepizole injection 1.5gm/1.5ml</i>	1	NDS
GIVLAARI	3	PA; NDS
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	3	B/D
METHERGINE TABLET	3	QL(56 EA per 365 days); NDS
<i>methylergonovine maleate tablet</i>	1	QL(56 EA per 365 days); NDS
METOPIRONE	3	NDS
NUTRILIPID	3	B/D
OMEGAVEN	3	B/D; NDS
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	QL(1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5)	2	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5)	2	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	2	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	2	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	2	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	2	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	2	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY	2	QL(10 EA per 30 days)

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OMNIPOD GO 40 UNITS/DAY	2	QL(10 EA per 30 days)
<i>orlistat capsule</i>	1	PA
OXLUMO	3	PA; NDS
PEDMARK	3	NDS
RIVFLOZA INJECTION 128MG/0.8ML	3	QL(0.8 ML per 28 days); PA; NDS
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	3	QL(1 ML per 28 days); PA; NDS
SKYCLARYS	3	QL(90 EA per 30 days); PA; NDS
SMOFLIPID	3	B/D
<i>sodium chloride 0.9%</i>	1	
<i>sodium phenylacetate/sodium benzoate</i>	1	NDS
TACHOSIL	3	NDS
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VISTOGARD	3	NDS
XENICAL	3	PA
ZOKINVY	3	QL(120 EA per 30 days); PA; NDS
<b>Ophthalmic Agents</b>		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	1	
<i>bacitracin/polymyxin b</i>	1	
BEOVU	3	PA; NDS
<i>brimonidine tartrate/timolol maleate</i>	1	
BYOOVIZ	3	PA; NDS
CEQUA	3	
CIMERLI SOLUTION 0.3MG/0.05ML	3	PA
CIMERLI SOLUTION 0.5MG/0.05ML	3	PA; NDS
COMBIGAN	2	
<i>cyclosporine emulsion 0.05%</i>	1	
CYSTADROPS	3	QL(20 ML per 28 days); NDS
CYSTARAN	3	QL(60 ML per 28 days); NDS
<i>dorzolamide hcl/timolol maleate</i>	1	
ENSPRYNG	3	PA; NDS
EYLEA	3	PA; NDS
IZERVAY	3	PA; NDS
LUCENTIS SOLUTION PREFILLED SYRINGE	3	PA; NDS
LUCENTIS SOLUTION 0.3MG/0.05ML	3	PA; NDS
<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	
OXERVATE	3	QL(56 ML per 28 days); PA; NDS
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	2	
RESTASIS MULTIDOSE	2	
ROCKLATAN	2	QL(2.5 ML per 25 days)
SIMBRINZA	2	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
SUSVIMO	3	PA; NDS
SYFOVRE	3	PA; NDS
TOBRADEX ST	3	
TOBRADEX OINTMENT	3	
<i>tobramycin/dexamethasone</i>	1	
VABYSMO SOLUTION	3	PA; NDS
VERKAZIA	3	QL(120 EA per 30 days); PA; NDS
VEVYE	3	PA; NDS
VISUDYNE	3	NDS
XIIDRA	3	QL(60 EA per 30 days)
ZYLET	3	
<b><i>Ophthalmic Anti-allergy Agents</i></b>		
<i>azelastine hcl ophthalmic solution 0.05%</i>	1	
<i>bepotastine besilate</i>	1	
BEPREVE	3	
<i>cromolyn sodium solution 4%</i>	1	
<i>epinastine hcl</i>	1	
<i>olopatadine hcl ophthalmic solution 0.1%</i>	1	
<i>olopatadine hydrochloride solution 0.2%</i>	1	
<b><i>Ophthalmic Anti-Infectives</i></b>		
<i>bacitracin</i>	1	
BESIVANCE	3	
<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%</i>	1	
<i>moxifloxacin hydrochloride solution 0.5%</i>	1	
NATACYN	3	

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<i>ofloxacin ophthalmic solution 0.3%</i>	1	
<i>sulfacetamide sodium</i>	1	
<i>tobramycin solution 0.3%</i>	1	
<i>trifluridine</i>	1	
XDEMZY	3	QL(10 ML per 42 days); NDS
ZIRGAN	3	
<b><i>Ophthalmic Anti-inflammatories</i></b>		
ACUVAIL	3	ST
<i>bromfenac sodium solution 0.07%</i>	1	QL(12 ML per 365 days)
<i>bromfenac sodium solution 0.075%</i>	1	ST
BROMSITE	3	ST
<i>dexamethasone sodium phosphate solution</i>	1	
DEXYCU	3	NDS
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	
<i>difluprednate</i>	1	
FLAREX	2	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
ILEVRO	3	QL(4 ML per 30 days)
ILUVIEN	3	NDS
<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)
LOTEMAX GEL	3	QL(20 GM per 365 days)
<i>loteprednol etabonate gel</i>	1	QL(20 GM per 365 days)
NEVANAC	3	QL(4 ML per 30 days)
PRED MILD	2	
<i>prednisolone acetate</i>	1	
PROLENSA	3	QL(12 ML per 365 days)
RETISERT	3	NDS
XIPERE	3	PA; NDS
YUTIQ	3	NDS
<b><i>Ophthalmic Beta-Adrenergic Blocking Agents</i></b>		
<i>betaxolol hcl solution 0.5%</i>	1	
<i>carteolol hcl</i>	1	
<i>levobunolol hcl solution 0.5%</i>	1	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
<b><i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i></b>		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	

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<i>apraclonidine</i>	1	
<i>brimonidine tartrate solution 0.1%, 0.15%, 0.2%</i>	1	
<i>brinzolamide</i>	1	
<i>dorzolamide hydrochloride</i>	1	
<i>methazolamide tablet</i>	1	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	1	
RHOPRESSA	2	QL(2.5 ML per 25 days)
VUITY	3	QL(7.5 ML per 28 days); PA
<b><i>Ophthalmic Prostaglandin and Prostanoid Analogs</i></b>		
<i>bimatoprost</i>	1	QL(5 ML per 30 days)
DURYSTA	3	NDS
IDOSE TR	3	ST; NDS
IYUZEH	3	ST
<i>latanoprost solution</i>	1	
LUMIGAN	2	QL(2.5 ML per 25 days)
TRAVATAN Z	3	QL(2.5 ML per 25 days)
<i>travoprost</i>	1	QL(2.5 ML per 25 days)
VYZULTA	3	QL(5 ML per 25 days)
XELPROS	3	QL(2.5 ML per 25 days); ST
<b>Otic Agents</b>		
<b><i>Otic Agents</i></b>		
<i>acetic acid</i>	1	
<i>ciprofloxacin/dexamethasone</i>	1	
<i>ciprofloxacin solution 0.2%</i>	1	
<i>flac</i>	1	
<i>fluocinolone acetonide ear drops</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	1	
<i>ofloxacin otic solution 0.3%</i>	1	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b><i>Anti-inflammatories, Inhaled Corticosteroids</i></b>		
ARMONAIR DIGIHALER	3	QL(1 EA per 30 days); ST
ARNUITY ELLIPTA	2	QL(30 EA 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)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	QL(120 ML per 30 days); B/D
<i>flunisolide solution 0.025%</i>	1	QL(50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate suspension 50mcg/act</i>	1	QL(34 GM per 30 days)
PULMICORT	3	QL(120 ML per 30 days); B/D
PULMICORT FLEXHALER	3	QL(2 EA per 30 days); ST
QVAR REDIHALER	2	QL(21.2 GM per 30 days)
<b>Antihistamines</b>		
<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, tablet</i>	1	
<i>clemastine fumarate syrup</i>	1	
<i>clemastine fumarate tablet 2.68mg</i>	1	
<i>cyproheptadine hcl syrup</i>	1	
<i>cyproheptadine hydrochloride tablet</i>	1	
<i>diphenhydramine hcl elixir</i>	1	
<i>diphenhydramine hcl injection 50mg/ml</i>	1	
DYMISTA	3	QL(23 GM per 30 days)
<i>hydroxyzine hcl tablet 50mg</i>	1	
<i>hydroxyzine hydrochloride syrup</i>	1	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	1	
<i>hydroxyzine pamoate capsule</i>	1	
<i>levocetirizine dihydrochloride tablet</i>	1	
<i>olopatadine hcl nasal solution 0.6%</i>	1	QL(30.5 GM per 30 days)
PATANASE	3	QL(30.5 GM per 30 days)
RYCLORA	3	
VISTARIL CAPSULE 25MG, 50MG	3	
<b>Antileukotrienes</b>		
<i>montelukast sodium tablet chewable, packet, tablet</i>	1	
<i>zafirlukast</i>	1	
<i>zileuton er</i>	1	ST; NDS
ZYFLO	3	ST; NDS
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	3	QL(25.8 GM per 30 days)
DUAKLIR PRESSAIR	3	QL(2 EA per 30 days); ST; NDS
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
LONHALA MAGNAIR REFILL KIT	3	QL(60 ML per 30 days); NDS
LONHALA MAGNAIR STARTER KIT	3	QL(60 ML per 30 days); NDS
SPIRIVA HANDIHALER	2	QL(30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	2	

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Drug Name	Drug Tier	Requirements/Limits
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	3	QL(90 ML per 30 days); B/D; NDS
<b>Bronchodilators, Sympathomimetic</b>		
<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 hfa aerosol solution 108mcg/act</i>	1	QL(48 GM per 30 days)
<i>albuterol sulfate syrup</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
AUVI-Q INJECTION 0.1MG/0.1ML	3	QL(2 EA per 30 days); ST
AUVI-Q INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	ST
BROVANA	3	QL(120 ML per 30 days); PA; NDS
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 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 1.25mg/3ml</i>	1	QL(270 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 0.31mg/3ml, 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
PERFOROMIST	3	QL(120 ML per 30 days); B/D
PROAIR DIGIHALER	3	QL(2 EA per 30 days)
PROVENTIL HFA	3	QL(13.4 GM per 30 days)
SEREVENT DISKUS	2	QL(60 EA per 30 days)
STRIVERDI RESPIMAT	3	QL(4 GM per 30 days)
<i>terbutaline sulfate injection, tablet</i>	1	
VENTOLIN HFA	3	QL(48 GM per 30 days); ST
XOPENEX CONCENTRATE	3	QL(90 EA per 30 days); B/D
XOPENEX HFA	3	QL(30 GM per 30 days)
XOPENEX NEBULIZATION SOLUTION 1.25MG/3ML	3	QL(270 ML per 30 days); B/D
XOPENEX NEBULIZATION SOLUTION 0.31MG/3ML, 0.63MG/3ML	3	QL(540 ML per 30 days); B/D
<b>Cystic Fibrosis Agents</b>		
BETHKIS	3	B/D; NDS

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CAYSTON	3	PA; NDS
KALYDECO PACKET	3	QL(56 EA per 28 days); PA; NDS
KALYDECO TABLET	3	QL(60 EA per 30 days); PA; NDS
KITABIS PAK	3	B/D; NDS
ORKAMBI TABLET	3	QL(112 EA per 28 days); PA; NDS
ORKAMBI PACKET	3	QL(56 EA per 28 days); PA; NDS
PULMOZYME	3	PA; NDS
SYMDEKO TABLET THERAPY PACK 150MG; 100MG	3	QL(56 EA per 28 days); PA; NDS
SYMDEKO TABLET THERAPY PACK 75MG; 50MG	3	QL(60 EA per 30 days); PA; NDS
TOBI	3	B/D; NDS
TOBI PODHALER	3	QL(224 EA per 56 days); NDS
<i>tobramycin nebulization solution 300mg/4ml, 300mg/5ml</i>	1	B/D; NDS
TRIKAFTA THERAPY PACK	3	QL(56 EA per 28 days); PA; NDS
TRIKAFTA TABLET THERAPY PACK	3	QL(84 EA per 28 days); PA; NDS
<b><i>Mast Cell Stabilizers</i></b>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	1	B/D
<b><i>Phosphodiesterase Inhibitors, Airways Disease</i></b>		
DALIRESP	3	PA
OHTUVAYRE	3	QL(150 ML per 30 days); PA; NDS
<i>roflumilast</i>	1	PA
<i>theophylline er tablet extended release 24 hour</i>	1	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	1	
<b><i>Pulmonary Antihypertensives</i></b>		
ADCIRCA	3	QL(60 EA per 30 days); PA; NDS
ADEMPAS	3	QL(90 EA per 30 days); PA; NDS
<i>alyq</i>	1	QL(60 EA per 30 days); PA
<i>ambrisentan</i>	1	QL(30 EA per 30 days); PA; NDS
<i>bosentan</i>	1	QL(60 EA per 30 days); PA; NDS
<i>epoprostenol sodium</i>	1	PA; NDS
FLOLAN	3	PA; NDS
LETAIRIS	3	QL(30 EA per 30 days); PA; NDS
LIQREV	3	PA; NDS
OPSUMIT	3	QL(30 EA per 30 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 1	3	QL(336 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 2	3	QL(672 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 3	3	QL(504 EA per 365 days); PA; NDS
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	3	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	3	PA; NDS
REMODULIN	3	PA; NDS
REVATIO INJECTION, SUSPENSION RECONSTITUTED	3	PA; NDS
REVATIO TABLET	3	QL(90 EA per 30 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
<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>	1	PA; NDS
<i>tadalafil tablet 20mg</i>	1	QL(60 EA per 30 days); PA
TADLIQ	3	QL(300 ML per 30 days); PA; NDS
TRACLEER TABLET SOLUBLE	3	QL(112 EA per 28 days); PA; NDS
TRACLEER TABLET	3	QL(60 EA per 30 days); PA; NDS
<i>treprostinil</i>	1	PA; NDS
TYVASO	3	QL(87 ML per 30 days); PA; NDS
TYVASO DPI INSTITUTIONAL KIT	3	QL(112 EA per 28 days); PA; NDS
TYVASO DPI MAINTENANCE KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG	3	QL(112 EA per 28 days); PA; NDS
TYVASO DPI MAINTENANCE KIT POWDER 0	3	QL(224 EA per 28 days); PA; NDS
TYVASO DPI TITRATION KIT POWDER 0	3	QL(392 EA per 365 days); PA; NDS
TYVASO DPI TITRATION KIT POWDER 0	3	QL(504 EA per 365 days); PA; NDS
TYVASO REFILL KIT	3	QL(87 ML per 30 days); PA; NDS
TYVASO STARTER KIT	3	QL(87 ML per 30 days); PA; NDS
UPTRAVI TITRATION PACK	3	QL(400 EA per 365 days); PA; NDS
UPTRAVI INJECTION	3	PA; NDS
UPTRAVI TABLET	3	QL(60 EA per 30 days); PA; NDS
VELETRI	3	PA; NDS
VENTAVIS	3	QL(270 ML per 30 days); PA; NDS
WINREVAIR	3	QL(1 EA per 21 days); PA; NDS
<b><i>Pulmonary Fibrosis Agents</i></b>		
ESBRIET	3	PA; NDS
OFEV	3	PA; NDS
<i>pirfenidone</i>	1	PA; NDS
<b><i>Respiratory Tract Agents, Other</i></b>		
ACETADOTE	3	NDS
<i>acetylcysteine solution</i>	1	B/D
ADVAIR DISKUS	3	QL(60 EA per 30 days)
ADVAIR HFA	2	QL(24 GM per 30 days)
AIRDUO DIGIHALER 113/14	3	QL(1 EA per 30 days)
AIRDUO DIGIHALER 232/14	3	QL(1 EA per 30 days)
AIRDUO DIGIHALER 55/14	3	QL(1 EA per 30 days)
AIRDUO RESPICLICK 113/14	3	QL(1 EA per 30 days)
AIRDUO RESPICLICK 232/14	3	QL(1 EA per 30 days)
AIRDUO RESPICLICK 55/14	3	QL(1 EA per 30 days)
ANORO ELLIPTA	2	QL(60 EA per 30 days)
BEVESPI AEROSPHERE	2	QL(10.7 GM per 30 days)
BREO ELLIPTA	2	QL(60 EA per 30 days)
<i>breynd</i>	1	QL(10.3 GM per 30 days)

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BREZTRI AEROSPHERE	2	QL(23.6 GM per 28 days)
BRONCHITOL	3	QL(560 EA per 28 days); PA; NDS
CINQAIR	3	PA; NDS
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	3	PA; NDS
FASENRA INJECTION 10MG/0.5ML	3	PA
FASENRA INJECTION 30MG/ML	3	PA; NDS
<i>fluticasone propionate/salmeterol diskus</i>	1	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i>	1	QL(1 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	3	QL(0.4 ML per 28 days); PA; NDS
NUCALA INJECTION 100MG	3	QL(3 EA per 28 days); PA; NDS
NUCALA INJECTION 100MG/ML	3	QL(3 ML per 28 days); PA; NDS
<i>promethazine vc</i>	1	
<i>ribavirin solution reconstituted 6gm</i>	1	NDS
STIOLTO RESPIMAT	3	QL(24 GM per 30 days); ST
TEZSPIRE	3	QL(1.91 ML per 28 days); PA; NDS
TRELEGY ELLIPTA	2	QL(60 EA per 30 days)
VIRAZOLE	3	NDS
<i>wixela inhub</i>	1	QL(60 EA per 30 days)
<b>Skeletal Muscle Relaxants</b>		
<i>Skeletal Muscle Relaxants</i>		
AMRIX	3	PA; NDS
<i>carisoprodol tablet</i>	1	PA
<i>chlorzoxazone tablet 375mg, 500mg, 750mg</i>	1	
<i>chlorzoxazone tablet 250mg</i>	1	NDS
<i>cyclobenzaprine hydrochloride er</i>	1	PA
<i>cyclobenzaprine hydrochloride tablet</i>	1	PA
FEXMID	3	PA
LORZONE	3	
<i>methocarbamol injection 1000mg/10ml</i>	1	
<i>methocarbamol tablet 500mg, 750mg</i>	1	
<i>methocarbamol tablet 1000mg</i>	1	NDS
NORGESIC	3	
NORGESIC FORTE	3	NDS

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<i>orphenadrine citrate er</i>	1	
<i>orphenadrine/aspirin/caffeine</i>	1	
ORPHENGESIC FORTE	3	NDS
ROBAXIN INJECTION 1000MG/10ML	3	NDS
SOMA TABLET 250MG	3	PA
SOMA TABLET 350MG	3	PA; NDS
VANADOM	3	PA; NDS
<b>Sleep Disorder Agents</b>		
<i>Sleep Promoting Agents</i>		
AMBIEN	3	QL(30 EA per 30 days)
AMBIEN CR	3	QL(30 EA per 30 days)
BELSOMRA	2	QL(30 EA per 30 days)
DAYVIGO	3	QL(30 EA per 30 days); PA
<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)
HALCION TABLET 0.25MG	3	QL(60 EA per 30 days)
HETLIOZ	3	QL(30 EA per 30 days); PA; NDS
HETLIOZ LQ	3	QL(158 ML per 30 days); PA; NDS
LUNESTA	3	QL(30 EA per 30 days)
QUVIVIQ	3	QL(30 EA per 30 days); PA
<i>ramelteon</i>	1	QL(30 EA per 30 days)
RESTORIL	3	QL(30 EA per 30 days)
ROZEREM	3	QL(30 EA per 30 days)
SILENOR	3	QL(30 EA per 30 days)
<i>tasimelteon</i>	1	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)
<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</i>	1	QL(30 EA per 30 days)
<i>zolpidem tartrate er</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
LUMRYZ	3	QL(30 EA per 30 days); PA; NDS
<i>modafinil tablet</i>	1	QL(30 EA per 30 days); PA
NUVIGIL TABLET 150MG, 200MG, 250MG	3	QL(30 EA per 30 days); PA
NUVIGIL TABLET 50MG	3	QL(60 EA per 30 days); PA
PROVIGIL	3	QL(30 EA per 30 days); PA; NDS
<i>sodium oxybate</i>	1	QL(540 ML per 30 days); PA; NDS

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SUNOSI	3	QL(30 EA per 30 days); PA
WAKIX	3	QL(60 EA per 30 days); PA; NDS
XYREM	3	QL(540 ML per 30 days); PA; NDS
XYWAV	3	QL(540 ML per 30 days); PA; NDS

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<i>blisovi 24 fe</i>	85	<i>buspironone hydrochloride</i>	49
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<i>blisovi fe 1/20</i>	85	BUSULFEX	29
BONJESTA	25	<i>butalbital/acetaminophen</i>	65
BOOSTRIX	97	<i>butalbital/acetaminophen/caffeine/codeine</i>	10
<i>bortezomib</i>	32	<i>butalbital/acetaminophen/caffeine/codeine</i>	65
<i>bosentan</i>	107	<i>butalbital/acetaminophen/caffeine/codeine</i>	10
BOSULIF	34	<i>butorphanol tartrate</i>	10
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<i>brimonidine tartrate</i>	104	CABOMETYX	34
<i>brimonidine tartrate/timolol maleate</i>	101	CAFERGOT	28
<i>brinzolamide</i>	104	<i>caffeine citrate</i>	65
BRIUMVI	66	<i>calcipotriene</i>	70
BRIVIACT	18	<i>calcipotriene/betamethasone dipropionate</i>	70
BRIXADI	12	<i>calcitonin salmon</i>	99
<i>bromfenac sodium</i>	103	<i>calcitonin-salmon</i>	99
<i>bromocriptine mesylate</i>	40	CALCITRENE	70
BROMSITE	103	<i>calcitriol</i>	99
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<i>bumetanide</i>	60	<i>camrese</i>	85
BUPAP	65	<i>camrese lo</i>	85
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<i>carbidopa/levodopa</i>	40	<i>chateal</i>	85
<i>carbidopa/levodopa er</i>	40	<i>chateal eq</i>	85
<i>carbidopa/levodopa odt</i>	40	CHEMET	74
<i>carbidopa/levodopa/entacapone</i>	39	CHENODAL	76
<i>carbinoxamine maleate</i>	105	<i>chlordiazepoxide hcl</i>	49
<i>carboprost tromethamine</i>	84	<i>chlordiazepoxide hydrochloride</i>	49
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<i>carteolol hcl</i>	103	<i>chlorpromazine hcl</i>	40
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<i>cyclosporine</i>	101	<i>deflazacort</i>	82
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<i>dexrazoxane</i>	38	<i>diphenoxylate hydrochloride/atropine</i>	75
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<i>diazepam rectal gel</i>	19	DIVIGEL	85
<i>diazoxide</i>	52	<i>dobutamine hcl</i>	59
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DILAUDID	10	<i>doxepin hydrochloride</i>	110
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ENTYVIO	92	<i>estradiol/norethindrone acetate</i>	85
<i>enulose</i>	75	ESTRING	86
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<i>eplerenone</i>	62	EULEXIN	30
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<i>epoprostenol sodium</i>	107	EVENITY	99
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<i>medroxyprogesterone acetate</i>	89	<i>methylphenidate hydrochloride</i>	64
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## 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 1-855-505-8106. 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 1-855-505-8106. 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 1-855-505-8106。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 1-855-505-8106。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。

**Tagalog:** Mayroon kaming libheng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-505-8106. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libheng serbisyo.

**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 1-855-505-8106. 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 1-855-505-8106 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 1-855-505-8106. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-505-8106 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-505-8106. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول . سيقوم شخص ما يتحدث العربية 1-855-505-8106 على مترجم فوري، ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-505-8106 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-505-8106. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**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 1-855-505-8106. 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 1-855-505-8106. 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 1-855-505-8106. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-855-505-8106 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

This formulary was updated on 08/26/2024, and is a complete list of drugs covered by our plan.

For more recent information or if you have questions, please contact:

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**Optum Rx Member Services**

**Phone (toll-free):** 1-855-505-8106  
**TTY users:** 711  
**Hours of operation:** 24 hours a day, 7 days a week  
**Website:** [optumrx.com/calpers](https://optumrx.com/calpers)

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